



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 1-3: Seller/Grantor (Sherry Bourassa), Buyer/Grantee (Craig N. Martinson, Jenell R. Martinson), and property tax correspondence details.

Section 4: Street address (2133 Valleyview Dr.), county (Asotin), and deed reference (Lot 3 of Liedkie's Second Addition).

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

Section 6: Continuation or compliance notices and owner signature line.

Section 7: Personal property included in selling price and tax calculation table (Total Due: \$1,649.75).

Section 8: Signature lines for Grantor (Sherry Bourassa) and Grantee (Craig N. Martinson) 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# 15835 (Handwritten note)

PAID JUN 17 2016 ASOTIN COUNTY TREASURER

49406 (Handwritten number)

separate Trust.

J. Counterparts

This Agreement may be executed in any number of counterparts and each shall constitute an original of one and the same instrument.

XII. Specific Provisions

A. The Trustors are JACK N. CHALMAN and IONE G. CHALMAN.

B. The original Cotrustees are JACK N. CHALMAN and IONE G. CHALMAN.

C. The initial primary beneficiaries are JACK N. CHALMAN and IONE G. CHALMAN.

D. The successor trustees shall be in the following order:

First, SHERRY BOURASSA and BONNIE SANDVICK as successor co-trustee;

Second, in the event that either of the above named individuals shall predecease us or is unable or refuses to act as our successor co-trustee for any reason whatsoever, then and in that event, we hereby nominate the remaining named individual to serve as successor trustee without bond required.

E. The division and distribution shall be as follows:

We give, devise, and bequeath our Trust Estate to our children SHERRY BOURASSA and BONNIE SANDVICK in equal shares if they survive the Surviving Trustor and if SHERRY BOURASSA fails to survive the Surviving Trustor her share shall pass to her daughter

(Jack Chalman)
11/5/07

49406

Return Address

Alliance Title & Escrow
735 5th St.
Clarkston, WA 99403

Please print or type information

Document Title(s) (or transactions contained therein): 1. Death Certificate 2. 3. 4.
Grantor(s) (Last name first, then first name and initials): 1. Chalman, Jack Norman 2. 3. 4. <input type="checkbox"/> Additional names on page ___ of document.
Grantee(s) (Last name first, then first name and initials): 1. 2. 3. 4. <input type="checkbox"/> Additional names on page ___ of document.
Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.) Lot 3 Liedkie's Second Addition <input type="checkbox"/> Additional legal is on page ___ of document.
Reference Number(s) of Documents assigned or released: <input type="checkbox"/> Additional numbers on page ___ of document.
Assessor's Property Tax Parcel/Account Number 1-252-00-003-0000-0000 <input type="checkbox"/> Property Tax Parcel ID is not yet assigned <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.

49406

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-032413

DATE ISSUED: 11/19/2015

FEE NUMBER: 0000244150

GIVEN NAMES: JACK NORMAN
LAST NAME: CHALMAN

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: NOVEMBER 12, 2015 FOUND
HOUR OF DEATH: 07:45 A.M. FOUND
SEX: MALE
AGE: 90 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: JUNE 25, 1925
BIRTHPLACE: DULUTH, ST. LOUIS CNTY, MINNESOTA

MARITAL STATUS: WIDOWED
SPOUSE:

OCCUPATION: HOME MAKER
INDUSTRY: OWN HOME
EDUCATION: 8 YEARS
US ARMED FORCES? YES

INFORMANT: SHERRY BOURASSA
RELATIONSHIP: DAUGHTER
ADDRESS: 6 MISTY PEAKS CT., LAS VEGAS, NV., 89135

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 2133 VALLEY VIEW DR.
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 2133 VALLEY VIEW DR.
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
INSIDE CITY LIMITS? YES
COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 12 YEARS

FATHER: PHILLIP CHALMAN
MOTHER: BESSIE PETERSON

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY (LEWIS)
CITY, STATE: LEWISTON, ID
DISPOSITION DATE: NOVEMBER 16, 2015

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME
ADDRESS: 3521 7TH STREET
CITY, STATE, ZIP: LEWISTON ID 83501
FUNERAL DIRECTOR: TERESA GATES

CAUSE OF DEATH:

- A. DEMENTIA
INTERVAL: 3YEARS
B. INTERVAL:
C. INTERVAL:
D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: UNKNOWN

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? UNKNOWN
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: LARRY D. HARRIES, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 307 ST. JOHN'S WAY SUITE #4
CITY, STATE, ZIP: LEWISTON ID 83501
DATE SIGNED: NOVEMBER 17, 2015

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: NJA
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
SUNDIE HOFFMAN
DATE RECEIVED: NOVEMBER 18, 2015

DOH 01-003 (1/14)

49406



Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300
www.doh.wa.gov

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

STATE OFFICE USE ONLY

Record Type	Event	Date	Affidavit Number
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Record Type: Birth Death Marriage Dissolution

Event: Date of Event: Place of Event:

1. Person's Name (Full Birth Name): _____

2. Date of Birth: _____

3. Place of Birth: _____

The record is incorrect or incomplete as follows:

4. _____	The true fact is:
5. _____	7. _____
6. _____	9. _____
10. _____	11. _____
12. _____	13. _____

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

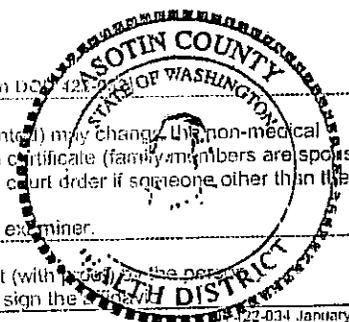
Telephone Number: _____

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. Most changes must be established by documentary proof submitted with the affidavit.
- Birth: Record
 - Death: Record
 - Marriage: Report (Social Security Administration)
 - Dissolution: Report (Social Security Administration)
 - Parental Consent: Certificate of Maturation
 - Marriage/Divorce: Record
 - School: Transcripts (Official)
 - Alien: Registration (front and back)
 - Insurance: Life Insurance Policy
 - Hospital: Medical Record

- Only the person named on the record (number 16) or the named individual (if 16 or older) may change the birth certificate.
- Changes to the record must be supported by documentary proof. For example, if the original says the name is Mary Ann Doe, then the proof must show the name as being Mary Ann Doe. A name like M.A. Doe does not prove the name is Mary Ann Doe.
- Child (16 years or older)**
 - Only the child themselves can change the birth certificate.
 - If the first or middle name is absent, three pieces of documentary proof are required.
 - If the last, middle, and/or last name is misspelled or date of birth is incorrect, two pieces of documentary proof are required.
 - To correct parent's birth date, place of birth, or name, one documentary proof is required.
 - Proof must be five (or more) years old or have been established within five years of birth.
- Parents (18 years or older) may change the birth certificate. (Use the parental acknowledgment form DOH 427-001.)
- Only the informant, the funeral director, or executor/administrator (if evidence confirming such position is presented) may change the non-medical information. It is also required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.



Joel McCullough
Joel McCullough, M.D., MPA, MS
Health Officer

NOV 19 2015
AA00244152

49406

Return Address

Alliance Title & Escrow
735 5th St.
Clarkston, WA 99403

Please print or type information

Document Title(s) (or transactions contained therein): 1. Death Certificate 2. 3. 4.
Grantor(s) (Last name first, then first name and initials): 1. Chalman, Ione Gertrude 2. 3. 4. <input type="checkbox"/> Additional names on page __ of document.
Grantee(s) (Last name first, then first name and initials): 1. 2. 3. 4. <input type="checkbox"/> Additional names on page __ of document.
Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.) Lot 3 Liedkie's Second Addition <input type="checkbox"/> Additional legal is on page __ of document.
Reference Number(s) of Documents assigned or released: <input type="checkbox"/> Additional numbers on page __ of document.
Assessor's Property Tax Parcel/Account Number 1-252-00-003-0000-0000 <input type="checkbox"/> Property Tax Parcel ID is not yet assigned <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.

49406

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-020315

DATE ISSUED: 09/12/2014

FEE NUMBER: 0000190441

GIVEN NAMES: IONE GERTRUDE
LAST NAME: CHALMAN

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: SEPTEMBER 09, 2014
HOUR OF DEATH: 04:33 P.M.
SEX: FEMALE
AGE: 91 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: AUGUST 25, 1923
BIRTHPLACE: DULUTH, MINNESOTA

MARITAL STATUS: MARRIED
SPOUSE: JACK CHALMAN

OCCUPATION: INN KEEPER
INDUSTRY: HOTEL MOTEL
EDUCATION: 9-12TH GRADE, NO DIPLOMA
US ARMED FORCES? NO

INFORMANT: SHERRY BOURASSA
RELATIONSHIP: DAUGHTER
ADDRESS: 6 MISTY PEAKS COURT LAS VEGAS, NEVADA

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 2133 VALLEY VIEW DRIVE
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 2133 VALLEY VIEW DRIVE
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
INSIDE CITY LIMITS? NO
COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 11 YEARS

FATHER: SELMER LELAND
MOTHER: GERTRUDE A. ECKHOLM

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY
CITY, STATE, ZIP: LEWISTON, ID
DISPOSITION DATE: SEPTEMBER 12, 2014

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME
ADDRESS: 3521 7TH STREET
CITY, STATE, ZIP: LEWISTON ID 83501
FUNERAL DIRECTOR: GERALD E. BARTLOW

CAUSE OF DEATH:
A. NATURAL CAUSES ASSOCIATED WITH AGE
INTERVAL: MOMENTS

B. INTERVAL:

C. INTERVAL:

D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

ME/CORONER: LISA WEBBER
TITLE: CORONER
ME/CORONER
ADDRESS: PO BOX 220
CITY, STATE, ZIP: ASOTIN WA 99402
DATE SIGNED: SEPTEMBER 10, 2014

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE



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

LOCAL DEPUTY REGISTRAR:
BRADY WOODBURY
DATE RECEIVED: SEPTEMBER 10, 2014

ITEM(S) AMENDED: NONE

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

DOH 01-003 (12/11)

THIS IS CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL

49406



Affidavit for Correction

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(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
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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 Maiden Name (For Birth): (Wife for Marriage or Dissolution) _____

The Record is Incorrect or Incomplete as follows:

The Record now shows:	The True fact is:
6. _____	7. _____
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 forgoing is true and correct.

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

All vital records are registered as received.
Most changes must be established by documentary proof submitted with the affidavit
 Examples of documentary proof: Certificate of Naturalization, Numident Report (Social Security Administration), School Transcripts (Official), Hospital /Medical Record, Military Record (DD-214), Voter's Registration Card (if it bears an effective date), Life Insurance Policy, Birth Record, Allen Registration Card (front and back), Marriage/Divorce Record, Passport, We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

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.
- Child (under 18)**
 - Only parent(s) or legal guardian can change the birth certificate.
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
- Adult (18 years or older)**
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, three pieces of documentary proof are required.
 - If the first and/or middle name is misspelled, two pieces of documentary proof are required.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
 - Proof must be five (or more) years old or have been established within five years of birth.

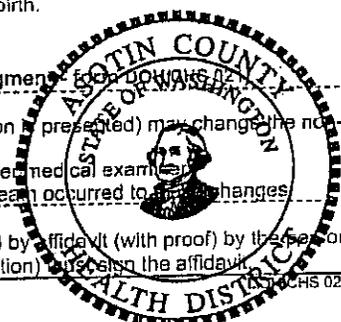
4. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form.)**

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-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.



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

SEP 12 2014

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