



REAL ESTATE EXCISE TAX AFFIDAVIT

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

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 (Elva Osborne Rogers), Buyer/Grantee (Jacob L. McKenzie, Nicole K. McKenzie), and property tax correspondence details.

Section 4: Street address of property (2570 Reservoir Road, Clarkston, WA) and incorporation status (unincorporated, Asotin County).

Section 5: Land Use Code (11 Household, single family units) and exemption questions.

Section 6: Forest land or current use classification questions.

(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...

This land does not qualify for continuance.

(2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY) NEW OWNER(S): To continue special valuation as historic property...

(3) OWNER(S) SIGNATURE PRINT NAME

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

If claiming an exemption, list WAC number and reason for exemption.

Type of Document: Statutory Warranty Deed (SWD), Deed Cert. Date of Document: 12/03/15

Table with 2 columns: Description and Amount. Rows include Gross Selling Price (\$400,000.00), Exemption Claimed (\$0.00), Taxable Selling Price (\$400,000.00), Excise Tax (State \$5,120.00, Local \$1,000.00), Delinquent Interest, Delinquent Penalty, Subtotal (\$6,120.00), State Technology Fee (\$5.00), Affidavit Processing Fee (\$0.00), and Total Due (\$6,125.00).

A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX \*SEE INSTRUCTIONS

Section 8: I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. Signature of Grantor (Elva Osborne Rogers) and Grantee (Jacob L. McKenzie) with 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...

REV 84 0001a (6/26/14) THIS SPACE - TREASURER'S USE ONLY COUNTY TREASURER

ATEC CK# 13909

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PAID

DEC 08 2015

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ASOTIN COUNTY TREASURER

EXHIBIT "A"

293503

PARCEL I:

Lot 1 of Short Plat Orchard Park, according to the official plat thereof, recorded April 26, 2004 under Instrument No. 275900, Official Records of Asotin County, Washington.

PARCEL II:

Together with an easement for road purposes as disclosed on the face of the plat of Short Plat of Orchard Park, recorded April 26, 2004 as Instrument No. 275900 official Records of Asotin County, Washington.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2010-005161

DATE ISSUED: 11/13/2015

FEE NUMBER: 0003201067

GIVEN NAMES: BILL DELOSS  
LAST NAME: OSBORNE

COUNTY OF DEATH: SPOKANE  
DATE OF DEATH: MAY 24, 2010  
HOUR OF DEATH: 06:42 P.M.  
SEX: MALE  
AGE: 74 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: JUNE 23, 1935  
BIRTHPLACE: POCATELLO, BANNOCK CNTY, IDAHO

MARITAL STATUS: MARRIED  
SPOUSE: ELVA ANDERSEN

OCCUPATION: OWNER/OPERATOR  
INDUSTRY: BUILDING MAINTENANCE  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? YES

INFORMANT: ELVA OSBORNE  
RELATIONSHIP: WIFE  
ADDRESS: 2570 RESERVOIR ROAD, CLARKSTON, WASHINGTON, 99403, ASOTIN

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: DEACONESS MEDICAL CENTER  
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99204

RESIDENCE STREET: 2570 RESERVOIR  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403  
INSIDE CITY LIMITS? NO  
COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 4 YEARS

FATHER: BILL RANDALL OSBORNE  
MOTHER: MABLE DOLL COTTRELL

METHOD OF DISPOSITION: REMOVAL FROM STATE  
PLACE OF DISPOSITION: LEWIS-CLARK MEMORIAL GARDENS  
CITY, STATE, ZIP: LEWISTON, ID.  
DISPOSITION DATE: MAY 25, 2010

FUNERAL FACILITY: VASSAR-RAWLS FUNERAL HOME  
ADDRESS: 920 21ST AVE  
CITY, STATE, ZIP: LEWISTON ID 98501  
FUNERAL DIRECTOR: DENNIS W HASTINGS

CAUSE OF DEATH:

- A. HEPATO - RENAL FAILURE  
INTERVAL: APPROX 3 DAYS
- B. END STAGE CIRRHOSIS  
INTERVAL: APPROX 5 YEARS
- C. INTERVAL:
- D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
APPROX 5 DAYS STATUS POST RIGHT PLEURISIES FOR HEPATIC HYDROTHORAX

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? UNKNOWN  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: D VERNON HOLBERT MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 122 W 7TH AVE STE 110  
CITY, STATE, ZIP: SPOKANE WA 99204  
DATE SIGNED: MAY 26, 2010

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

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

ITEM(S) AMENDED: NONE

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

LOCAL DEPUTY REGISTRAR:  
LINDA MAHMOOD  
DATE RECEIVED: MAY 27, 2010

48968

DOH 01-003 (1/15)