

REAL ESTATE EXCISE TAX AFFIDAVIT
CHAPTER 84.45 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.

SELLER GRANTOR	1 Name ELAINE LYDEN - Personal Representative of Estate of John Michael Lyden	BUYER GRANTEE	2 Name ELAINE LYDEN
	Mailing Address 2430 25th Street		Mailing Address 2430 25th Street
	City/State/Zip Clarkston, WA 99403		City/State/Zip Clarkston, WA 99403
	Phone No. (including area code) (509) 758-5993		Phone No. (including area code) (509) 758-5993

3 Send all property tax correspondence to: Same as Buyer/Grantee

Name _____ Mailing Address _____ City/State/Zip _____ Phone No. (including area code) _____

List all real and personal property tax parcel account numbers - check box if personal property

11320014200000000	<input type="checkbox"/>	List assessed value(s)	43000
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

4 Street address of property: **2430 25th Street**

This property is located in **Asotin County**

Check box if any of the listed parcels are being segregated from another parcel, are part of a boundary line adjustment or parcels being merged.

Legal description of property (if more space is needed, you may attach a separate sheet to each page of the affidavit)
See Attached Full Legal Description

5 Select Land Use Code(s):

11 - Household, single family units

enter any additional codes: _____

(See back of last page for instructions)

Was the seller receiving a property tax exemption or deferral under chapters 84.36, 84.37, or 84.38 RCW (nonprofit organization, senior citizen, or disabled person, homeowner with limited income)?

YES NO

6

Is this property designated as forest land per chapter 84.33 RCW? YES NO

Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW? YES NO

Is this property receiving special valuation as historical property per chapter 84.26 RCW? YES NO

If any answers are yes, complete as instructed below.

(1) NOTICE OF CONTINUANCE (FOREST LAND OR CURRENT USE)
NEW OWNER(S): To continue the current designation as forest land or classification as current use (open space, farm and agriculture, or timber) land, you must sign on (3) below. The county assessor must then determine if the land transferred continues to qualify and will indicate by signing below. If the land no longer qualifies or you do not wish to continue the designation or classification, it will be removed and the compensating or additional taxes will be due and payable by the seller or transferor at the time of sale. (RCW 84.33 149 or RCW 84.34 108). Prior to signing (3) below, you may contact your local county assessor for more information.

This land does does not qualify for continuance.

DEPUTY ASSESSOR _____ DATE _____

(2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY)
NEW OWNER(S): To continue special valuation as historic property, sign (3) below. If the new owner(s) does not wish to continue, all additional tax calculated pursuant to chapter 84.26 RCW, shall be due and payable by the seller or transferor at the time of sale.

(3) OWNER(S) SIGNATURE

PRINT NAME

7 List all personal property (tangible and intangible) included in selling price.
ALL FURNITURE AND BELONGINGS IN HOUSE

If claiming an exemption, list WAC number and reason for exemption:

WAC No. (Section/Subsection) **458-61A-202**

Reason for exemption **INHERITANCE OR DEVISE**

Type of Document **PERSONAL REPRESENTATIVES DEED**

Date of Document **8/9/16**

Gross Selling Price	\$	0.00
*Personal Property (deduct)	\$	0.00
Exemption Claimed (deduct)	\$	0.00
Taxable Selling Price	\$	0.00
Excise Tax : State	\$	0.00
0.0025 Local	\$	0.00
*Delinquent Interest: State	\$	0.00
Local	\$	0.00
*Delinquent Penalty	\$	0.00
Subtotal	\$	0.00
*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

8 I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signature of Grantor or Grantor's Agent <i>Elaine Lyden</i>	Signature of Grantee or Grantee's Agent <i>Elaine Lyden</i>
Name (print) Elaine Lyden	Name (print) Elaine Lyden
Date & city of signing: 8/9/16 Asotin, WA	Date & city of signing: 8/9/16 Asotin, WA

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), or by both imprisonment and fine (RCW 9A.20.020(1)).

Elaine Lyden
Cr# 5479 (Pa)

THIS SPACE - TREASURER'S USE ONLY

PAID
AUG 09 2016

ASOTIN COUNTY
TREASURER

COUNTY TREASURER

49539

ATTACHMENT

Legal Description of Parcel No.: **11320014200000000**

That part of the Northwest Quarter of Section 31, Township 11 North, Range 46, E.W.M., described as follows:

From the concrete monument at the Northeast corner of Block "I-4" of Clarkston Heights, Asotin County, Washington, said point being on the centerline of the County road; thence West along the North boundary line of said Block "I-4", 825.0 feet; thence North 889.96 feet to the true place of beginning; thence continue North 100.04 feet to a point of curve; thence around a curve to the left with a radius of 249.1 feet, 97.24 feet; thence North 68°07' West 257.89 feet; thence South 6°30' East 100.0 feet; thence South 1°29' West 91.56 feet; thence South 68°07' East 268.44 feet to the true place of beginning.

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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

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHOULD BE USED AS PROOF OF FACTS CONCERNING DEATH. LOCAL REG. NO.

DECEDENT	1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix) JOHN M. LYDEN		2. SEX MALE		3. SOCIAL SECURITY NUMBER [REDACTED]	
MORTICIAN: Complete/Verify and File Within 5 Days of Death	4a. AGE-Last Birthday 77 (Years)		4b. UNDER 1 YEAR Months: _____ Days: _____		4c. UNDER 1 DAY Hours: _____ Minutes: _____	
	5. DATE OF BIRTH (Mo/Day/Yr) 10/18/1937		6. BIRTHPLACE (City and State, Territory, or Foreign Country) KELLOGG, IDAHO			
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY WASHINGTON		7b. COUNTY ASOTIN		7c. CITY OR TOWN CLARKSTON	
FOR INSTRUCTIONS SEE HANDBOOKS	7d. STREET AND NUMBER 2430 25TH ST.		7e. APT. NO.		7f. ZIP CODE 99403	
	7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
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) ELAINE HURLEY			
	10. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11a. FATHER'S NAME (First, Middle, Last, Suffix) JOHN PATRICK LYDEN		11b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO	
INFORMANT	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) HELEN LOUISE SABBE		12b. BIRTHPLACE (State, Territory, or Foreign Country) CALIFORNIA			
	13a. INFORMANT'S NAME (Type or print) ELAINE LYDEN		13b. RELATIONSHIP TO DECEDENT WIFE		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 2430 25TH ST CLARKSTON, WA 99403	
DISPOSITION	14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) MOUNTAIN VIEW CREMATORY 3521 SEVENTH STREET LEWISTON, IDAHO 83501		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY MERCHANT FUNERAL HOME 1000 SEVENTH STREET CLARKSTON, WASHINGTON 99403	
	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: DONALD F. BROWN		17b. LICENSE NUMBER (Of licensee) M0570		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PLACE OF DEATH	19a. IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <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: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <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)			
	20. FACILITY NAME (if not facility, give street and number) ST. JOSEPH REGIONAL MEDICAL CTR		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE LEWISTON, ID 83501		22. COUNTY OF DEATH NEZ PERCE	
DATE OF DEATH	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) March 18, 2015		24. TIME OF DEATH (24hr) 00:25		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) March 18, 2015	
	26. TIME PRONOUNCED DEAD (24hr) 00:25					
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 a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. ADENOCARCINOMA OF RECTUM -- NOT STAGED DUE TO (or as a consequence of):		b. DUE TO (or as a consequence of):		c. DUE TO (or as a consequence of):	
	27. CAUSE OF DEATH DIABETES MELLITUS CONGESTIVE HEART FAILURE		Approximate Interval Onset to Death MONTHS			
ITEMS 29-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	29. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		30. IF FEMALE (Aged 10-54): <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of 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)		33. TIME OF INJURY (24hr)		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	
CERTIFIER: Complete Within 72 Hours of Death	35. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		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 THE DECEDENT OCCUPIED, if applicable TRANSPORTATION INJURY ONLY: 38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) 38b. WHAT SAFETY DEVICES(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					
CERTIFIER	39a. 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 M-06561		39c. DATE SIGNED 3 / 19 / 2015 MM DD YYYY	
	39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) DENNIS G. MOUNTJOY, M.D. 1271 HIGHLAND AVENUE CLARKSTON, WA 99403					
REGISTRAR	40a. REGISTRAR'S SIGNATURE <i>James B. Galtte</i>		40b. DATE SIGNED 3 / 19 / 2015 MM DD YYYY			

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.

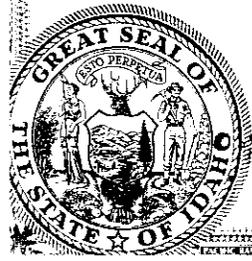
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DATE ISSUED: **MAR 19 2015**

James B. Galtte
JAMES B. AYDILLOTTE
STATE REGISTRAR

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

PNCO (Rev) 02/12





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STATE OF IDAHO County of Lewiston

This copy of a death certificate was issued
by the District Health Department on behalf of
the the Bureau of Vital Records and Health
Statistics.

Pauline Duvest

Local Vital Statistics Registration Official

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CERTIFIED

**SUPERIOR COURT OF WASHINGTON
FOR ASOTIN COUNTY**

**FILED
OFFICE OF COUNTY CLERK
ASOTIN COUNTY, WA**

JUN 14 2016
[Signature]
CLERK/DEPUTY

Estate of

JOHN MICHAEL LYDEN,

Deceased.

NO. 15-4-00027-9

**LETTERS TESTAMENTARY
(RCW 11.28.090)**

On April 14, 2015, the last *Will* of the above named Decedent was duly exhibited, proven, and filed in Asotin County Superior Court.

In the *Will*, Decedent named Elaine Lyden to act as its Executor, who, by Order of this Court, is authorized to execute the *Will* according to law.

Now, therefore, know all men by these presents, that we do hereby appoint and authorize Elaine Lyden, Personal Representative, to execute said *Will* according to law.

Witness my hand and the seal of this Court on this 14th day of June, 2016.

[Signature]
Clerk of the Superior Court



By: _____
Deputy Clerk

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