



PLEASE TYPE OR PRINT

REAL ESTATE EXCISE TAX AFFIDAVIT
CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

This form is your receipt when stamped by cashier.

THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED

(See back of last page for instructions)

If multiple owners, list percentage of ownership next to name.

Form sections 1, 2, and 3. Section 1: Seller/Grantor Name: J Dean Whitby, Carol J Whitby; Mailing Address: 2137 Valley View Dr, Clarkston, WA 99403; Phone No.: 509.552-0606. Section 2: Buyer/Grantee Name: Carol J Whitby; Mailing Address: 2137 Valley View Dr, Clarkston, WA 99403; Phone No.: 509.552-0606. Section 3: Send all property tax correspondence to: [X] Same as Buyer/Grantee.

Section 4: Street address of property: 2137 Valley View Dr. This property is located in [X] unincorporated Asotin County OR within [ ] city of. Legal description of property: Clarkston Heights PT S 175' E 185' Lot 2 Bk E-3 28x56 Marlette 1992.

Section 5: Select Land Use Code(s): 11. enter any additional codes: (See back of last page for instructions). Is this property exempt from property tax per chapter 84.36 RCW (nonprofit organization)? [X] YES [ ] NO

Section 6: Is this property designated as forest land per chapter 84.33 RCW? [ ] YES [X] NO. Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34? [ ] YES [X] NO. Is this property receiving special valuation as historical property per chapter 84.26 RCW? [ ] YES [X] NO.

Section 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(B)(9). Reason for exemption: Death Certificate. Type of Document: Death Certificate. Date of Document: 5/18/16.

Section 8: 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.

Section 9: 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 \$ 5.00, Total Due \$ 10.00. A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX \*SEE INSTRUCTIONS

Section 10: I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. Signature of Grantor or Grantor's Agent: Carol J Whitby; Name (print): Carol J Whitby; Date & city of signing: 05-18-2016. Signature of Grantee or Grantee's Agent: Carol J Whitby; Name (print): Carol J Whitby; Date & city of signing: 05-18-2016.

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)).

**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 Raymond J Dean Whitby

I, (survivor's name) Carol Jane Whitby affirm that I am the sole and rightful heir to the property described as:

Parcel number(s) 1 041 10 002 0002 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 18<sup>th</sup> day of May, 2016 at Asotin, WA  
(month) (year) (city) (state)

Carol J Whitby  
(Signature of surviving spouse or registered domestic partner)

Carol Jane Whitby  
(Printed name of surviving spouse or registered domestic partner)

2137 Valley View Dr 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.*

49319

**STATE OF WASHINGTON  
DEPARTMENT OF HEALTH**

Washington State Certificate of Death

Part 1 completed by Funeral Director

Part 2 completed by Certifier

1. Legal Name (include AKA's if any) First Middle LAST <b>Raymond J Dean Whitby</b>				2. Death Date <b>March 20, 2012</b>	
3. Sex (M/F) <b>Male</b>	4a. Age - Last Birthday <b>77</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number <b>[REDACTED]</b>	6. County of Death <b>Asotin</b>
7. Birthdate <b>Nov. 20, 1934</b>	8a. Birthplace (City, Town, or County) <b>Oklahoma City</b>	8b. (State or Foreign Country) <b>Oklahoma</b>		9. Decedent's Education <b>One Year College</b>	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>			11. Decedent's Race(s) <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>No</b>
13a. Residence: Number and Street (e.g. 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>2137 Valley View Drive</b>				13b. City or Town <b>Clarkston</b>	
13c. Residence: County <b>Asotin</b>	13d. Tribal Reservation Name (if applicable) <b>N/A</b>	13e. State or Foreign Country <b>Washington</b>		13f. Zip Code + 4 <b>99403</b>	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. <b>20 years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <b>Carol Jane Beloit</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Barber</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Cutting of Hair</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Hugh Melvin Whitby</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Otis Harris</b>		
21. Informant's Name <b>Carol Jane Whitby</b>		22. Relationship to Decedent <b>Wife</b>		23. Mailing Address: Number and Street or RFD No City or Town State Zip <b>2137 Valley View Dr. - Clarkston, Washington 99403</b>	
24. Place of Death, if Death Occurred in a Hospital: <b>Emergency Room</b>			25. Facility Name (if not a facility, give number & street or location) <b>Tri-State Memorial Hospital</b>		
26a. City, Town, or Location of Death <b>Clarkston</b>		26b. State <b>WA</b>		27. Zip Code <b>99403</b>	
28. Method of Disposition <b>Direct Burial</b>			29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Lewis-Clark Memorial Gardens</b>		30. Location-City/Town, and State <b>Lewiston, Idaho 83501</b>
31. Name and Complete Address of Funeral Facility <b>Mountain View Funeral Home - 3521 7th St. - Lewiston, Idaho 83501</b>				32. Date of Disposition <b>March 23, 2012</b>	
33. Funeral Director Signature X <i>Jerry Bartlow</i>					

34. Cause of Death (See instructions and examples) Enter the chain of events - disease, 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) →		a. <i>Cardiac arrest</i>		Interval between Onset & Death	
Sequentially list 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		b. <i>congestive heart failure</i>		Interval between Onset & Death	
		c.		Interval between Onset & Death	
		d.		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above.				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <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"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
41. Date of Injury (MM/DD/YYYY) <b>3/20/12</b>	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)			
45. Location of Injury: Number & Street City or Town State Zip Code + 4 <i>at home</i> County		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
46. Describe how injury occurred <i>sudden collapse</i>		47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
48a. Certifying Physician <i>[Signature]</i>		48b. Medical Examiner/Coroner <input checked="" type="checkbox"/>			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)				50. Hour of Death (24hrs) <b>1800</b>	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) <b>March 23, 2012</b>	
53. Title of Certifier <b>Medical Doctor</b>	54. License Number <b>0000715</b>	55. Funeral File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature <i>[Signature]</i>				58. Date Received (MM/DD/YYYY) <b>MAR 23 2012</b>	
59. Amendments				<b>49319</b>	

DOH 01-003 (8/10)



Affidavit of Correction

Submit for Health Department

This is a legal Document. Complete in ink and do not alter.  
STATE POLICE USE ONLY

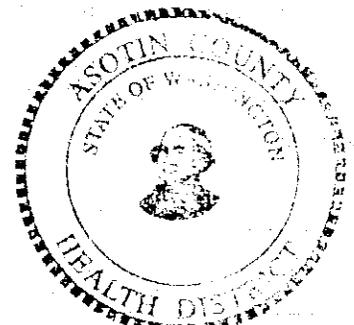
Section below: [Redacted] [Redacted] [Redacted]

Name: [Redacted]

Sex: [Redacted]

DOB: [Redacted]

6.



*Lawrence M. Garges*

Lawrence M. Garges, M.D.  
Health Officer

MAR 27 2012

VVO-159500

49319