



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

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

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 (Anita June Wood) and Buyer/Grantee (Janet Allen, Juneeka Wood, Linda Johnson) with addresses and phone numbers.

Form section 3: Property tax correspondence and parcel account information (10410600500010000, assessed value 146,400).

Form section 4: Street address (2377 Florence Lane Clarkston, WA 99403) and legal description (see attached, Quit Claim Deed).

Form sections 5 and 6: Land use codes (12 and 09) and exemption details (Quit Claim Deed, Family Transfer).

Form section 7: Personal property included in selling price (real property only) and tax calculation (Total Due \$10.00).

Form section 8: Certifications and signatures of Grantor (Anita June Wood) and Grantee (Janet Lei Allen) dated June 2, 2014.

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)).

Handwritten notes: PV Properties ck 1322, JUN 02 2014 ASOTIN COUNTY, 47541, COUNTY TREASURER

# AFFIDAVIT OF HEIRSHIP

**THIS AFFIDAVIT MUST BE FILED  
IN THE COUNTY CLERK'S RECORD.**

Reported owner name:	Claim number:
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This Affidavit must be completed by a third disinterested party (Affiant) who will not benefit from the decedent's estate. Do not complete this form if the decedent left a will that was probated in court or there has been some other type of court determination to the estate.

Affidavit of facts concerning the identity of Heirs for the Estate of: Hallie June Peavey

Before me, the undersigned authority, on this day personally appeared: Bonnie Jean Baum  
("Affiant") who, being first duly sworn, upon his/her oath states:

1. My name is: Bonnie Jean Baum

I live at: 2406 9th Avenue, Lewiston, ID 83501

I am personally familiar with the family and marital history of: Hallie June Peavey  
(Decedent), and I have personal knowledge of the facts stated in this Affidavit.

2. I knew the decedent from 10/19/1939 until September 16, 2010 Decedent died on September 16, 2010

Decedent's place of death: Clarkston WA Asotin  
CITY STATE COUNTY  
At the time of decedent's death, decedent's residence was: Clarkston WA Asotin  
CITY STATE COUNTY

3. Provide the following information on the deceased's marital history:  
(If never married, please state that below.)

NAME OF SPOUSE	DATE OF MARRIAGE	DATE OF DIVORCE	DATE OF SPOUSE'S DEATH
<b>George Edward Diebel</b>	<b>9/5/1955</b>	<b>5/1/1976</b>	<b>3/23/2011</b>
<b>Bill O. Patterson</b>	<b>11/22/1976</b>	<b>12/15/1976 annulled</b>	<b>1/9/2014</b>
<b>Melvin Thomas Aragon</b>	<b>10/5/1982</b>	<b>3/11/1984</b>	<b>4/23/2000</b>

4. Provide the following information on the deceased's natural born and adopted children:  
(If there are none, please state that below. If additional space is needed, please provide information as an attachment.)

NAME OF CHILD/ CURRENT ADDRESS	DATE OF BIRTH	NAME OF CHILD'S OTHER PARENT	DATE OF CHILD'S DEATH
<b>Anita June (Diebel) Wood</b> <b>24215 Webb Rd. Lapwai, ID 83549</b>	<b>12/4/1956</b>	<b>George Edward Diebel</b>	<b>Living</b>
<b>Janet Lei (Diebel) Allen</b> <b>26339 Tera View Dr. CULDESAC, ID</b>	<b>12/1/1957</b>	<b>George Edward Diebel</b>	<b>Living</b>
<b>Linda Lorene (Diebel) Johnson</b> <b>6630 Perry Park Blvd. Larkspur, ID</b>	<b>12/16/1960</b>	<b>George Edward Diebel</b>	<b>Living</b>

5. Provide the following information on the deceased's grandchildren, born only to the deceased children in Item 4, above:  
(If there are none, please state that below.)

NAME OF CHILD/ CURRENT ADDRESS	DATE OF BIRTH	NAME OF GRANDCHILD'S DECEASED PARENT
<b>None</b>		
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6. If the decedent never married and did not have any children, provide the following information on the deceased's parents:

DECEASED'S PARENTS	PARENT'S NAME/ CURRENT ADDRESS	PARENT'S DATE OF DEATH
<b>MOTHER</b>	-----	
<b>FATHER</b>	-----	

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Reported owner name:	Claim number:
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7. Provide the following information on the deceased's brothers and/or sisters:  
 (If there are none, please state that below.)

NAME OF CHILD/ CURRENT ADDRESS	DATE OF BIRTH	BROTHER'S OR SISTER'S DATE OF DEATH
Bonnie Jean Baum 2406 9th Avenue, Lewiston, ID 83501	10/23/1937	Living
Vernon Gary Peavey 2717 9th Avenue, Lewiston, ID 83501	06/27/1941	Living

8. Provide the following information on the deceased's nieces and/or nephews born only to the deceased brothers/sisters in Item 7, above:  
 (If there are none, please state that below. If additional space is needed, please provide information as an attachment.)

NAME OF NIECE OR NEPHEW/ CURRENT ADDRESS	DATE OF BIRTH	NAME OF NIECE OR NEPHEW'S DECEASED PARENT

Signed this 30th day of May, 2014.

Bonnie Jean Baum  
 (SIGNATURE OF AFFIANT)

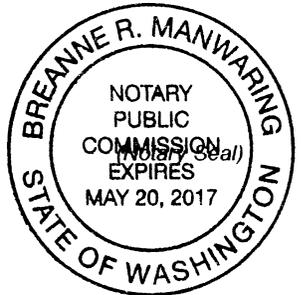
State of ~~Idaho~~ Washington

County of ~~Nez Perce~~ Benton

Sworn to and subscribed to before me on May 30, 2014  
 (DATE)

by Bonnie Jean Baum  
 (NAME OF AFFIANT)

[Signature]  
 (NOTARY SIGNATURE)



My commission expires: 20th day of May, 2017.

THIS AFFIDAVIT MUST BE FILED IN THE COUNTY CLERK'S RECORD.

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# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Washington State Certificate of Death

1. Legal Name (include AKA's if any) First Middle LAST Suffix <b>Hallie June Peavey</b>				2. Death Date <b>Sept. 16, 2010</b>	
3. Sex (M/F) <b>Female</b>	4a. Age - Last Birthday <b>70</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number <b>[REDACTED]</b>	6. County of Death <b>Asotin</b>
7. Birthdate <b>Oct. 19, 1939</b>	8a. Birthplace (City, Town, or County) <b>Nezperce</b>		8b. (State or Foreign Country) <b>Idaho</b>	9. Decedent's Education <b>High School Diploma</b>	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>			11. Decedent's Race(s) <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>No</b>
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>2377 Florence Lane</b>				13b. City or Town <b>Clarkston</b>	
13c. Residence: County <b>Asotin</b>		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country <b>Washington</b>		13f. Zip Code + 4 <b>99403</b>
14. Estimated length of time at residence. <b>55 Years</b>		15. Marital Status at Time of Death <b>Divorced</b>		16. Surviving Spouse's or Domestic Partner'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)) <b>Property Manager/Owner</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Rental Properties</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Hallie Peavey</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Lulu Caroline Schlaser</b>		
21. Informant's Name <b>Janet L. Allen</b>		22. Relationship to Decedent <b>Daughter</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>26339 Tera View Dr. Culesac, Id. 83524</b>	
24. Place of Death, if Death Occurred in a Hospital:			24. Place of Death, if Death Occurred Somewhere Other than a Hospital: <b>Decedents Home</b>		
25. Facility Name (if not a facility, give number & street or location) <b>2377 Florence Lane</b>			26a. City, Town, or Location of Death <b>Clarkston</b>	26b. State <b>Wa.</b>	27. Zip Code <b>99403</b>
28. Method of Disposition <b>Burial</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Vineland Cemetery</b>		30. Location-City/Town, and State <b>Clarkston, Washington</b>	
31. Name and Complete Address of Funeral Facility <b>Merchant Funeral Home, 1000-7th Street, Clarkston, Wa. 99403</b>				32. Date of Disposition <b>Sept. 20, 2010</b>	
33. Funeral Director Signature X <i>[Signature]</i>					

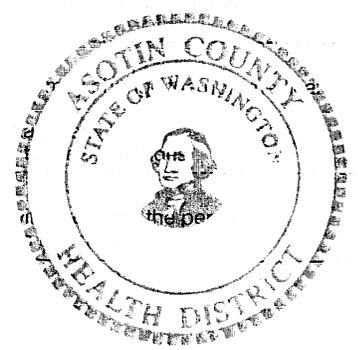
**Cause of Death (See instructions and examples)**

34. 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. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>Myocardial Infarction</b>	Interval between Onset & Death <b>seconds</b>
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. <b>Congestive Heart Failure</b>	Interval between Onset & Death <b>years</b>
c. _____	Interval between Onset & Death
d. _____	Interval between Onset & Death

35. Other significant conditions contributing to death but not resulting in the underlying cause given above		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 checked="" type="checkbox"/> No
38. M. <input checked="" type="checkbox"/> Asotin County, WA 340766 Darla McKay Auditor 06/02/2014 02:15 PM		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. Da. [Barcode] 00001703201403407660020024		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
46. De. I-131 DC Pgs=2 Fee:\$33.00 JANET LEI ALLEN		47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Benjamin C. Nichols, Coroner P.O. Box 220, Asotin, Wa. 99402</b>		50. Hour of Death (24hrs) <b>0700</b>	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)		52. Date Signed (MM/DD/YYYY) <b>09/17/2010</b>	
53. Title of Certifier <b>County Coroner</b>	54. License Number	55. ME/Coroner File Number	56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature <i>[Signature]</i>		58. Date Received (MM/DD/YYYY) <b>SEP 20 2010</b>	
59. Amendments		<b>47541</b>	

~~CONFIDENTIAL~~



*Lawrence M. Garges*

Lawrence M. Garges, M.D.  
Health Officer

SEP 22 2010

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