



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 with fields for Seller/Grantor (Janica E. Berglund) and Buyer/Grantee (Christopher L. Engledow and Nicole M. Engledow), including mailing addresses and phone numbers.

Property details section including street address (803 1st Street, Asotin, WA 99402), location (Asotin), and legal description of the property.

Land use and exemption section with checkboxes for various property designations and notices of continuance/compliance.

Personal property and tax calculation section, including a table for Gross Selling Price, Taxable Selling Price, and Excise Tax.

Signature section with fields for Grantor/Grantor's Agent (Janica E. Berglund) and Grantee/Grantee's Agent (Christopher L. Engledow).

Perjury statement: Perjury is a class C felony which is punishable by imprisonment in the state conditional 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.20.021 (1)(C)).

REV 84 0001a (01/05/16) THIS SPACE - TREASURER'S USE ONLY COUNTY TREASURER

MAY 13 2016

ASOTIN COUNTY TREASURER

49308

ATEC CR# 15436

Return Address

Alliance Title & Escrow  
735 5<sup>th</sup> St.  
Clarkston, WA 99403

Please print or type information

|  |
|--|
| Document Title(s) (or transactions contained therein):<br>1. Death Certificate<br>2.<br>3.<br>4.   |
| Grantor(s) (Last name first, then first name and initials):<br>1. Wallace Richard Berglund, Jr.<br>2.<br>3.<br>4.<br><input type="checkbox"/> Additional names on page ___ of document.  |
| Grantee(s) (Last name first, then first name and initials):<br>1.<br>2.<br>3.<br>4.<br><input type="checkbox"/> Additional names on page ___ of document.  |
| Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.)<br><br><input type="checkbox"/> Additional legal is on page ___ of document.   |
| Reference Number(s) of Documents assigned or released:<br><br><input type="checkbox"/> Additional numbers on page ___ of document.   |
| Assessor's Property Tax Parcel/Account Number<br><br>1-048-04-010-0000-0000<br><input type="checkbox"/> Property Tax Parcel ID is not yet assigned<br><input type="checkbox"/> Additional parcel numbers on page ___ of document |
| The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.  |

49308

**STATE OF IDAHO**  
**CERTIFICATION OF VITAL RECORD**

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

Date Filed JANUARY 29, 2016

State File No. 2016-00850

|   |   |   |   |
|---|---|---|---|
| DECEDENT - LEGAL NAME<br><b>WALLACE RICHARD BERGLUND JR</b>   |   |   |   |
| SEX<br><b>MALE</b>  | SOCIAL SECURITY NUMBER<br>[REDACTED]  | AGE<br><b>75 YEARS</b>                                    | DATE OF BIRTH<br><b>OCTOBER 13, 1940</b>                        |
| BIRTHPLACE<br><b>ANTIOCH, CALIFORNIA</b>  |   | PLACE OF RESIDENCE<br><b>ASOTIN, WASHINGTON</b>           |   |
| MARITAL STATUS AT TIME OF DEATH<br><b>MARRIED</b>   | NAME OF SURVIVING SPOUSE (if wife, maiden name)<br><b>JANICE ELIZABETH HULE</b> |   | WAS DECEDENT EVER IN U.S. ARMED FORCES?<br><b>YES</b>           |
| FATHER - NAME<br><b>WALLACE RICHARD BERGLUND</b>  |   |   | BIRTHPLACE<br><b>SOUTH DAKOTA</b>                               |
| MOTHER - MAIDEN NAME<br><b>LUCILLE LOIS VACLAVIK</b>  |   |   | BIRTHPLACE<br><b>CALIFORNIA</b>                                 |
| METHOD OF DISPOSITION<br><b>CREMATION</b>   |   | FUNERAL SERVICE LICENSEE<br><b>DENNIS W. HASTINGS</b>     |   |
| NAME AND ADDRESS OF FUNERAL FACILITY<br><b>VASSAR-RAWLS FUNERAL HOME, LEWISTON, IDAHO</b>                               |   |   |   |
| DATE OF DEATH<br><b>JAN. 26, 2016</b>   | TIME OF DEATH<br><b>6:35 P.M.</b>   | CITY, TOWN OR LOCATION OF DEATH<br><b>LEWISTON, IDAHO</b> | COUNTY OF DEATH<br><b>NEZ PERCE</b>                             |
| CAUSE OF DEATH (underlying cause last)<br>a. <b>CARDIOPULMONARY ARREST</b>  |   |   | Approximate Interval Between Onset and Death<br><b>48 HOURS</b> |
| b. <b>ASPIRATION</b>  |   |   | <b>48 HOURS</b>   |
| c.  |   |   |   |
| d.  |   |   |   |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above<br><b>COPD</b> |   |   | WAS AN AUTOPSY PERFORMED?<br><b>NO</b>                          |
| MANNER OF DEATH<br><b>NATURAL</b>   | NAME OF CERTIFIER<br><b>MICHAEL C. MINICK, M.D.</b>                             |   | TITLE<br><b>PHYSICIAN</b>                                       |
| CORONER SUBSEQUENT CERTIFICATION IF NECESSARY   |   |   |   |
| <b>EXTERNAL CAUSES ONLY</b>   |   |   |   |
| DATE OF INJURY  | TIME OF INJURY  | PLACE OF INJURY   | INJURY AT WORK?   |
| LOCATION WHERE INJURY OCCURRED  |   |   |   |
| DESCRIPTION OF HOW INJURY OCCURRED  |   |   |   |

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.

**JANUARY 29, 2016**

DATE ISSUED:

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

PBNCV(10/17) 0272

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

49308

