



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 with sections for Seller/Grantor (Allen G. Nelson, Milly J. Nelson) and Buyer/Grantee (Milly J. Nelson), including mailing addresses, phone numbers, and tax parcel information.

Section 4: Street address of property (1124 15th St, Clarkston WA 99403), location (Asotin County), and legal description (Vineyard N75'S375'E167.5' LOT 1).

Section 5: Select Land Use Code(s) (11), exemption questions, and notice of continuance instructions.

Section 6: Exemption questions regarding forest land, current use, and special valuation.

Section 7: Notice of compliance for historic property and owner signature line.

Section 7: Personal property included in selling price, exemption details (WAC No. 458-61A-202), and tax calculation table showing a total due of 10.00.

Section 8: Certification of truth and correctness, and signature lines for 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.

**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 Allen G. Nelson

I, (survivor's name) Milly J. Nelson affirm that I am the sole and rightful heir to the property described as:

Parcel number(s) 10043400100100000

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 21 day of Aug., 2015 at Asotin, WA,
(month) (year) (city) (state)

Milly J. Nelson
(Signature of surviving spouse or registered domestic partner)

Milly J. Nelson
(Printed name of surviving spouse or registered domestic partner)

1124 15th 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

CERTIFICATE OF DEATH

CERTIFIED COPY
FOR VA USE ONLY

CERTIFICATE NUMBER: 2015-005882

DATE ISSUED: 03/03/2015

FEE NUMBER: 0000243403

GIVEN NAMES: ALLEN GEORGE
LAST NAME: NELSON

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: FEBRUARY 27, 2015
HOUR OF DEATH: 05:47 A.M.
SEX: MALE
AGE: 79 YEARS
SOCIAL SECURITY NUMBER: 399-32-7697

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: JULY 12, 1935
BIRTHPLACE: BOYD, CHIPPEWA CNTY, WISCONSIN

MARITAL STATUS: MARRIED
SPOUSE: MILLY J PATTON

OCCUPATION: CARPENTER/ MUSICIAN
INDUSTRY: HEAVY CONSTRUCTION/ BAND
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? YES

INFORMANT: GWEN OVNICEK
RELATIONSHIP: DAUGHTER
ADDRESS: 1020 TIMBER LANE, COEUR D'ALENE ID, 83815

PLACE OF DEATH: EMERGENCY ROOM
FACILITY OR ADDRESS: TRI-STATE MEMORIAL HOSPITAL, INC.
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 1124 15TH STREET
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
INSIDE CITY LIMITS? NO

COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 6 YEARS

FATHER: HIRAM NELSON
MOTHER: BARBARA BRUNNER

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY
CITY, STATE: LEWISTON, ID
DISPOSITION DATE: MARCH 02, 2015

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES LLC
ADDRESS: PO. BOX 107
CITY, STATE, ZIP: CLARKSTON WA 99403
FUNERAL DIRECTOR: RICHARD LASSITER

- CAUSE OF DEATH:
- A. ACUTE RESPIRATORY FAILURE
INTERVAL: 1HR
 - B. END STAGE CHRONIC OBSTRUCTIVE PULMONARY DISEASE
INTERVAL: 2 MONTHS
 - C. INTERVAL:
 - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL
AUTOPSY: NO

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? YES
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: RODNEY STORY, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1221 HIGHLAND AVE
CITY, STATE, ZIP: CLARKSTON WA 99403
DATE SIGNED: FEBRUARY 28, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
SUNDIE HOFFMAN
DATE RECEIVED: MARCH 02, 2015

48676

DOH 01-003 (1/14)