

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.

SELLER GRANTOR	1 Name <u>C. Douglas Martin</u>	BUYER GRANTEE	2 Name <u>Susan E. Devine</u> <u>50%</u>
	Mailing Address <u>1354 Maple St.</u>		Mailing Address <u>43890 Chloe Terrace</u>
	City/State/Zip <u>CLARKSTON, WA 99403</u>		City/State/Zip <u>ASHBURN, VA 20147</u>
	Phone No. (including area code) <u>N/A</u>		Phone No. (including area code) <u>(703) 723-4286</u>
3 Send all property tax correspondence to: <input type="checkbox"/> Same as Buyer/Grantee		List all real and personal property tax parcel account numbers - check box if personal property	
Name <u>JAMES E. MARTIN</u>		List assessed value(s)	
Mailing Address <u>1354 Maple St.</u>		<u>1-004-22-029-0002-0000</u> <input type="checkbox"/> <u>642,200.00</u>	
City/State/Zip <u>CLARKSTON, WA 99403</u>		<input type="checkbox"/>	
Phone No. (including area code) <u>(509) 752-2290</u>		<input type="checkbox"/>	

4 Street address of property: 1354 Maple St. Clarkston, WA 99403
This property is located in Select Location

Check box if any of the listed parcels are being segregated from another parcel, are part of a boundary line adjustment or parcels being merged.

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

5 Select Land Use Code(s):
Select Land Use Codes 09
enter any additional codes: _____
(See back of last page for instructions)

Was the seller receiving a property tax exemption or deferral under chapters 84.36, 84.37, or 84.38 RCW (nonprofit organization, senior citizen, or disabled person, homeowner with limited income)?
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

If any answers are yes, complete as instructed below.

(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 does not qualify for continuance.

DEPUTY ASSESSOR _____ DATE _____

(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 _____

7 List all personal property (tangible and intangible) included in selling price.
LAND & U.H.
\$ 0.00

If claiming an exemption, list WAC number and reason for exemption:
WAC No. (Section/Subsection) 458-61A-202(1)
Reason for exemption INHERITANCE

Type of Document PERSONAL REPRESENTIVES DEED
Date of Document 1-29-16

Gross Selling Price \$	<u>N/A</u>
*Personal Property (deduct) \$	
Exemption Claimed (deduct) \$	
Taxable Selling Price \$	0.00
Excise Tax: State \$	0.00
<u>0.0000</u> Local \$	0.00
*Delinquent Interest: State \$	
Local \$	
*Delinquent Penalty \$	
Subtotal \$	0.00
*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

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

Signature of Grantor or Grantor's Agent <u>[Signature]</u>	Signature of Grantee or Grantee's Agent <u>[Signature]</u>
Name (print) <u>JAMES E. MARTIN</u>	Name (print) <u>JAMES E. MARTIN</u>
Date & city of signing: <u>2-1-16 ASOTIN, WA</u>	Date & city of signing: <u>2-1-16 ASOTIN, WA</u>

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)).

REV 84 0001a (01/04/16) THIS SPACE - TREASURER'S USE ONLY COUNTY ASSESSOR

Cash 10.00

PAID FEB 01 2016

ASOTIN COUNTY TREASURER 48070

After recording, return to:
James W. Grow, Jr., Esq.
LAW OFFICE OF JAMES W. GROW, JR., PLLC
1301 G Street
Lewiston, Idaho 83501

PERSONAL REPRESENTATIVE'S DEED

THIS PERSONAL REPRESENTATIVE'S DEED is made and executed this 29 day of January, 2016 by JAMES E. MARTIN as personal representative of the ESTATE OF LELA L. MARTIN, hereinafter referred to as the "Grantor"; which Grantor hereby grants and conveys to JAMES E. MARTIN, a married man, of 1350 Maple Street, Clarkston, Washington 99403, as his sole and separate property, and SUSAN E. DEVINE, a married woman, of 43880 Chloe Terrace Ashburn, Virginia 20147, as her sole and separate property, herein referred to as the "Grantees"; as tenants in common; WITNESSETH:

WHEREAS, Grantor warrants that he is the qualified Personal Representative of said estate, and that the estate is being probated under Probate Cause No. 14-4-00034-3 in the Asotin County Superior Court, in and for the State of Washington, with Letters Testamentary having been issued Grantor as the Personal Representative, to act without bond, and with all the powers conferred upon him by law; NOW THEREFORE;

IN ACCORDANCE with the provisions set forth in Title 11 of the Revised Code of Washington, Grantor hereby grants, sells, transfers and conveys to Grantees, each as their sole and separate property, all of the Decedent's interest in the following described real property commonly known as 1354 Maple Street, Clarkston, Washington 99403, in the County of Asotin, State of Washington; including the community interest acquired by the Decedent through the Last Will and Testament of Decedent's husband, Chester Douglas Martin, (deceased September 25, 2010), Certificate of Death recorded in Asotin County, Washington as Instrument No. 340258, and Last Will and Testament is filed in the Superior Court of Asotin County, State of Washington as Cause No. 14-4-00035-1:

The East 81 feet of the West 85 feet of the South 225 feet of Lot 29, Block "GG" of Vineland, Asotin County, Washington, according to the official plat thereof, measurements being from center line of adjacent street.

AND

The West 4 feet of the South 120 feet of Lot 29 of Block "GG" of Vineland according to the recorded plat thereof, measurements being from the center line of adjacent streets and alleys.

PERSONAL REPRESENTATIVE'S DEED -- 1

49070

Tax Parcel No. 1-004-22-029-0002-0000

SUBJECT TO an exclusive easement appurtenant granted by servient estate herein on January 21, 1983 recorded as instrument no. 15773 in the records of Asotin County, Washington for access to the dominant tenement being the adjoining property to the North, which easement is more particularly described as follows:

An exclusive easement for ingress and egress together with all maintenance thereof; and for all utility purposes over, under and through and across a strip of land 15 feet in width as measured from the East line of the E. 81 feet of the W. 85 feet of the S. 225 feet of the Lot 29, Block "GG" Vineland, Asotin County, Washington. Said strip of land to terminate on a line being 105 feet S. of the N. property line of the E. 81 feet of the W. 85 feet, of the S. 330 feet of Lot 29, Block "GG" Vineland as recorded in the plat thereof, all measurements being from the center line of adjacent streets and alleys.

THIS CONVEYANCE shall include and be SUBJECT TO any and all appurtenances, estate, right, title, interest, tenements, hereditaments, reversions, remainders, easements, rents, issues, profits, rights-of-way and water rights in anywise appertaining to the property herein described.

IN WITNESS WHEREOF the said Grantor has hereunto set his hand the day and year hereinabove first written.

DATED this 29 day of January, 2016.

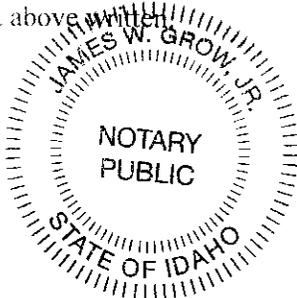
THE ESTATE OF
LELA L. MARTIN, Deceased

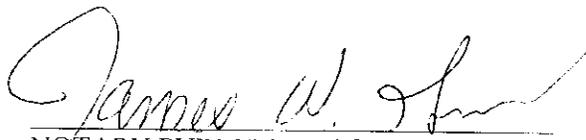

JAMES E. MARTIN
Personal Representative / Executor

STATE OF IDAHO }
 : ss.
County of Nez Perce }

ON THIS 29 day of January, 2016, before me, a NOTARY PUBLIC in and for the State of Idaho, personally appeared JAMES E. MARTIN, known to me to be the person whose name is subscribed to the within instrument, as personal representative of the ESTATE OF LELA L. MARTIN, Deceased, and acknowledged to me that he executed the same in his capacity as Personal Representative.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.




NOTARY PUBLIC in and for the State of
Idaho, residing at Lewiston.
My Commission expires: 04/11/2018

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-086993

DATE ISSUED: 04/01/2014

FEE NUMBER: 0000190064

GIVEN NAMES: LEIA L
LAST NAME: MARTIN

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: MARCH 28, 2014
HOUR OF DEATH: 04:45 A.M.
SEX: FEMALE
AGE: 89 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: FEBRUARY 01, 1925
BIRTHPLACE: MILTON-FREEMAN, UMATILLA CNTY, OREGON

MARITAL STATUS: WIDOWED
SPOUSE:

OCCUPATION: SALES ASSOCIATE
INDUSTRY: RETAIL SALES
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: JAMES MARTIN
RELATIONSHIP: SON
ADDRESS: 1550 MAPLE STREET, CLARKSTON WA, 99403

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: PRESTIGE CARE AND REHABILITATION
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 1554 MAPLE STREET
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
INSIDE CITY LIMITS? NO
COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 42 YEARS

FATHER: LLOYD E BIRDSELL
MOTHER: BEULAH UNKNOWN

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY
CITY, STATE, ZIP: LEWISTON, ID
DISPOSITION DATE: MARCH 31, 2014

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. CONGESTIVE HEART FAILURE
INTERVAL: MONTHS
 - B. ARTERIAL FIBRILLATION
INTERVAL: YEARS
 - C. INTERVAL:
 - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
ACUTE RENAL FAILURE

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? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: CELSO CHAVEZ MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1522 17TH STREET
CITY, STATE, ZIP: LEWISTON ID 83501
DATE SIGNED: MARCH 28, 2014

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:
CELSO CHAVEZ MD

LOCAL DEPUTY REGISTRAR:
BRADY WOODBURY
DATE RECEIVED: MARCH 31, 2014

0000190064 (2/2011)

49070

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH**

1. Legal Name (include middle name): First Middle LAST Chester Douglas Martin				2. Death Date Sept. 25, 2010	
3. Sex (M/F) Male	4a. Age - Last Birthday 84	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Asotin
7. Birthdate Oct. 24, 1925	8a. Birthplace (City, Town, or County) Van Alstyne	8b. (State or Foreign Country) Texas	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.) 1354 Maple Street				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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 35 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Lela Lanore Birdsell	
17. Usual Occupation (Indicate type of work done during most of working life. (Do not use RETIRED).) Retail Sales			18. Kind of Business/Industry (Do not use Company Name) Retail Clothing		
19. Father's Name (First, Middle, Last, Suffix) James Martin			20. Mother's Name Before First Marriage (First, Middle, Last) Minnie Neal		
21. Informant's Name Lela Martin		22. Relationship to Decedent Spouse		23. Mailing Address: Number and Street or RFD No. City or Town. State Zip 1354 Maple Street Clarkston WA 99403	
24. Place of Death, if Death Occurred in a Hospital Clarkston Care Center					
25. Facility Name (if not a facility, give number & street or location) Clarkston Care Center					
26. Method of Disposition Cremation		27. Place of Final Disposition (Name of cemetery, crematory, other place) Mountain View Crematory		28. City, Town, or Location of Death Clarkston	
29. State WA		30. Location-City/Town, and State Lewiston Idaho		31. Zip Code 99403	
32. Name and Complete Address of Funeral Facility Merchant Funeral Home 1000 7th Street Clarkston WA 99403				33. Date of Disposition September 28, 2010	
34. Funeral Director Signature X Jerry Bartlow					
35. 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) Cardiomyopathy Interval between Onset & Death 3 mos Due to (or as a consequence of) Valvular heart disease Interval between Onset & Death years Sequentially listed 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					
36. Other significant conditions contributing to death but not resulting in the underlying cause given above				37. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				39. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
40. Manner of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending		41. If female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days before 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		42. Date of Injury (MM/DD/YYYY) 9/25/10	
43. Hour of Injury (24hrs) 0310		44. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) Home		45. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
46. Location of Injury: Number & Street. City & Town. State. Zip Code + 4. 1354 Maple Street Clarkston WA 99403					
47. Describe how injury occurred Driver/Operator					
48. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)					
49. Certifying Physician - On the basis of his/her knowledge, death occurred at the time, date, and place and due to the cause(s) as stated. Dr. Gregory M.O. 1267 Belmont Way Clarkston WA 99403				50. Medical Examiner/Coroner - On the basis of examination and/or investigation, death occurred at the time, date, and place, and due to the cause(s) and manner stated. 0310	
51. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Dr. Gregory M.O. 1267 Belmont Way Clarkston WA 99403				52. Hour of Death (24hrs) 0310	
53. Name and Title of Attending Physician if other than Certifier (Type or Print) Med Doctor				54. Date Signed (MM/DD/YYYY) 9/27/2010	
55. Title of Certifier Med Doctor		56. License Number DPM406680		57. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
58. Registrar Signature JM [Signature]				59. Date Received (MM/DD/YYYY) SEP 27 2010	
60. Amendments					



49070



Affidavit for Correction

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

This is a legal Document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
-------------------	------------	----------	------	------------------

Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record: _____ 2. Date of Event: _____ 3. Place of Event: (City or County) _____

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) _____ 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution) _____

The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) _____ Telephone Number: _____

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature: _____ 16. Date: _____ 17. Address: _____

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:

Certificate of Naturalization	Medical Record	School Record
Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
Insurance Records	Birth Record	Alien Registration Card (front and back)
Marriage/Divorce Records	Passport	

Birth Certificates:

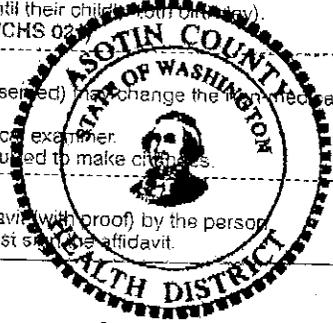
- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOM/CHS 02)

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit with proof by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.



DOH/CHS 023 (Rev. 9/2002)

Asotin County, WA
Daria McKay Auditor

340258

04/15/2014 04:39 PM



00001098201403402580020025

I-131 DC

Pgs=2 Fee: \$33.00

JAMES GROW JR PLLC

Lawrence M. Garges, M.D.
Lawrence M. Garges, M.D.
Health Officer

SEP 27 2014

TT00159580

49070