



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, 2, and 3: Seller/Grantor and Buyer/Grantee information, including names, addresses, and tax parcel details.

Section 4: Street address of property (2513 Suncrest Dr, Clarkston, WA 99403) and legal description (Lot 6 in Block 2 of Sun Crest Addition).

Section 5: Land Use Code (11) and exemption questions regarding property tax.

Section 6: Questions regarding forest land or current use designations.

(1) NOTICE OF CONTINUANCE (FOREST LAND OR CURRENT USE) section with explanatory text and signature line.

(2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY) section with explanatory text and signature line.

(3) OWNER(S) SIGNATURE section with handwritten signature and printed name.

Section 7: List all personal property included in selling price, including a detailed tax calculation table showing Gross Selling Price, Exemption, and Total Due of \$10.00.

Section 8: I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. Includes signatures of Grantor's Agent and Grantee's Agent.

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 (6/26/14) THIS SPACE - TREASURER'S USE ONLY. Includes checkboxes for County Treasurer, County Assessor, Dept. of Revenue, and Taxpayer.

PAID AUG 01 2016 ASOTIN COUNTY TREASURER. Includes handwritten notes: Chicago Title Company of WA, CK# 559028701 DP, and stamp number 49523.

**When recorded return to:**

David A. Bernard  
2513 Suncrest Dr  
Clarkston, WA 99403

**DOCUMENT TITLE(S)**

Lack of Probate Affidavit  
Death Certificate

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:** \_\_\_\_\_

Additional reference numbers on page \_\_\_\_\_ of document

**GRANTOR(S)**

Kimberly M. Bernard, deceased

Additional names on page \_\_\_\_\_ of document

**GRANTEE(S)**

David A Bernard

Additional names on page \_\_\_\_\_ of document

**ABBREVIATED LEGAL DESCRIPTION**

Tax/Map ID(s): Lot 6, Blk 2 Sun Crest Addition

Complete legal description is on page \_\_\_\_\_ of document

**TAX PARCEL NUMBER(S)**

1-192-02-006-0000-0000

Additional Tax Accounts are 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 provided herein.

"I am signing below and paying an additional \$50 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

\_\_\_\_\_ Signature of Requesting Party

Note to submitter: Do not sign above nor pay additional \$50 fee if the document meets margin/formatting requirements

49523



**AFFIDAVIT (LACK OF PROBATE)**

DAVID A BERNARD, being first duly sworn, deposes and says:

The undersigned affiant is the rightful heir to the real property described below, and is HUSBAN

(relationship to decedent) of KIMBERLY M BERNARD (decedent), who died on (date)

APRIL 23, 2008, at

LEWISTON NEZ PERCE IDAHO  
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: 2513 SUNCREST DRIVE ASOTIN COUNTY  
Street

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)

DAVID A BERNARD, HUSBAND, 2513 SUNCREST DR

CLARKSTON, WA 99403

Full name, age, relationship, address

LARAL MARIE SEITZ, MOTHER, 1525 BURREL AVE

LEWISTON, ID 83501

Full name, age, relationship, address

KELLY MARIE KUHLMAN, SISTER

LEWISTON, ID 83501

Full name, age, relationship, address

JOSEPH SEITZ, BROTHER, 1525 BURREL AVE

LEWISTON, ID 83501

Full name, age, relationship, address

(Continued on next page)

JAMES EDWARD SMITH, FATHER  
DECEASED  
Full name, age, relationship, address

Dated :

DAVID ALAN BERNARD  
Affiant's full name

509-751-0475  
Telephone number

7513 SUNCREST DR  
Street

CLARKSTON WA  
City State

99403-1520  
Zip Code

David A Bernard  
Signature

6-23-2016  
Date

State of Idaho County of Nez Perce

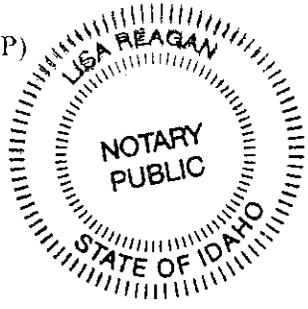
I know or have satisfactory evidence that David A Bernard  
(name of person)

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: 6/23/2016

Lisa Reagan  
Signature of Notary Public

(SEAL OR STAMP)



Residing at: 654 Southway Ave Lewiston ID 83501

Notary Public in and for the State of Idaho

My appointment expires: 01/09/2021

For tax assistance call (360) 534-1503, option 2. To request this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711.  
REV 84 0017 (5/16/16)

**CERTIFICATION OF VITAL RECORD**

**STATE OF IDAHO**

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

DATE FILED BY STATE REGISTRAR:

State of Idaho

**CERTIFICATE OF DEATH**

STATE FILE NO.

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, LOCAL FLAG NO. 159  
FARMER SEAL SHALL BE USED AS PRIMARY EVIDENCE OF THE DEATH UNDER IBC 24103 AND 24127, IDAHO CODE

<b>DECEDENT</b>	* 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) <b>Kimberly Marie Bernard</b>		2. SEX <b>Female</b>	3. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>
TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS	4a. AGE-Last Birthday <b>45</b> (Years)	4b. UNDER 1 YEAR Months: _____ Days: _____	4c. UNDER 1 DAY Hours: _____ Minutes: _____	5. DATE OF BIRTH (Mo/Day/Yr) <b>October 9, 1962</b>
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) <b>Omaha, Nebraska</b>		7a. RESIDENCE - STATE OR FOREIGN COUNTRY <b>Washington</b>	
MORTICIAN: Complete/Verify and File Within 5 Days of Death	7b. COUNTY <b>NezPerce</b>		7c. CITY OR TOWN <b>Clarkston</b>	
	7d. STREET AND NUMBER <b>2513 Sunset Dr.</b>		7e. APT. NO. <b>99403</b>	7f. ZIP CODE <b>99403</b>
PARENTS	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>David A. Bernard</b>	
	10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11a. FATHER'S NAME (First, Middle, Last, Suffix) <b>James E. Seitz</b>	
INFORMANT	11b. BIRTHPLACE (State, Territory, or Foreign Country) <b>Kentucky</b>		12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) <b>Carol Marie Olsen</b>	
	12b. BIRTHPLACE (State, Territory, or Foreign Country) <b>Iowa</b>		13a. INFORMANT'S NAME (Type or print) <b>David Bernard</b>	
DISPOSITION	13b. RELATIONSHIP TO DECEDENT <b>Husband</b>		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>2513 Sunset Dr. Clarkston, Wa 99403</b>	
	* 14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)		* 15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) <b>Mountain View Crematory 7th &amp; Cedar, Lewiston, Idaho</b>	
PLACE OF DEATH	* 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY <b>Mountain View Funeral Home 3521 7th St. Lewiston, ID 83501</b>		* 17b. LICENSE NUMBER (Of licensee) <b>M-771</b>	
	* 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Jerry Burtone</i>		* 18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
DATE OF DEATH	* 19a. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> D.O.A. <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)		* 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:	
	* 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 83501</b>	
CAUSE OF DEATH	* 22. COUNTY OF DEATH <b>NezPerce</b>		* 23. DATE OF DEATH (Mo/Day/Yr) (Spell month) <b>April 23, 2008</b>	
	* 24. TIME OF DEATH <b>1715</b> (24hr)		* 25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) <b>April 23, 2008</b>	
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	* 26. TIME PRONOUNCED DEAD <b>1715</b> (24hr)		* 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 8 lines. <b>Immediate Cause (Final disease or condition resulting in death):</b> a. <b>Cardiac Arrhythmia</b> b. DUE TO (or as a consequence of): c. DUE TO (or as a consequence of): d. DUE TO (or as a consequence of):		Approximate Interval: Onset to Death <b>Immediate</b>	
CERTIFIER: Complete Within 72 Hours of Death	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I		* 28a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	* 28. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		* 28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CERTIFIER: IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE	* 30. IF FEMALE (Aged 10-54): <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days 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		* 31. MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined	
	* 32. DATE OF INJURY (Mo/Day/Yr) (Spell month)		* 35. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
REGISTRAR	* 33. TIME OF INJURY <b>[REDACTED]</b> (24hr)		* 34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	
	* 36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____		* 37. 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	
REGISTRAR	TRANSPORTATION INJURY ONLY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		* 38b. WHAT SAFETY DEVICE(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	
	* 38a. CERTIFIER (Check only one, based on official capacity for this certificate) <input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE PROFESSIONAL NURSE - To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated.		* 39b. LICENSE NUMBER <b>M-3317</b>	
REGISTRAR	<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.		* 39c. DATE SIGNED <b>4-25-2008</b> MM DD YYYY	
	Signature and Title of Certifier: <i>Greg Buratto MD</i>		* 40b. DATE SIGNED <b>4-28-2008</b> MM DD YYYY	
REGISTRAR	* 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) <b>Gregory Buratto, 307 St. Johns Way, Lewiston, Id. 83501</b>		* 41b. DATE SIGNED <b>04/28/2008</b> MM DD YYYY	
	* 40a. CORONER'S SUBSEQUENT SIGNATURE IF NECESSARY: The coroner's signature in this item supersedes that of the physician, physician assistant, or advanced practice professional nurse, and the coroner becomes the certifier of record. I have reviewed and if necessary amended the medical section: <i>Greg L. Bell</i>		* 41a. REGISTRAR'S SIGNATURE <i>Karen Rugg</i>	

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

DATE ISSUED: April 28, 2008

*Jane S. Smith*  
JANE S. SMITH  
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

49523

STATE OF IDAHO County of Nez Perce

This copy of a death certificate was issued by the District Health Department prior to filing with the Bureau of Health Policy and Vital Statistics.

*Karen L. Rugg*

Local Vital Statistics Registration Official



000233870

49523