



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 (Kay I. Armstrong by Eileen Kay Cochrane, AIF) and Buyer/Grantee (Brian D. Stephens, Sherrie L. Stephens) information, including addresses and tax parcel account details.

Section 4: Street address of property (1469 16th Avenue, Clarkston, WA) and location details (Asotin County, OR).

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

Section 6: Questions regarding forest land, current use, and special valuation.

Section 6 (continued): Notice of Continuance (Forest Land or Current Use) instructions and signature line.

Section 6 (continued): Notice of Compliance (Historic Property) instructions and signature line.

Section 7: List all personal property included in selling price.

Section 7 (continued): Exemption information and WAC number.

Table with 2 columns: Description and Amount. Includes Statutory Warranty Deed (SWD), Gross Selling Price (\$158,000.00), Excise Tax (State: \$2,022.40, Local: \$395.00), and Total Due (\$2,422.40).

Section 8: Signature lines for Grantor/Grantor's Agent and Grantee/Grantee's Agent, including names and 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, 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)).

95070

Agreement as to Status of Community Property

After Death of One of the Spouses

Know All Men by These Presents:

That this agreement made and entered into this... day of... 19... by and between William Kay and Kay husband and wife residing in... State of Washington

WITNESSETH That whereas the said parties herein are owners in certain community property, and are desirous that said property, together with all other community property, either real or personal, that may hereafter be acquired, shall pass, without delay or expense, upon the death of either, to the survivor.

NOW, THEREFORE, for and in consideration of the sum of One (\$1.00) Dollar, the receipt of which is hereby acknowledged by each party hereto, and also, in consideration of the love and affection that each of said parties bears to the other, it is hereby agreed that in the event of the death of said... survives then the whole of said... shall at once vest in said...

and in the event of the death of said... the said... shall at once vest in said... and the said... shall at once vest in said...

It is further agreed that the said... shall be held and conveyed to the said... and the said... shall be held and conveyed to the said...

IN WITNESS WHEREOF, the said parties have hereunto set their hands and seals, at the city of... State of Washington, this... day of... 19...

WITNESSETH that the said parties have hereunto set their hands and seals, at the city of... State of Washington, this... day of... 19...

Notary Public in and for the State of Washington

49617

Return Address
Eileen Cochran
1110 Riverview Street N
Lewiston, ID 83501

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. Armstrong, William Dale
- 2.
- 3.
4. Additional names on page ___ of document.

Grantee(s) (Last name first, then first name and initials):

1. To The Public
- 2.
- 3.
4. Additional names on page ___ of document.

Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.)

- Additional legal is on page ___ of document.

Reference Number(s) of Documents assigned or released:

- Additional numbers on page ___ of document.

Assessor's Property Tax Parcel/Account Number

- Property Tax Parcel ID is not yet assigned
 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.

49617

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

Date Filed OCTOBER 15, 2015 State File No. 2015-10053

DECEDENT - LEGAL NAME WILLIAM DALE ARMSTRONG AKA: BELL DALE ARMSTRONG			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 93 YEARS	DATE OF BIRTH APRIL 24, 1922
BIRTHPLACE PONCA, NEBRASKA		PLACE OF RESIDENCE CLARKSTON, WASHINGTON	
MARITAL STATUS AT TIME OF DEATH MARRIED	NAME OF SURVIVING SPOUSE (if wife, maiden name) KAY I JEFFORDS		WAS DECEDENT EVER IN U.S. ARMED FORCES? YES
FATHER - NAME HOWARD ARTHUR ARMSTRONG			BIRTHPLACE NEBRASKA
MOTHER - MAIDEN NAME LELA ANNIS CAMPBELL			BIRTHPLACE NEBRASKA
METHOD OF DISPOSITION CREMATION	FUNERAL SERVICE LICENSEE TERESA GATES		
NAME AND ADDRESS OF FUNERAL FACILITY MOUNTAIN VIEW FUNERAL HOME, LEWISTON, IDAHO			
DATE OF DEATH OCT. 14, 2015	TIME OF DEATH 7:39 A.M.	CITY, TOWN OR LOCATION OF DEATH LEWISTON, IDAHO	COUNTY OF DEATH NEZ PERCE
CAUSE OF DEATH (underlying cause last) ACUTE RENAL FAILURE			Approximate Interval Between Onset and Death 1 WEEK
DUE TO (or as a consequence of): CHRONIC RENAL FAILURE			5 YEARS
DUE TO (or as a consequence of): ATHEROSCLEROSIS			10 YEARS
DUE TO (or as a consequence of):			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (List separately in the underlying cause given above) HTN			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER DAVID B. MARTIN, M.D.		TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			

DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

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.

DECEMBER 09, 2015

DATE ISSUED:

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

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



4967