



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, 2, and 3: Seller/Grantor and Buyer/Grantee information, correspondence details, and parcel account numbers.

Section 4: Street address of property, location details, and legal description.

See Attached

Section 5: Land Use Code(s) and exemption questions.

Section 7: Personal property included in selling price.

Section 6: Property designation and valuation questions.

Section 7 (continued): Exemption details and document information.

Sections (1), (2), and (3): Notices of continuance/compliance and owner signature area.

Section 7 (continued): Tax calculation table and minimum fee notice.

Section 8: Certification of truth and correctness, and signatures of grantor and grantee.

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)).

SITUATED IN THE COUNTY OF ASOTIN, STATE OF WASHINGTON TO WIT:

THE NORTH 80 FEET OF THE SOUTH 310 FEET OF THE EAST HALF OF LOT 5 BLOCK "11" OF VINELAND ACCORDING TO PLAT RECORDED ON BOOK 1 OF PLATS, PAGE 14, IN ASOTIN COUNTY, WASHINGTON.

ABBREVIATED LEGAL- PTN LT 5 BLK 11 VINELAND

SUBJECT TO ALL EASEMENTS, COVENANTS, CONDITIONS, RESERVATIONS, LEASES AND RESTRICTIONS OF RECORD, ALL LEGAL HIGHWAYS, ALL RIGHTS OF WAY, ALL ZONING, BUILDING AND OTHER LAWS, ORDINANCES AND REGULATIONS, ALL RIGHTS OF TENANTS IN POSSESSION, AND ALL REAL ESTATE TAXES AND ASSESSMENTS NOT YET DUE AND PAYABLE.

BEING THE SAME PROPERTY CONVEYED BY DEED RECORDED IN DOCUMENT NO. 234598, OF THE ASOTIN COUNTY, WASHINGTON RECORDS.



U03855539

6650 5/14/2013 78680604/1

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47384

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

DATE FILED BY STATE REGISTRAR:

CERTIFICATE OF DEATH

STATE FILE NO. 271

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE
RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER §39-2416 AND §39-274, IDAHO CODE

Local Reg. No. 271

DECEDENT	* 1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix) Brenda L. Reed		2. SEX Female	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE-Last Birthday 46 (Years)	4b. UNDER 1 YEAR Months: _____ Days: _____	4c. UNDER 1 DAY Hours: _____ Minutes: _____	5. DATE OF BIRTH (Mo/Day/Yr) Sept. 16, 1960
TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS	6. BIRTHPLACE (City and State, Territory, or Foreign Country) Lewiston, ID		7a. RESIDENCE - STATE OR FOREIGN COUNTRY Washington	
	7b. COUNTY Asotin		7c. CITY OR TOWN Clarkston	
MORTICIAN: Complete/Verify and File Within 5 Days of Death	7d. STREET AND NUMBER 1122 14th St		7e. APT. NO. 99403	7f. ZIP CODE 99403
	8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) Bryan R. Reed	
PARENTS	10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11a. FATHER'S NAME (First, Middle, Last, Suffix) Charles Borland	
	11b. BIRTHPLACE (State, Territory, or Foreign Country) Louisiana		12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) Barbara Robinet	
INFORMANT	12b. BIRTHPLACE (State, Territory, or Foreign Country) Idaho		13a. INFORMANT'S NAME (Type or print) Bryan R. Reed	
	13b. RELATIONSHIP TO DECEDENT Husband		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 1122 14th St - Clarkston, WA 99403	
DISPOSITION	* 14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)		* 15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) Mountain view Crematory 3521 7th St. Lewiston, Idaho 83501	
	* 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY Merchant Funeral Home 1000 7th St. Clarkston, Washington 99403		* 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Jerry Bartlow</i>	
PLACE OF DEATH	* 17b. LICENSE NUMBER (Of licensee) M-771		* 18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PLACE OF DEATH (19-22) * 19a. IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify) * 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: * 20. FACILITY NAME (If not facility, give street and number) St. Joseph Reg. Med. Center			
DATE OF DEATH	* 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE Lewiston 83501		* 22. COUNTY OF DEATH Nez Perce	
	* 23. DATE OF DEATH (Mo/Day/Yr) (Spell month) July 28, 2007		* 24. TIME OF DEATH (24hr) 0235	
CAUSE OF DEATH	* 25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) July 28, 2007		* 26. TIME PRONOUNCED DEAD (24hr) 0235	
	27. CAUSE OF DEATH PART I. Enter the chain of events -- 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. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Metastatic Malignant Melanoma - recurrent Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (LAST (disease or injury that initiated the events resulting in death)) b. _____ c. _____ d. _____ PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Approximate Interval: Onset to Death 3.5 months			
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	29. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		30. IF FEMALE (Aged 10-54): <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death	
	31. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		28a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
CERTIFIER	32. DATE OF INJURY (Mo/Day/Yr) (Spell month) 04/28/2008		33. TIME OF INJURY Inst: 305783 04/28/2008 1:30P	
	36. LOCATION OF INJURY: State _____ Filed: ALLIANCE TITLE & ESCROW Fee Cd: D-02		37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORT SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if _____ Code: 131 DEATH CERTIFICATE 43.00	
CERTIFIER	38a. WAS DECEDENT: <input type="checkbox"/> Driver <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) Asotin County Auditor		39a. CERTIFIER (Check only one, based on official capacity for this certificate) <input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE PROFESSIONAL NURSE - To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated.	
	39b. LICENSE NUMBER M-9061		39c. DATE SIGNED 07/30/2007 MM DD YYYY	
REGISTRAR	Signature and Title of Certifier → <i>Kattina Popham MD</i> * 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) Kattina Popham, MD 428 6th Ave Lewiston, ID 83501		40a. CORONER'S SUBSEQUENT SIGNATURE IF NECESSARY: The coroner's signature in this item supersedes that of the physician, physician assistant, or advanced practice professional nurse, and the coroner becomes the certifier of record.	
	40b. DATE SIGNED MM DD YYYY		41a. REGISTRAR'S SIGNATURE <i>Shirley M Mueller Assistant</i>	
41b. DATE SIGNED 07/31/2007 MM DD YYYY				

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF HEALTH POLICY AND VITAL STATISTICS.

DATE ISSUED: July 31 2007

This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

Jane S. Smith
JANE S. SMITH
STATE REGISTRAR

47384



**Affidavit of Surviving Spouse or Domestic Partner
for Claiming an Exemption Based on
Inheritance of Real Estate**

State of Washington

County of ASOTIN

Name of deceased Brenda L Reed

I, (survivor's name) Bryan R Reed affirm that I am the
sole and rightful heir to the property described as:

Parcel number(s) 1-004-24-005-0022

I certify (or declare) under penalty of perjury under the laws of the State of Washington
that the foregoing is true and correct.

Signed this 8th day of April, 2014 at Asotin, WA
(month) (year) (city) (state)

Bryan R Reed

(Signature of surviving spouse or registered domestic partner)

Bryan R Reed

(Printed name of surviving spouse or registered domestic partner)

1122 14th St. Clarkston WA 99403
(Address of surviving spouse or domestic partner) (City) (State) (Zip)

Note: See Senate Bill (SB) 6851 on page 2 for statutory requirements.