



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, 2, and 3: Seller/Grantor (Lynn R. Scott) and Buyer/Grantee (Sandra Page Lilligren) information, including addresses and phone numbers.

Section 4: Property address (1320 McCarroll St - Clarkston, WA 99403) and location details (Asotin County, Clarkston city).

Section 5: Land use code (11 Household, single family units) and exemption questions.

Section 6: Continuation and compliance questions regarding forest land or current use.

Signature lines for Deputy Assessor, New Owner(s), and Owner(s).

Section 7: Personal property included in selling price.

Section 7 continued: Exemption details, document type (Statutory Warranty Deed), date (07/18/16), and tax calculation table.

Section 8: Certifications and signatures of Lynn R. Scott and Sandra Page Lilligren.

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...



State of Washington
 Department of Revenue
 Special Programs Division
 Miscellaneous Tax
 PO Box 47477
 Olympia WA 98504-7477

Return to:

AFFIDAVIT (LACK OF PROBATE)

Lynn R. Scott, being first duly sworn, deposes and says:
 The undersigned affiant is the rightful heir to the real property described below, and is
Spouse (relationship to decedent)
 of Ricky D. Scott (decedent), who died on (date)
August 20th 2013, at
Clarkston Isola Wa.
City County State

***** A CERTIFIED COPY OF THE DEATH CERTIFICATE MUST BE PRESENTED.**
 PLEASE NOTE: A copy may be used for recording at the discretion of the county.

REGARDING DISPOSITION OF REAL PROPERTY:

Attach the full legal description of the property with county and parcel number being transferred which is located at a commonly recognized address of:

1320 McCarron St
Clarkston WA 99403
City State Zip Code

Decedent left no Last Will and Testament and/or Community Property Agreement; OR Decedent left a Community Property Agreement in favor of surviving spouse (A COPY OF WHICH IS ATTACHED for review), or has been recorded under _____ County recording number _____; OR

Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked (A COPY OF WHICH IS ATTACHED for review)

“Heirs at law” includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

Lynn R. Scott 1320 McCarroll St. Clarkston, W
Spouse 64 yrs. of age. 99403

Full name, age, relationship, address

49493

Dated: 6-24-16

Lynn R. Scott
Affiant's full name

208-790-8703
Telephone number

1320 McCarroll St.
Street

Clarkston, Wa. 99403
City State Zip Code

Lynn R. Scott 6-24-16
Signature Date

State of Washington County of Asotin

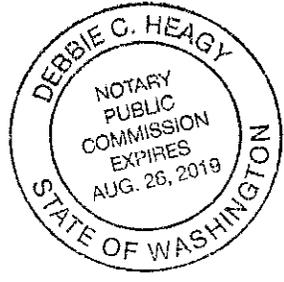
I know or have satisfactory evidence that Lynn R. Scott
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 6/24/2016

Debbie C. Heagy
Notary Public

Residing at: Clarkston, WA



49493

EXHIBIT "A"

319359

The South 52 feet of Lot 14 of McCarroll's Addition to Clarkston, according to the official plat thereof, filed in Book B of Plats at Page(s) 79 Official Records of Asotin County, Washington, EXCEPTING the South 5.0 feet of the West 73.0 thereof.

AND

The North 5 feet of the East 67.0 feet of Lot 15 of McCarroll's Addition to Clarkston, according to the official plat thereof, filed in Book B of Plats at Page(s) 79 Official Records of Asotin County, Washington.

49493

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH**

Part 1 completed by Funeral Director

1. Legal Name (include AKA's if any) - First Middle LAST: **Ricky Don Scott** 2. Death Date: **Aug. 20, 2013**

3. Sex (M/F): **Male** 4a. Age - Last Birthday: **62** 4b. Under 1 Year: Months _____ Days _____ 4c. Under 1 Day: Hours _____ Minutes _____ 5. Social Security Number: **[REDACTED]** 6. County of Death: **Asotin**

7. Birthdate: **Dec. 07, 1950** 8a. Birthplace (City, Town, or County): **Idaho Falls** 8b. (State or Foreign Country): **Idaho** 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? **No**

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): **1320 McCarroll Street** 13b. City or Town: **Clarkston**

13c. Residence: County: **Asotin** 13d. Tribal Reservation Name (if applicable): **N/A** 13e. State or Foreign Country: **Washington** 13f. Zip Code + 4: **99403** 13g. Inside City Limits? Yes No Unk

14. Estimated length of time at residence: **5 Years** 15. Marital Status at Time of Death: **Married** 16. Surviving Spouse's Name (Give name prior to first marriage): **Lynn R. Buckner**

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED): **Laborer** 18. Kind of Business/Industry (Do not use Company Name): **Construction**

19. Father's Name (First, Middle, Last, Suffix): **Donald Scott** 20. Mother's Name Before First Marriage (First, Middle, Last): **Fern Bateman**

21. Informant's Name: **Lynn Scott** 22. Relationship to Decedent: **Wife** 23. Mailing Address: Number and Street or RFD No. City or Town State Zip: **1320 McCarroll Street, Clarkston, Wa. 99403**

24. Place of Death, if Death Occurred in a Hospital: **Inpatient** Place of Death, if Death Occurred Somewhere Other than a Hospital:

25. Facility Name (if not a facility, give number & street or location): **Tri-State Memorial Hospital** 26a. City, Town, or Location of Death: **Clarkston** 26b. State: **Wa.** 27. Zip Code: **99403**

28. Method of Disposition: **Removal/Cremation** 29. Place of Final Disposition (Name of cemetery, crematory, other place): **Mountain View Crematory** 30. Location-City/Town, and State: **Lewiston, Idaho**

31. Name and Complete Address of Funeral Facility: **Merchant Funeral Home, 1000-7th Street, Clarkston, Wa. 99403** 32. Date of Disposition: **August 22, 2013**

33. Funeral Director Signature X: **Jeremy Bartlett**

Part 2 completed by Certifier

34. 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) → **MULTISYSTEM ORGAN FAILURE** Interval between Onset & Death: **HOURS**

Due to (or as a consequence of):

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. **SHOCK** Interval between Onset & Death: **HOURS**

Due to (or as a consequence of):

c. **SEVERE PANCREATITIS** Interval between Onset & Death: **HOURS**

Due to (or as a consequence of):

d.

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: **CHRONIC KIDNEY DISEASE**

36. Autopsy? Yes No 37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death: Natural Homicide Undetermined Accident Suicide Pending 39. If female: Not pregnant within past year Not pregnant, but pregnant within 42 days before death Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year

40. Did tobacco use contribute to death? No Yes Probably Unknown

41. Date of Injury (MM/DD/YYYY): 42. Hour of Injury (24hrs): 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area): 44. Injury at Work? Yes No Unk

45. Location of Injury: Number & Street: Apt. No.: City or Town: County: State: Zip Code + 4:

46. Describe how injury occurred: 47. If transportation injury, specify: Driver/Operator Pedestrian Passenger Other (Specify)

48a. Certifying Physician: X **[Signature]** 48b. Medical Examiner/Coroner:

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): **Anupam Arora, MD, 1221 Highland Ave. Clarkston, Wa. 99403** 50. Hour of Death (24hrs): **0512**

51. Name and Title of Attending Physician if other than Certifier (Type or Print): 52. Date Signed (MM/DD/YYYY): **August 20, 2013**

53. Title of Certifier: **Medical Doctor** 54. License Number: **MD 60226** 55. File Number: 56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature: X **[Signature]** 58. Date Received (MM/DD/YYYY): **AUG 21 2013**

59. American: **[Signature]** **49493**



DOH 01-003 (12/11)



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	Alien 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:

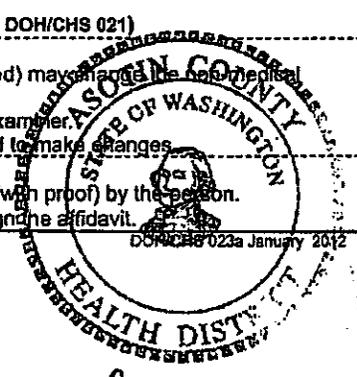
- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
 - The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary 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 DOH/CHS 021)

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.



Lawrence M. Garges, M.D.
Health Officer

AUG 21 2013
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