



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 with sections 1 and 2: Seller/Grantor and Buyer/Grantee information including names, addresses, and phone numbers.

Section 3: Property tax correspondence and parcel account information, including assessed value of 97,000.

Section 4: Street address (541 7th Street Clarkston WA 99403) and legal description (YB 1910 S& 1440 LTS 32 + 33 BLK 40).

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

Section 6: Forest land or current use designation questions.

Section 7: Personal property included in selling price and exemption details.

Section 8: Tax calculation table showing Gross Selling Price, Exemption, and Total Due of 10.00.

Section 9: Certifications and signatures of 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)).

AFFIDAVIT (LACK OF PROBATE)

JIMMY L TEDDER, being first duly sworn, deposes and says:
 The undersigned affiant is the rightful heir to the real property described below, and is HUSBAND
 (relationship to decedent) of DIANNE L TEDDER (decedent), who died on (date)
4 AUG 16, at
CLARKSTON ASOTIN WA
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: 541 7TH ST
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 ASOTIN County recording number 350013; 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)

- TINA LOUISE LOCKHART 45, DAUGHTER
PO BOX 205 THOMPSON FALLS MT 59873
Full name, age, relationship, address
- LARA-LY HENDRICKSON 42 DAUGHTER
1753 VALLEYVIEW DR CLARKSTON WA 99403
Full name, age, relationship, address
- JENNY LEE-ANN SCHMIDT 40 DAUGHTER
8078 GLADSTONE AVE WHITE CITY OR 97503 1126
Full name, age, relationship, address
- BONNIE JEANEEN WHITNER 38
2143 BONNER RD MIDVALE ID
Full name, age, relationship, address

(Continued on next page)

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JIMMY LEE TEDDER JR 37 SON
1744 POWELL DR CLARKSTON WA 99403

Full name, age, relationship, address

Dated :

Affiant's full name

Telephone number

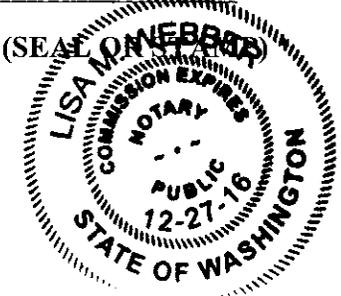
Street
City State Zip Code

Signature Date

State of _____ County of _____
I know or have satisfactory evidence that JIMMY L TEDDER (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: 12/1/16 Lisa M. Webber Signature of Notary Public



Residing at: Clarkston

Notary Public in and for the State of Washington

My appointment expires: 12/27/2016

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)

49883

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-031760

DATE ISSUED: 08/22/2016

FEE NUMBER: 4608191207

GIVEN NAMES: DIANNE LOUISE
LAST NAME: TEDDER

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: AUGUST 04, 2016
HOUR OF DEATH: 09:45 A.M.
SEX: FEMALE
AGE: 65 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: NOVEMBER 29, 1950
BIRTHPLACE: DEADWOOD, LAWRENCE CNTY, SOUTH DAKOTA

MARITAL STATUS: MARRIED
SPOUSE: JIMMY LEE TEDDER

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? YES

INFORMANT: JIMMY LEE TEDDER
RELATIONSHIP: HUSBAND
ADDRESS: 541 7TH STREET, CLARKSTON, WASHINGTON 99403

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 541 7TH STREET
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 541 7TH STREET
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
INSIDE CITY LIMITS? YES
COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 34 YEARS

FATHER/PARENT: DURWOOD MARVIN
MOTHER/PARENT: THURMA JUNE LANCRENE

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: WASHINGTON STATE VETERANS CEME
CITY, STATE: MEDICAL LAKE, WA
DISPOSITION DATE: AUGUST 08, 2016

FUNERAL FACILITY: MALCOM'S BROWER-WANN FUNERAL HOME
ADDRESS: 1711 18TH. STREET
CITY, STATE, ZIP: LEWISTON ID 83501
FUNERAL DIRECTOR: JASON M. HARWICK

CAUSE OF DEATH:
A. COLON CANCER
INTERVAL: 1 YEAR

B. INTERVAL:

C. INTERVAL:

D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

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: MATTHEW RICE DO
TITLE: OSTEOPATHIC PHYSICIAN
CERTIFIER
ADDRESS: 156 6TH STREET
CITY, STATE, ZIP: POTLATCH ID 83855
DATE SIGNED: AUGUST 05, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
MATTHEW RICE DO

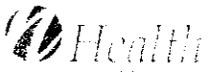
ITEM(S) AMENDED: SPOUSE, INFORMANT

NUMBER(S): 2016065450
DATE(S): 08/22/2016

LOCAL DEPUTY REGISTRAR:
SUNDIE HOFFMAN
DATE RECEIVED: AUGUST 08, 2016

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DOH 01-003 (10/15)



582498

Affidavit for Correction

This is a legal document. Contents should not be altered.

Department of Health, Statistics

State File Number

Case Number

Do not use this space

Required	Record Type	Case Number	Case Name	Case Address	Case City	Case State	Case Zip
	Record Description						
	Record Date						

Use this space for additional information

Handwritten signature and date

JT DESI

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