



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 with fields for Seller/Grantor and Buyer/Grantee information, including names, addresses, and phone numbers.

Form with fields for property address, location, and legal description.

Form with sections for Land Use Code(s), tax exemption questions, and notices of continuance/compliance.

Form with section for personal property included in selling price and a summary table of taxes and fees.

Signature section for Grantor/Grantor's Agent and Grantee/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)).

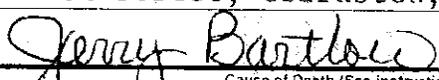
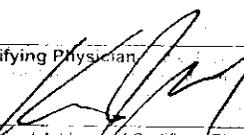
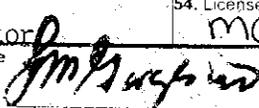
Cash

10.00 (V)

AUG 26 2016 ASOTIN COUNTY TREASURER

49600 49300

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH**

Local File Number		Washington State Certificate of Death				State File Number		
1. Legal Name (include SRA's if any) First Middle LAST Suffix Donald L. Johnson					2. Death Date Aug. 25, 2012			
3. Sex (M/F) male	4a. Age - Last Birthday 85	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]		6. County of Death Asotin		
7. Birthdate Jan. 10, 1927		8a. Birthplace (City, Town, or County) Glenburn	8b. (State or Foreign Country) North Dakota	9. Decedent's Education 3 Years of High School				
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? Yes		
13a. Residence: Number and Street (e.g. 624 SE 5 th St.) (Include Apt. No.) 2021 Andreasen Drive					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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Link		
14. Estimated length of time at residence. 43 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Wilma Fern Heimgartner				
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) P.F.I. Paper				
19. Father's Name (First, Middle, Last, Suffix) Oscar C. Johnson				20. Mother's Name Before First Marriage (First, Middle, Last) Gertrude Marie Moen				
21. Informant's Name Lauri Bilte		22. Relationship to Decedent Daughter	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 733 Tunbridge Rd. Danville, Ca. 94526					
24. Place of Death, if Death Occurred in a Hospital:				Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Home				
25. Facility Name (If not a facility, give number & street or location) 2021 Andreasen Dr.					26a. City, Town, or Location of Death Clarkston	26b. State Wa.	27. Zip Code 99403	
28. Method of Disposition Removal/Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Fix Ridge Cemetery		30. Location-City/Town, and State Juliaetta, Idaho				
31. Name and Complete Address of Funeral Facility Merchant F.H. 1000-7th Street, Clarkston, Wa. 99403						32. Date of Disposition Aug. 28, 2012		
33. Funeral Director Signature X 								
34. Cause of Death (See instructions and examples) 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) → a. Gastric Carcinoma Interval between Onset & Death Due to (or as a consequence of): 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 c. Due to (or as a consequence of): Interval between Onset & Death d. Due to (or as a consequence of): 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		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> IRL		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> IRL		
45. Location of Injury: Number & Street City or Town County State Zip Code + 4								
46. Describe how injury occurred						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 X  MD 8-27-12				48b. Medical Examiner/Coroner				
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Molander, Kevin, MD. 1119 Highland Ave. #4 Clarkston, Wa. 99403						50. Hour of Death (24hrs) 0835		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)						52. Date Signed (MM/DD/YYYY) 8-27-12		
53. Title of Certifier Medical Doctor		54. License Number MC 00046086		55. Medical Examiner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
57. Registrar Signature 						58. Date Received (MM/DD/YYYY) AUG 27 2012		
59. Amendments								

Part 1 completed by Funeral Director

Part 2 completed by Certifier

99600

D. The Trustees, or any other person, may transfer, by will or otherwise, additional property to the Trust which is acceptable to the Trustee to be held under this Agreement.

ARTICLE 4

DISTRIBUTION FROM TRUST ESTATE WHILE BOTH TRUSTORS ARE LIVING

A. The Trustee shall pay to the Trustors, as long as they are both living, at least annually, all of the income and as much of the principal of the trust as the Trustors shall request. In the event of the physical or mental incapacity of one of the Trustors, the other Trustor may act on behalf of both Trustors in requesting distributions from income and principal.

B. If both Trustors suffer physical or mental incapacity, the Trustee shall pay or apply for their benefit, at least quarterly, as much of the income or principal, or both, as, in the opinion of the Trustee, shall be necessary for their comfortable care and maintenance in accordance with the manner of living to which they have become accustomed.

ARTICLE 5

DEATH OF ONE OF THE TRUSTORS

A. Upon the death of one Trustor, the Trustee shall divide the property held in this trust and listed on Schedule A (community property) into two (2) equal trust funds, with each trust fund representing the ownership interest of a spouse, to be hereinafter referred to as "Decedent's Trust Fund" and "Surviving Trustor's Trust Fund" and to be administered separately and distributed as hereinafter directed. In addition, all assets listed on Schedule B and Schedule C shall be allocated exclusively to the trust fund of the contributor of such separate property. The Trustor who dies first shall hereinafter be called "Decedent" and the Trustor who dies second shall hereinafter be called "Surviving Trustor." Either Trustor may add other property to the trust funds by the terms of his or her Will or otherwise, and unless the Trustors direct otherwise, any property owned by either of them and deposited in this trust by virtue of a testamentary transfer shall be added to the separate trust fund of such spouse for administration and distribution as hereinafter directed.

B. The survivor of the Husband or Wife shall have and hereby reserves the right as to his or her Surviving Trustor's Trust Fund to direct the distribution of all income and principal, or both therefrom and to amend the terms of this trust as they affect said trust fund, including the distribution of said trust fund under Article 6, and to withdraw such trust fund in whole or in part from operation of this trust.

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