



PLEASE TYPE OR PRINT

REAL ESTATE EXCISE TAX AFFIDAVIT
CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

This form is your receipt when stamped by cashier.

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 containing seller/grantor and buyer/grantee information, including names, addresses, and tax correspondence details.

Section 4: Street address of property (700 10th St Clarkston WA 99403) and legal description of property.

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

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

Section 7: Notice of Continuance (Forest Land or Current Use) and Notice of Compliance (Historic Property) instructions.

Section 8: Owner(s) signature area with fields for name and date.

Section 7: List all personal property included in selling price and tax calculation table showing Gross Selling Price, Exemption Claimed, and Total Due (\$10.00).

Section 8: I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. Signature lines for Grantor and Grantee.

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)).

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-039377

DATE ISSUED: 10/03/2016

FEE NUMBER: 0000046765

GIVEN NAMES: EVERARDO M
LAST NAME: MORGAN
AKA: EVY M MORGAN

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: SEPTEMBER 25, 2016
HOUR OF DEATH: 05:00 A.M.
SEX: MALE
AGE: 93 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: MEXICAN
RACE: WHITE

BIRTHDATE: SEPTEMBER 03, 1923
BIRTHPLACE: DURANGO, MEXICO

MARITAL STATUS: DIVORCED
SPOUSE:

OCCUPATION: MACHINIST
INDUSTRY: PAPER MILL
EDUCATION: 3 YEARS
US ARMED FORCES? NO

INFORMANT: MARIA MORGAN
RELATIONSHIP: DAUGHTER
ADDRESS: 700 10TH ST, CLARKSTON WA, 99403

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 700 10TH ST
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 700 10TH ST
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
INSIDE CITY LIMITS? YES
COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 50 YEARS

FATHER/PARENT: RAPHAEL MORGAN
MOTHER/PARENT: BERTA MADRID

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNTAIN VIEW FUNERAL HOME
CITY, STATE: LEWISTON, ID
DISPOSITION DATE: SEPTEMBER 29, 2016

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES LLC
ADDRESS: PO. BOX 107
CITY, STATE, ZIP: CLARKSTON WA 99403
FUNERAL DIRECTOR: RICHARD LASSITER

CAUSE OF DEATH:

- A. CARDIOPULMONARY ARREST
INTERVAL: MINUTES
- B. CHRONIC, PROGRESSIVE ALZHEIMER'S DEMENTIA
INTERVAL: YEARS
- C. INTERVAL:
- D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
CHRONIC ATRIAL FIBRILLATION

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

State of Idaho County of Nez Perce
I certify this to be a complete, exact and true copy of
the original document.
certified this 4 day of October, 2016.
Keather Cuthbert
Keather Cuthbert, Notary Public
My Commission Expires 7/19/2018

MANNER OF DEATH: NATURAL
AUTOPSY: NO

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: J.B. FISHER MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1119 HIGHLAND AVE
CITY, STATE, ZIP: CLARKSTON WA 99403
DATE SIGNED: SEPTEMBER 28, 2016

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN:
J.B. FISHER MD

LOCAL DEPUTY REGISTRAR:
SUNDIE HOFFMAN
DATE RECEIVED: SEPTEMBER 29, 2016

DOH 01-003 (10/15)

49711

Asotin County, WA
Darla McKay Auditor

351149
10/05/2016 11:46 AM



00013681201603511490030035

I-131 DC
Pgs=3 Fee:\$35.00
MARIA G MORGAN

49711