



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

Form sections 6 and 7: Continuation notices, owner signatures, and tax calculation table.

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

Form section 8: Certification of truth and correctness with signatures and dates.

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)).

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **335**

Washington State Certificate of Death

State File Number

9 63833

1. Legal Name (Include AKA's if any) First Middle LAST Suffix Lewis Gene Green				2. Death Date October 20, 2009	
3. Sex (M/F) Male	4a. Age - Last Birthday 69	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Asotin
7. Birthdate Nov. 9, 1939		8a. Birthplace (City, Town, or County) Miami	8b. (State or Foreign Country) Oklahoma	9. Decedent's Education High School Diploma	
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.) 2667 South Perry Lane				13b. City or Town Clarkston	
13c. Residence: County Asotin		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 99403	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 10 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Glenda M. Pohlman	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Project Manager			18. Kind of Business/Industry (Do not use Company Name) Construction		
19. Father's Name (First, Middle, Last, Suffix) Claude A. Green			20. Mother's Name Before First Marriage (First, Middle, Last) Edna L. Hollis		
21. Informant's Name Glenda Green		22. Relationship to Decedent Wife	23. Mailing Address: Number and Street or RFD No City or Town State Zip 2667 South Perry Lane Clarkston WA 99403		
24. Place of Death, if Death Occurred in a Hospital: Inpatient Place of Death, if Death Occurred Somewhere Other than a Hospital:					
25. Facility Name (If not a facility, give number & street or location) Tri-State Memorial Hospital			26a. City, Town, or Location of Death Clarkston	26b. State WA	27. Zip Code 99403
28. Method of Disposition 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 Oct. 26, 2009
33. Funeral Director Signature X Jerry Barton					

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. Multiple Organ System Failure Interval between Onset & Death: 48 hours					
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. Due to (or as a consequence of): b. Sepsis syndrome Interval between Onset & Death: 48 hours					
c. Due to (or as a consequence of): Interval between Onset & Death:					
d. 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 Chronic myelomonocytic Leukemia				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)	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 - To the best of my knowledge, death occurred at the time, date, and place and due to cause(s) and manner stated X [Signature]			48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated X		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Karrina Aopham, MD 428 6th AVE LEWISTON, ID 83201				50. Hour of Death (24hrs) 1125	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) 10/22/2009	
53. Title of Certifier Medical Doctor		54. License Number M-9061		55. ME/Coroner File Number 341273	
57. Registrar Signature X [Signature]		Asotin County, WA Darla McKay Auditor		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
59. Amendments OCT 26 2009 07/17/2014 10:04 AM					



DOH-ICHS 003 Rev 2/06/2004

47652

DOH 01-003 (1/14)

THIS IS A CERTIFIED COPY OF THE RECORD

I-131 DC Pgs=2 Fee=\$33.00

COPIES MUST HAVE THE OFFICIAL SEAL

**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 Lewis G Green

I, (survivor's name) Glenda M Green affirm that I am the sole and rightful heir to the property described as:

Parcel number(s) 10043100900020000

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 17 day of July, 2014 at Asotin, WA
(month) (year) (city) (state)

Glenda M Green

(Signature of surviving spouse or registered domestic partner)

Glenda M Green

(Printed name of surviving spouse or registered domestic partner)

2467 S PERRY Ln Clarkston W 99403
(Address of surviving spouse or domestic partner) (City) (State) (Zip)

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

*Book 241489 p. 3009
L. G. Green & Glenda M. Green*

182929

CORRECTION WARRANTY DEED

The Grantors, Waine M. Martin and Maureen A. Martin, husband and wife, for and in consideration of Ten Dollars and other good and valuable consideration, in hand paid, hereby convey and warrant unto Lewis G. Green and Glenda M. Green, husband and wife, the Grantees, the following described real property, situate in Asotin County, Washington:

That part of Lots 8, 9, 10 and 11 of Block "PP" of Vineland, Asotin County, Washington, more particularly described as follows: Beginning at the Northwest corner of said Lot 9; thence S.9°44½'W. a distance of 398.87 feet; thence East a distance of 724.36 feet to a point on the West right-of-way line of 13th Street; thence N.15°31'W. along said right-of-way line a distance of 202.48 feet; thence N.74°29'E. along said right-of-way line a distance of 10.0 feet; thence N.15°31'W. along said right-of-way line a distance of 108.89 feet to a point on the North line of said Lot 8; thence N.88°40'W. along said North line a distance of 371.57 feet to the Northwest corner of said Lot 8; thence N.43°11'W. along the North line of said Lot 9 a distance of 109.80 feet; thence N.89°17'W. along said North line a distance of 136.60 feet to the true place of beginning, containing 5.0 acres.

SUBJECT to an easement for ingress, egress, and utilities over and across the West 25 feet thereof.

This deed is given to correct the description in that certain Statutory Warranty Deed executed by the grantor in favor of the grantee on June 17, 1987, and which was recorded on June 18, 1989, with the Auditor of Asotin County, under Auditor's File No. 18992 on the following described real property, situate in Asotin County, Washington:

RECORDED
JUN 27 1989
56766
Margaret Crabb

IRWIN, MYKLESUST, SAVAGE,
BROWN & ESSER, P.S.
744 FIFTH STREET, SUITE 104
CLARKSTON, WASHINGTON 99403-2005
(509) 784-1828

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Lots 8 and 9 of Block "PP" of Vineland, EXCEPTING THEREFROM the following described parcel:

That part of Lots 8 and 9 of Block "PP" of Vineland and Government Lot 2 of Section 4 and the SE $\frac{1}{4}$ NE $\frac{1}{4}$ of Section 5 of Township 10 North, Range 46 East, W.M., Asotin County, Washington, more particularly described as follows: Commencing at the Northwest corner of said Lot 9; thence S.9°44 $\frac{1}{2}$ 'W. a distance of 398.87 feet to the true place of beginning; thence continue S.9°44 $\frac{1}{2}$ 'W. a distance of 67.49 feet; thence S.5°56'E. a distance of 220.66 feet; thence East a distance of 778.30 feet to a point on the West right-of-way line of 13th Street, said point being a point on a curve; thence deflect left and continue along said right-of-way line around a curve to the left with a radius of 855.0 feet for a distance of 49.69 feet; thence N.79°15'45"E. along said right-of-way line a distance of 5.0 feet; thence deflect left and continue along said right-of-way line around a curve to the left with a radius of 860.0 feet for a distance of 71.73 feet; thence N.15°31'W. along said right-of-way line a distance of 172.45 feet; thence West 724.36 feet to the true place of beginning.

SUBJECT to an easement for ingress, egress and utilities over and across the West 25 feet thereof.

TOGETHER with but subject to the rights of others an easement for ingress, egress and utilities lying 25 feet on each side of the following described centerline: Beginning at the Northwest corner of Lot 9 of said Block "PP"; thence S.9°44 $\frac{1}{2}$ 'W. a distance of 398.87 feet to the terminus of the above described centerline.

SUBJECT to right of way easement reserved by Lewiston Water and Power Company in deeds recorded in Book P of Deeds at page 13 and 14, records of Asotin County, Washington.

SUBJECT to easement reserved by Lewiston Clarkston Improvement Company recorded in Book 44 of Deeds, page 236, records of Asotin County, Washington, for canals, lateral ditches and pipes, upon, over and across the within described property.

SUBJECT to all rights of way for public utilities and public roads as the same now exist over and across the herein described property.

IRWIN, MYKLEBUST, SAVAGE,
BROWN & ESSER, P.S.
744 FIFTH STREET, SUITE 104
CLARKSTON, WASHINGTON 99403-3805
(209) 788-1828

47652

1 DATED this 16th day of June, 1989.

2
3 Waine M. Martin
4 Waine M. Martin

Lewis G. Green
Lewis G. Green

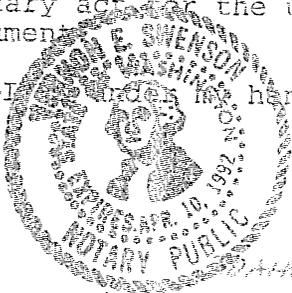
5 Maureen A. Martin
6 Maureen A. Martin

Glenda M. Green
7 Glenda M. Green

8 STATE OF WASHINGTON)
9) ss.
10 County of Asotin)

11 I certify that I know or have satisfactory evidence that
12 Waine M. Martin and Maureen A. Martin, husband and wife, signed
13 this instrument and acknowledged it to be their free and
14 voluntary act for the uses and purposes mentioned in the
15 instrument.

16 GIVEN under my hand and official seal this 16th day of June,
17 1989.



18 [Signature]
19 Notary Public in and for the State of
20 Washington, residing at
21 My appointment expires: June 1992

22 STATE OF WASHINGTON)
23) ss.
24 County of Asotin)

25 I certify that I know or have satisfactory evidence that
26 Lewis G. Green and Glenda M. Green, husband and wife, signed this
27 instrument and acknowledged it to be their free and voluntary act
for the uses and purposes mentioned in the instrument.

28 GIVEN under my hand and official seal this day of June,
29 1989.

30 [Signature]
31 Notary Public in and for the State of
32 Washington, residing at
33 My appointment expires: June 1993