



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 and 2: Seller/Grantor (Jenifer L. Ingram) and Buyer/Grantee (Dennis Simenson) with contact information.

Form section 3: Correspondence recipient (Dennis Simenson) and parcel account information (10041401400020000).

Form section 4: Property address (1152 18th Avenue, Clarkston, WA) and location details (Asotin County).

Form section 5: Land Use Code (11 Household, single family units) and tax exemption questions.

Form section 6: Forest land or current use classification questions.

(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...

This land does not qualify for continuance.

(2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY) NEW OWNER(S): To continue special valuation as historic property...

(3) OWNER(S) SIGNATURE PRINT NAME

Form section 7: Personal property included in selling price.

Form section 7: Exemption information (WAC No., Reason for exemption).

Table with 2 columns: Description, Amount. Includes Statutory Warranty Deed (SWD), Gross Selling Price (\$80,000.00), Excise Tax (\$1,224.00), and Total Due (\$1,229.00).

A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX *SEE INSTRUCTIONS

Form section 8: I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. Includes signatures of Jenifer L. Ingram and Dennis Simenson.

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...

Handwritten notes: ATEC CR#18009, Ya

THIS SPACE - TREASURER'S USE ONLY

COUNTY TREASURER

PAID DEC 14 2016 ASOTIN COUNTY TREASURER

Handwritten numbers: 49910

EXHIBIT "A"

338785

That part of Lot 14 in Block 'U' of Vineland, according to the official plat thereof, filed in Book A of Plats at Page(s) 33 1/2 And 34 Official Records of Asotin County, Washington, more particularly described as follows:

Commencing at the Southwest corner of said Lot 14, said point being on the centerline of 18th Avenue; thence North along the West line of said Lot 14 a distance of 25.87 feet to the true place of beginning; thence continue North a distance of 152.00 feet; thence East a distance of 82.20 feet; thence South a distance of 147.82 feet to a point of curve; thence around a curve to the right with a radius of 20.00 feet for a distance of 36.61 feet; thence North 75°08' West a distance of 59.04 feet to the true place of beginning.



State of Washington
 Department of Revenue
 Special Programs Division
 Miscellaneous Tax
 PO Box 47477
 Olympia WA 98504-7477

Return to:

Alliance Title + Escrow
735 5th St.
Clarkston, WA 99403

AFFIDAVIT (LACK OF PROBATE)

Jennifer Ingram, being first duly sworn, deposes and says:
 The undersigned affiant is the rightful heir to the real property described below, and is
Wife (relationship to decedent)
 of Russell Andrew Ingram (decedent), who died on (date)
2/28/2009, at
Clarkston Asotin Washington
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:

1152 18th Ave.
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 _____ County recording number _____; 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)

Jenifer L Ingram, Spouse,
Clarkston, WA

Full name, age, relationship, address

n/a

Full name, age, relationship, address

49910

Dated: December 7, 2016

Jenifer L. Ingram
Affiant's full name

Telephone number _____

110 E. Street
Endicott WA 99129
City State Zip Code

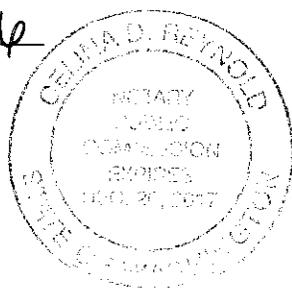
Jenifer L. Ingram 12-7-16
Signature Date

State of Washington County of Asotin

I know or have satisfactory evidence that Jenifer L. Ingram
(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: 12/7/16



[Signature]
Notary Public
Residing at: Winston, ID

49910

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Legal Name: **Russell Andrew Ingram** Date of Birth: **Feb. 28, 2009**

3. Sex (M/F): **Male** 4a. Age - Last Birthday: **50** 4b. Under 1 Year: **0** 4c. Under 1 Day: **0** 5. Social Security Number: **[REDACTED]** 6. County of Death: **Asotin**

7. Birthdate: **Jan. 27, 1959** 8a. Birthplace (City, Town, or County): **Glasgow** 8b. (State or Foreign Country): **Montana** 9. Decedent's Education: **G.E.D.**

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? **No**

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): **1152 18th Ave.** 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? Yes No Unk

14. Estimated length of time at residence: **3yrs** 15. Marital Status at Time of Death: **Married** 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): **Jenifer L. Hall**

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)): **Sheetrock Installer** 18. Kind of Business/Industry (Do not use Company Name): **Construction**

19. Father's Name (First, Middle, Last, Suffix): **Robert R. Ingram** 20. Mother's Name Before First Marriage (First, Middle, Last): **Sarah Jane Morris**

21. Informant's Name: **Jenifer Ingram** 22. Relationship to Decedent: **Wife** 23. Mailing Address: Number and Street or RFD No. City or Town State Zip: **1152 18th Ave. - Clarkston, Washington 99403**

24. Place of Death, if Death Occurred in a Hospital: **Home** 25. Facility Name (If not a facility, give number & street or location): **1152 18th Ave.** 26a. City, Town, or Location of Death: **Clarkston** 26b. State: **WA** 27. Zip Code: **99403**

28. Method of Disposition: **Cremation** 29. Place of Final Disposition (Name of cemetery, crematory, other place): **Mountain View Crematory** 30. Location-City/Town, and State: **Lewiston, Idaho 83501**

31. Name and Complete Address of Funeral Facility: **Merchant Funeral Home - 1000 7th St. - Clarkston, WA 99403** 32. Date of Disposition: **March 9, 2009**

33. Funeral Director Signature X: **Jeray Bartlow**

34. 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. Asphyxia** Interval between Onset & Death: **Minutes**

Due to (or as a consequence of): **b. Compression of the Neck** Interval between Onset & Death: **Minutes**

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. Hanging** Interval between Onset & Death: **minutes**

Due to (or as a consequence of): **d.** Interval between Onset & Death: **minutes**

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: **None**

36. Autopsy? Yes No 37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death: Natural Homicide Accident Undetermined Suicide Pending 39. If female: Not pregnant within past year Pregnant at time of death Not pregnant, but pregnant within 42 days before death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year 40. Did tobacco use contribute to death? Yes No Probably Unknown

41. Date of Injury (MM/DD/YYYY): **02/28/2009** 42. Hour of Injury (24hrs): **1500** 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area): **Shop building outside of home** 44. Injury at Work? Yes No Unk

45. Location of Injury: Number & Street: **1152 18th Avenue** City or Town: **Clarkston** County: **Asotin** State: **WA** Zip Code + 4: **99403**

46. Describe how injury occurred: **Decedent hung himself from rafter in shop building outside of his home** 47. If transportation injury, specify: Driver/Operator Pedestrian Passenger Other (Specify)

48a. Certifying Physician: to the best of my knowledge, death occurred at the time, date, and place and due to the causes and manner stated. **X** 48b. Medical Examiner/Coroner: On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the causes and manner stated. **X**

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): **Benjamin Nichols, Coroner, Asotin County Court House 99402** 50. Hour of Death (24hrs): **1500**

51. Name and Title of Attending Physician if other than Certifier (Type or Print): **[REDACTED]** 52. Date Signed (MM/DD/YYYY): **03/05/2009**

53. Title of Certifier: **Coroner** 54. License Number: **[REDACTED]** 55. ME/Coroner File Number: **[REDACTED]** 56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature: **[Signature]** 58. Date Received (MM/DD/YYYY): **MAR 05 2009**

59. Amendments: **[None]**



DOH/CHS 003 Rev 07/09/07 **49910**
DOH/01-003 (5/99)



Washington State Department of Health
 This is a legal document. Corrections to this form must be made by court order.

Center for Health Statistics
 P.O. Box 6700
 Olympia, WA 98512-9700
 (360) 336-4300

Record Type: Birth Death Marriage Dissolution
 Affidavit Number: _____

1. Name of record: _____
 2. Name of informant: _____
 3. Place of Event: (City or County) _____

4. Father's First Name (For Birth): (Husband for Marriage or Dissolution) _____
 5. Mother's First Name (For Birth): (Wife for Marriage or Dissolution) _____

The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8. _____	9. _____
10. _____	11. _____
12. _____	13. _____

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other Informant
 Telephone Number: _____

15. I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.
 Signature: _____

All vital records are subject to court order. All corrections to existing records and changes must be made by court order. The incorrect information must be corrected in the original record. This affidavit is used to provide information for the correction of a record.
 If a record is corrected by court order, we will update the record with the correct information.
 Birth Certificate: School Record
 Death Certificate: County's Registration Card (if it bears an effective date)
 Marriage/Dissolution: State Registration Card (front and back)

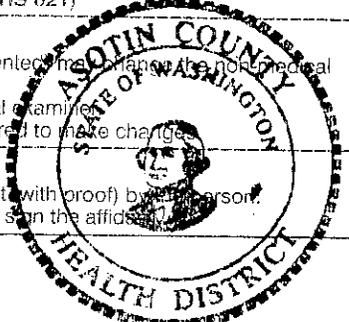
1. Only a parent or legal guardian of the child, under 18, or the adult member of the household may change the birth certificate.
2. The name of the child must be changed to the name of the child as it appears on the original birth certificate. If the name is changed to a name that does not appear on the original birth certificate, then the proof must show the name of the child as it appears on the original birth certificate.
3. Proof must be one (or more) years old or have been established within five years of age.
4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
6. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)

Death Certificates:

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change non-medical information.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the informant.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.



C. Spitters, M.D.
 Health Officer

MAR 05 2009

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