



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.

1 Name: Deville Ray Powers, Mona Luc Powers; 2 Name: Mona Luc Powers. Mailing Address: 1040 8th St, Clarkston, WA 99403. Phone No.: 509-758-2868.

3 Send all property tax correspondence to: Same as Buyer/Grantee. List all real and personal property tax parcel account numbers: 1-003010080020000. List assessed value(s): 119,200.

4 Street address of property: 1040 8th St, Clarkston, WA 99403. This property is located in Clarkston County OR within city of Clarkston.

Legal description of property (if more space is needed, you may attach a separate sheet to each page of the affidavit)

The North 65 feet of Lot 8 of Block 1 South of Clarkston, according to the plat recorded in Book B of Plats at Page(s) 28 Records of Asotin County, Washington. EXCEPT the West 7.5 feet thereof for alley purposes deeded to the City of Clarkston on April 17, 1952 under Instrument Number 49097, records of Asotin County, Washington

5 Select Land Use Code(s): enter any additional codes: (See back of last page for instructions). Is this property exempt from property tax per chapter 84.36 RCW (nonprofit organization)? YES NO

6 Is this property designated as forest land per chapter 84.33 RCW? YES NO. Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34? YES NO. Is this property receiving special valuation as historical property per chapter 84.26 RCW? YES NO.

7 List all personal property (tangible and intangible) included in selling price.

If claiming an exemption, list WAC number and reason for exemption: WAC No. (Section/Subsection) 458-61A-202(4). Reason for exemption.

Type of Document: Death Certificate - Surviving Spouse. Date of Document: Feb. 12, 2013.

Gross Selling Price \$, \*Personal Property (deduct) \$, Exemption Claimed (deduct) \$, Taxable Selling Price \$, Excise Tax: State \$, Local \$, \*Delinquent Interest: State \$, Local \$, \*Delinquent Penalty \$, Subtotal \$, \*State Technology Fee \$ 5.00, \*Affidavit Processing Fee \$, Total Due \$ 10.00. A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX \*SEE INSTRUCTIONS

(1) NOTICE OF CONTINUANCE (FOREST LAND OR CURRENT USE) NEW OWNER(S): To continue the current designation as forest land or classification as current use (open space, farm and agriculture, or timber) land, you must sign on (3) below. The county assessor must then determine if the land transferred continues to qualify and will indicate by signing below. If the land no longer qualifies or you do not wish to continue the designation or classification, it will be removed and the compensating or additional taxes will be due and payable by the seller or transferor at the time of sale. (RCW 84.33.140 or RCW 84.34.108). Prior to signing (3) below, you may contact your local county assessor for more information. This land does not qualify for continuance.

(2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY) NEW OWNER(S): To continue special valuation as historic property, sign (3) below. If the new owner(s) does not wish to continue, all additional tax calculated pursuant to chapter 84.26 RCW, shall be due and payable by the seller or transferor at the time of sale.

(3) OWNER(S) SIGNATURE PRINT NAME

8 I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signature of Grantor or Grantor's Agent: Mona Luc Powers. Name (print): MONA LUC POWERS. Date & city of signing: 6-30-14.

Signature of Grantee or Grantee's Agent: Mona Luc Powers. Name (print): MONA LUC POWERS. Date & city of signing: 6-30-14.

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)).

**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 Orville Ray Powers

I, (survivor's name) Mona Lee Powers affirm that I am the sole and rightful heir to the property described as:

Parcel number(s) 1 003 01 008 002 0000  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 12 day of February, 2013 at CLARKSTON, WA  
(month) (year) (city) (state)

Mona Lee Powers  
(Signature of surviving spouse or registered domestic partner)

\_\_\_\_\_  
(Printed name of surviving spouse or registered domestic partner)

1040 8<sup>th</sup> 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.

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## Washington State Certificate of Death

1. Legal Name (include AKA's if any) First Middle LAST Suffix <b>Orville Ray Powers</b>				2. Death Date <b>Dec. 07, 2011</b>	
3. Sex (M/F) <b>Male</b>	4a. Age - Last Birthday <b>77</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>June 01, 1934</b>	8a. Birthplace (City, Town, or County) <b>Fancy Farn</b>	8b. (State or Foreign Country) <b>Kentucky</b>		9. Decedent's Education <b>Three years college</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>Yes</b>
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>1040 - 8th Street</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>	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. <b>One year</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <b>Lue --- Gibbs</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Minister</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Theology</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Robert --- Powers</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Elsie --- Miller</b>		
21. Informant's Name <b>Lue Powers</b>		22. Relationship to Decedent <b>Wife</b>		23. Mailing Address: Number and Street or RFD No City or Town State Zip <b>1040 - 8th Street, Clarkston, Wa. 99403</b>	
24. Place of Death, if Death Occurred in a Hospital: <b>Inpatient</b> Place of Death, if Death Occurred Somewhere Other than a Hospital:					
25. Facility Name (If not a facility, give number & street or location) <b>Tri-State Memorial Hospital</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>Removal/Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Mt. View Crematory</b>		30. Location-City/Town, and State <b>Lewiston, Idaho</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>Dec. 9, 2011</b>	
33. Funeral Director Signature X <i>[Signature]</i>					

34. Cause of Death (See instructions and examples) 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>large Subdural Hemorrhage</b>				Interval between Onset & Death <b>48h</b>	
Due to (or as a consequence of):				Interval between Onset & Death	
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				Interval between Onset & Death	
Due to (or as a consequence of):				Interval between Onset & Death	
Due to (or as a consequence of):				Interval between Onset & Death	
Due to (or as a consequence of):				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 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 type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
41. Date of Injury (MM/DD/YYYY)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: _____ Apt. No. _____ City or Town: _____ County: _____ State: _____ Zip Code + 4: _____					
46. Describe how injury occurred				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician: <b>X</b>			48b. Medical Examiner/Coroner: <b>X</b>		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Minick, Michael C. MD. 1221 Highland Avenue, Clarkston, Wa. 99403</b>				50. Hour of Death (24hrs) <b>2100</b>	
51. Name and Title of Attending Physician if other than Certifier (Type or Print) <i>[Signature]</i>				52. Date Signed (MM/DD/YYYY) <b>12/08/2011</b>	
53. Title of Certifier <b>Medical Doctor</b>		54. License Number <b>W4849</b>		55. ME's Record File Number	
57. Registrar Signature <i>[Signature]</i>				56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
58. Date Received (MM/DD/YYYY) <b>DEC 09 2011</b>				59. Amendments	

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[REDACTED]



*Lawrence M. Garges, M.D.*

Lawrence M. Garges, M.D.  
Health Officer

DEC 09 2018

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