



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 sections 1-3: Seller/Grantor and Buyer/Grantee information, including names, addresses, and tax correspondence details.

4 Street address of property: 1047 Liberty Dr.

This property is located in unincorporated County OR within city of

Check box if any of the listed parcels are being segregated from a larger parcel.

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

See attach

5 Select Land Use Code(s): 11

Is this property exempt from property tax per chapter 84.36 RCW (nonprofit organization)?

6 Is this property designated as forest land per chapter 84.33 RCW? Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34?

Is this property receiving special valuation as historical property per chapter 84.26 RCW?

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.

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.

(3) OWNER(S) SIGNATURE

PRINT NAME

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(8)(g)

Reason for exemption

Type of Document Affidavit of Surviving Spouse

Date of Document 3/30/16

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-

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 Edna M. Estlund

Name (print) EDNA M. ESTLUND

Date & city of signing: 3-30-16

Signature of Grantee or Grantee's Agent Edna M. Estlund

Name (print) EDNA M. ESTLUND

Date & city of signing: 3-30-16

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 (02/13/07)

THIS SPACE - TREASURER'S USE ONLY

1000 Cash Va

ASOTIN COUNTY TREASURER

40195

COUNTY TREASURER

**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 James E. Estlund

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

Parcel number(s) 1-412-00-056-0000

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 30 day of March, 16 at Asotin, WA  
(month) (year) (city) (state)

Edna M. Estlund  
(Signature of surviving spouse or registered domestic partner)

Edna M. Estlund  
(Printed name of surviving spouse or registered domestic partner)

1047 Liberty Drive 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 IDAHO**  
**CERTIFICATION OF VITAL RECORD**

**STATE OF IDAHO**  
IDAHO DEPARTMENT OF HEALTH AND WELFARE  
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

State of Idaho  
**CERTIFICATE OF DEATH**

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTER WITH THE IMPRINT OF THE DEPARTMENT OF HEALTH AND WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER THE SEVERAL IDAHO CODES.

Local Reg. No. \_\_\_\_\_

<b>DECEASED</b>  TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN  FOR INSTRUCTIONS SEE HANDBOOKS	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) <b>JAMES EUGENE ESTLUND</b>		2. SEX <b>MALE</b>	3. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	
	4a. AGE Last Birthday <b>85</b> (Years)	4b. UNDER 1 YEAR Months: _____ Days: _____	4c. UNDER 1 DAY Hours: _____ Minutes: _____	5. DATE OF BIRTH (Mo/Day/Yr) <b>10/03/1930</b>	6. BIRTHPLACE (City and State, Territory, or Foreign Country) <b>LEWISTON, IDAHO</b>
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY <b>WASHINGTON</b>		7b. COUNTY <b>ASOTIN</b>	7c. CITY OR TOWN <b>CLARKSTON</b>	
	7d. STREET AND NUMBER <b>1047 LIBERTY DR.</b>		7e. APT. NO.	7f. ZIP CODE <b>99403</b>	7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown			9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) <b>EDNA MYRLE JONES</b>	
	10. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11a. FATHER'S NAME (First, Middle, Last, Suffix) <b>MARTIN M. ESTLUND</b>	11b. BIRTHPLACE (State, Territory, or Foreign Country) <b>NORWAY</b>	
			12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) <b>ROSIA ROSS</b>	12b. BIRTHPLACE (State, Territory, or Foreign Country) <b>IDAHO</b>	
	13a. INFORMANT'S NAME (Type or print) <b>EDNA ESTLUND</b>		13b. RELATIONSHIP TO DECEDENT <b>WIFE</b>	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>1047 LIBERTY DR. CLARKSTON, WA 99403</b>	
	14. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) <b>CLARKSTON VINELAND CEMETERY 1141 VINELAND DRIVE CLARKSTON, WASHINGTON</b>		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY <b>MERCHANT FUNERAL HOME 1000 SEVENTH STREET CLARKSTON, WASHINGTON 99403</b>
	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <b>ELECTRONICALLY FILED: GERALD E. BARTLOW</b>		17b. LICENSE NUMBER (Of licensee) <b>M0771</b>	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>MORTICIAN:</b> Complete Within 5 Days of Death	19a. IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DDA		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)		
	20. FACILITY NAME (If not facility, give street and number) <b>ST. JOSEPH REGIONAL MEDICAL CTR</b>		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE <b>LEWISTON, ID 83501</b>		
	22. COUNTY OF DEATH <b>NEZ PERCE</b>		23. DATE OF DEATH (Mo/Day/Yr) (Spell month) <b>February 19, 2016</b>		
	24. TIME OF DEATH (24hr) <b>09:15</b>		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) <b>February 19, 2016</b>		26. TIME PRONOUNCED DEAD (24hr) <b>09:15</b>
	27. CAUSE OF DEATH PART I. 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. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>ASPIRATION PNEUMONIA</b> DUE TO (or as a consequence of): b. _____ DUE TO (or as a consequence of): c. _____ DUE TO (or as a consequence of): d. _____ Approximate Time Interval Onset to Death <b>72 HOURS</b>				
	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I.				
	28. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		29. IF FEMALE (Aged 10-54): <input type="checkbox"/> Not pregnant within past year <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"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year		30. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	31. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide		32. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33. Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/>
	34. DATE OF INJURY (Mo/Day/Yr) (Spell month)		35. TIME OF INJURY (24hr)	36. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	
	37. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
38. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____					
39. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable					
TRANSPORTATION INJURY ONLY: 38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____ 38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? <input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown					
39a. CERTIFIER (Check only one, based on official capacity for this certificate) <input checked="" type="checkbox"/> PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated. <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE <input type="checkbox"/> 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.			39b. LICENSE NUMBER <b>0-00783</b>		
Signature and Title of Certifier: <b>LEIF P. KANOOTH, D.O.</b>			39c. DATE SIGNED <b>2 / 23 / 2016</b> MM DD YYYY		
39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) <b>LEIF P. KANOOTH, 415 SIXTH STREET LEWISTON, ID 83501</b>					
<b>REGISTRAR</b>  IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE	40a. REGISTRAR'S SIGNATURE <i>James B. Aydelotte</i>		40b. DATE SIGNED <b>2 / 24 / 2016</b> MM DD YYYY		

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: **FEB 24 2016**

This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

*James B. Aydelotte*  
**JAMES B. AYDELOTTE**  
STATE REGISTRAR

**49195**



• 2017 10/20/17



\*000680079\*

STATE OF IDAHO County of Lewiston

This copy of a death certificate was issued by the District Health Department on behalf of the the Bureau of Vital Records and Health Statistics.

*Pauline Durst*

Local Vital Statistics Registration Official

2017

49195

When recorded return to:  
735 Fifth Street  
Clarkston, WA 99403-0000  
File No.: 2011010062

**OW**

Inst: 319252 06/04/2010 4:22PM  
Filed: ALLIANCE TITLE & ESCROW Fee Cd: D-01  
Code: 088 S W Deed 62.00  
Asotin County Auditor Excise: 44333

**STATUTORY WARRANTY DEED**

THE GRANTOR(S) **Ed McKeehan, an unmarried person**  
  
for and in consideration of **TWO HUNDRED SEVENTEEN THOUSAND THREE HUNDRED AND NO/100**  
  
in hand paid, conveys, and warrants to **James E. Estlund and Edna M. Estlund, Husband and Wife**  
  
the following described real estate, situated in the County of Asotin, State of Washington:

**Lot 56 of Liberty West Subdivision, according to the official plat thereof, recorded February 18, 2004 as Instrument No. 274474 Official Records of Asotin County, Washington.**

Subject to: Current Year Taxes, conditions, covenants, restrictions, reservations, easements, rights and rights of way, apparent or of record.

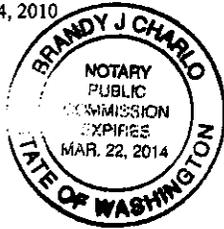
Tax Parcel Number(s): 1-412-00-056-0000-0000

Dated: June 4 - 2010  
Ed McKeehan  
Ed McKeehan

STATE OF Washington ss.  
COUNTY OF Asotin

I certify that I know or have satisfactory evidence that Ed McKeehan  
(is/are) the person(s) who appeared before me, and said person(s) acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: June 4, 2010



Brandy J. Charlo  
Notary name printed or typed: Brandy J. Charlo  
Notary Public in and for the State of: Washington  
Residing at: Lewiston, ID  
My appointment expires: 03/22/2014

REAL ESTATE EXCISE TAX  
PAID \$ 3324.69 DATE 6-7-10  
RECEIPT No. 44337  
ASOTIN COUNTY TREASURER  
By [Signature]  
SALE PRICE 217,300

49195