



PLEASE TYPE OR PRINT

REAL ESTATE EXCISE TAX AFFIDAVIT
CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

This form is your receipt when stamped by cashier.

THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED

(See back of last page for instructions)

Check box if partial sale of property

If multiple owners, list percentage of ownership next to name.

Form sections 1 and 2: Seller/Grantor and Buyer/Grantee information including names, addresses, and phone numbers.

Form sections 3 and 4: Property tax correspondence and street address information.

Form sections 5 and 6: Land use codes and exemption information.

Form section 7: Personal property included in selling price and tax calculations.

Form section 8: Certifications and signatures of grantor and grantee agents.

Perjury: Perjury is a class C felony which is punishable by imprisonment in the state correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars (\$5,000.00), or by both imprisonment and fine (RCW 9A.20.020 (1C)).

AFTER RECORDING MAIL TO:

THOMAS L. LEDGERWOOD
BROOKE J. BURNS
922 6TH STREET
CLARKSTON, WA 99403

Inst: 333462 01/04/2012 10:58A
Filed: THOMAS LEDGERWOOD Fee Cd: D-01
Code: 071 QC Deed 72.00
Asotin County Auditor Excise: 46361

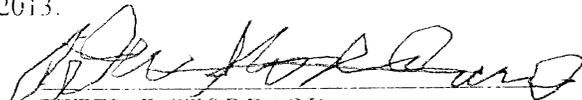
QUIT CLAIM DEED

THE GRANTOR, PETER T. STODDARD, an unmarried person, for and in consideration of love and affection, conveys and quit claims to PETER T. STODDARD and NELL HAMIL, as joint tenants, the following described real estate situated in the County of Asotin, State of Washington:

Lot 7, Block "OO" of Vineland according to plat recorded in Book B of Plats, page 46, in Asotin County, Washington. EXCEPTING THEREFROM those portions heretofore conveyed by deeds recorded in Book 38 of Deeds, page 188; Book 34 of Deeds, page 539; and Book 47 of Deeds, page 27; records of Asotin County, Washington, described as follows: Beginning at a point on the centerline of the County road 214.5 feet North of the Southeast corner of said Lot 7; thence Southerly along said centerline a distance of 214.5 feet to the Southeast corner of said Lot 7; thence Westerly along the centerline of the County road a distance of 501.55 feet to the Southwest corner of said Lot 7; thence deflect right 51°26' along the centerline of the County road a distance of 101.33 feet; thence deflect right 128°34' distance of 271.33 feet; thence deflect left 85°14' a distance of 135.0 feet; thence deflect right 94°46' a distance of 102.0 feet; thence Easterly a distance of 231.0 feet to the place of beginning. Exceptions: That part lying West of the centerline of Highline Drive and lying North of the centerline of Seventh (7th) Avenue.

Parcel Nos: 1-004-30-007-0001-0000, 1-004-30-007-0003-0000

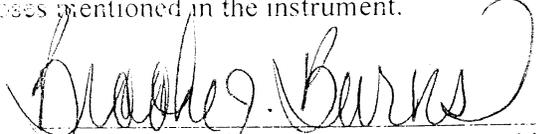
DATED this 3rd day of January, 2013.

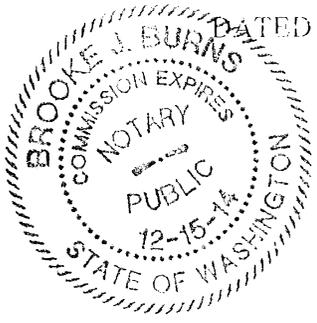

PETER T. STODDARD

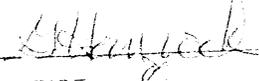
STATE OF WASHINGTON)
) ss.
County of Asotin)

I certify that I know or have satisfactory evidence that PETER T. STODDARD is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 3rd day of January, 2013.


Notary Public in and for the State of Washington



REAL ESTATE EXCISE TAX
PAID \$ 9 DATE 1/4/13 residing in Clarkston
RECEIPT No. 46361 My appointment expires: 12/15/14
ASOTIN COUNTY TREASURER
By 
SALE PRICE 8

47367

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Washington State Certificate of Death

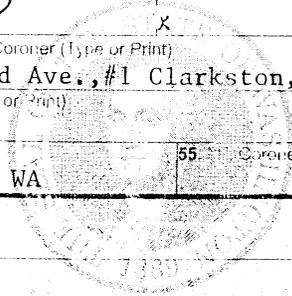
1. Legal Name (Include AKA's if any) First Middle LAST Suffix Peter Thomas Stoddard				2. Death Date Aug. 15, 2013	
3. Sex (M/F) Male	4a. Age - Last Birthday 86	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Asotin
7. Birthdate Dec. 27, 1926	8a. Birthplace (City, Town, or County) Newfane	8b. (State or Foreign Country) New York		9. Decedent's Education 10th grade	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? Yes
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 2434 - 13th Street				13b. City or Town Clarkston	
13c. Residence: County Asotin		13d. Tribal Reservation Name (if applicable) N/A		13e. State or Foreign Country Washington	13f. Zip Code + 4 99403
14. Estimated length of time at residence. 40 Years		15. Marital Status at Time of Death Never married		16. Surviving Spouse's Name (Give name prior to first marriage)	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Truck driver			18. Kind of Business/Industry (Do not use Company Name) Commerical hauler		
19. Father's Name (First, Middle, Last, Suffix) William -- Stoddard			20. Mother's Name Before First Marriage (First, Middle, Last) Marguerite --- Malloy		
21. Informant's Name Nell Hamil		22. Relationship to Decedent Companion		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 2434 13th St., Clarkston, Wa. 99403	
24. Place of Death, if Death Occurred in a Hospital: Decedent's Home					
25. Facility Name (If not a facility, give number & street or location) 2434 - 13th Street			26a. City, Town, or Location of Death Clarkston		26b. State Wa.
27. Zip Code 99403		28. Method of Disposition Removal/Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Mountain View Crematory	
30. Location-City/Town, and State Lewiston, Idaho			31. Name and Complete Address of Funeral Facility Merchant Funeral Home, 1000-7th Street, Clarkston, Wa. 99403		
32. Date of Disposition Aug. 17, 2013				33. Funeral Director Signature X <i>Don J. Brown</i>	

Cause of Death (See instructions and examples)					
34. Enter the <u>chain of events</u> - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) →		a. cardiopulmonary arrest		Interval between Onset & Death minutes	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		b. debility from Parkinson's Disease		Interval between Onset & Death years	
c.		Interval between Onset & Death		d.	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above cardiovascular disease, diabetes, hypertension			36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (MM/DD/YYYY) 08/15/2013		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, const) Asotin County, WA	
44. Location of Injury: Number & Street Clarkston, WA			45. Location of Injury: City or Town: County: Clarkston, WA		
46. Describe how injury occurred					
47. Date of Injury (MM/DD/YYYY)			48. Hour of Injury (24hrs)		
48a. Certifying Physician X <i>J B Fisher MD</i>			48b. Medical Examiner X		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) James B. Fisher, M.D. 1119 Highland Ave., #1 Clarkston, WA 99403					
50. Name and Title of Attending Physician if other than Certifier (Type or Print)				51. Date Signed (MM/DD/YYYY) 08/15/2013	
52. Title of Certifier M.D.		53. License Number MD00014668 WA		54. Coroner File Number	
55. Registrar Signature <i>Nell Hamil</i>				56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Amendments				58. Date Received (MM/DD/YYYY) AUG 16 2013	
59. 47367					

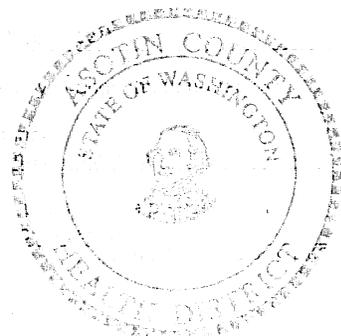
Asotin County, WA
Daria McKay Auditor
340081
03/31/2014 10:24 AM

00000894201403400810020029

I-131 DC
Pgs=2 Fee=\$33.00
HAMIL, NELL



~~CONFIDENTIAL~~



Lawrence M. Gargas, M.D.
Lawrence M. Gargas, M.D.
Health Officer

XX00189515

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