

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.

SELLER GRANTOR	Name <u>Jerald D. Mertsching, Trustee</u> <u>Wilma F. Johnson Survivor's Trust</u>	BUYER GRANTEE	Name <u>Teddy Smith</u> <u>Lorrie Smith</u>
	Mailing Address <u>TBD 15821 NE 20th St</u>		Mailing Address <u>1406 Grelle Ave</u>
	City/State/Zip <u>Vancouver, WA 98684</u>		City/State/Zip <u>Lewiston ID 83501</u>
	Phone No. (including area code) <u>360-892-2160</u>		Phone No. (including area code)
3 Send all property tax correspondence to: <input type="checkbox"/> Same as Buyer/Grantee Name <u>Teddy Smith Lorrie Smith</u> Mailing Address <u>2021 Andreasen Dr.</u> City/State/Zip <u>Clarkston WA 99403</u> Phone No. (including area code)		List all real and personal property tax parcel account numbers - check box if personal property <u>10580001600000000</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

List assessed value(s)
165,300.00

4 Street address of property: 2021 Andreasen Dr. - Clarkston, WA 99403

This property is located in unincorporated Asotin County OR within city of Unincorp

Check box if any of the listed parcels are being segregated from another parcel, are part of a boundary line adjustment or parcels being merged.

Lot 16 and the West 5 feet of Lot 19 in Andreasen's Subdivision according to the plat recorded in Book C of Plats, at page 81, in the official records of Asotin County, Washington

5 Select Land Use Code(s):
11 Household, single family units

enter any additional codes:
(See back of last page for instructions)

	YES	NO
Was the seller receiving a property tax exemption or deferral under chapters 84.36, 84.37, or 84.38 RCW (nonprofit organization, senior citizen, or disabled person, homeowner with limited income)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	YES	NO
Is this property designated as forest land per chapter 84.33 RCW?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is this property receiving special valuation as historical property per chapter 84.26 RCW?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If any answers are yes, complete as instructed below.

(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 (open space, farm and agriculture, or timber) land, you must sign on (3) below. The county assessor must then determine if the land transferred continues to qualify and will indicate by signing below. If the land no longer qualifies or you do not wish to continue the designation or classification, it will be removed and the compensating or additional taxes will be due and payable by the seller or transferor at the time of sale. (RCW 84.33.140 or RCW 84.34.108). Prior to signing (3) below, you may contact your local county assessor for more information.

This land does does not qualify for continuance.

DEPUTY ASSESSOR	DATE
(2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY) NEW OWNER(S): To continue special valuation as historic property, sign (3) below. If the new owner(s) does not wish to continue, all additional tax calculated pursuant to chapter 84.26 RCW, shall be due and payable by the seller or transferor at the time of sale.	
(3) OWNER(S) SIGNATURE	
PRINT NAME	

7 List all personal property (tangible and intangible) included in selling price.

If claiming an exemption, list WAC number and reason for exemption:

WAC No. (Section/Subsection) _____

Reason for exemption _____

Type of Document	<u>Statutory Warranty Deed (SWD)</u>	
Date of Document	<u>07/19/18</u>	
Gross Selling Price \$	<u>214,000.00</u>	
*Personal Property (deduct) \$	<u>0.00</u>	
Exemption Claimed (deduct) \$	<u>0.00</u>	
Taxable Selling Price \$	<u>214,000.00</u>	
Excise Tax : State \$	<u>2,739.20</u>	
Local \$	<u>535.00</u>	
*Delinquent Interest: State \$	<u>0.00</u>	
Local \$	<u>0.00</u>	
*Delinquent Penalty \$	<u>0.00</u>	
Subtotal \$	<u>3,274.20</u>	
*State Technology Fee \$	<u>5.00</u>	<u>5.00</u>
*Affidavit Processing Fee \$	<u>0.00</u>	
Total Due \$	<u>3,279.20</u>	

0200

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

8 I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signature of Grantor or Grantor's Agent <u>Jerald D. Mertsching, Trustee</u>	Signature of Grantee or Grantee's Agent <u>Teddy Smith</u>
Name (print) <u>Jerald D. Mertsching, Trustee</u>	Name (print) <u>Teddy Smith</u>
Date & city of signing: <u>7/23/2018 - Clarkston, WA</u>	Date & city of signing: <u>7/20/2018 - Clarkston, WA</u>

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)).

Return Address

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

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. Johnson, Donald L.
- 2.
- 3.
4. Additional names on page __ of document.

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

- 1.
- 2.
- 3.
4. Additional names on page __ of document.

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

Lot 16 & the West 5 feet of Lot 19 in Andreasen's Subdivision

- 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

1-058-00-016-0000-0000

- 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.

51421

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH**

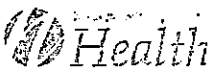
Washington State Certificate of Death

1. Legal Name (include AKA's if any) - First Middle LAST Donald L. Johnson		2. Death Date Aug. 25, 2012	
3. Sex (MF) 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 of 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.		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"/> Unk.	
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 G. Johnson	
20. Mother's Name Before First Marriage (First, Middle, Last) Gertrude Marie Moen		21. Informant's Name Lauri Bilde	
22. Relationship to Decedent Daughter		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 733 Tunbridge Rd. Danville, Ga. 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 Jerry Bartlow	
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 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 b. Due to (or as a consequence of) Interval between Onset & Death 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	
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"/> Unk		45. Location of Injury: Number & Street: Apt. No. 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 checked="" type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify):	
48a. Certifying Physician (Name, title, address, phone, date of death obtained, if applicable, and place and date in the state of Washington) X [Signature] MD 8-27-12		48b. Medical Examiner/Coroner (Name, title, address, phone, date of death obtained, if applicable, and place and date in the state of Washington)	
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 0004106910	
55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature [Signature]		58. Date Received (MM/DD/YYYY) AUG 27 2012	
59. Amendments			

Part 1 completed by Funeral Director
Part 2 completed by Certifier



51421



Affidavit for Correction

Center for Health Statistics
P.O. Box 47814
Olympia WA 98504-7814
(360) 236-4300

This is a legal Document. Complete in Ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record: 2. Date of Event: 3. Place of Event: (City or County)

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

The Record is Incorrect or Incomplete as follows:

The Record now shows:

The True fact is:

6.	7.
8.	9.
10.	11.
12.	13.

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

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

15. Signature: 16. Date: 17. Address:

All vital records are registered as received.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:

Certificate of Naturalization	Medical Record	School Transcripts
Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
Insurance Records	Birth Record	Alien Registration Card (front and back)
Marriage/Divorce Records	Passport	We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

Birth Certificates:

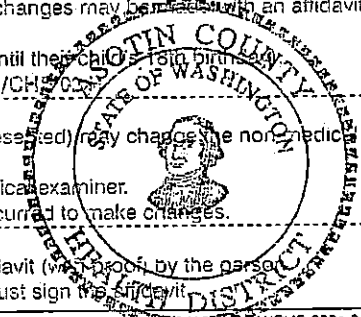
- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- 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.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until the child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOR/CHS 023a)

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- 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:

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



Lawrence M. Garges

Lawrence M. Garges, M.D.
Health Officer

AUG 27 2012

VV00159923

51421

Return Address

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

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. Johnson, Wilma Fern 2. 3. 4. <input type="checkbox"/> Additional names on page __ of document.
Grantee(s) (Last name first, then first name and initials): 1. 2. 3. 4. <input type="checkbox"/> Additional names on page __ of document.
Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.) Lot 16 & the West 5 feet of Lot 19 in Andreasen's Subdivision <input type="checkbox"/> Additional legal is on page __ of document.
Reference Number(s) of Documents assigned or released: <input type="checkbox"/> Additional numbers on page __ of document.
Assessor's Property Tax Parcel/Account Number 1-058-00-016-0000-0000 <input type="checkbox"/> Property Tax Parcel ID is not yet assigned <input type="checkbox"/> Additional parcel numbers on page __ of document
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51421

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

821381

I.D. TAG NO.

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-2018-002419

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name: First Wilma Middle Fern Last Johnson Suffix		Death Date February 02, 2018	
	Sex Female	Age 91 years	Social Security Number [REDACTED]	County of Death Deschutes
	Birthdate July 01, 1926	Birthplace Juliaetta, Idaho		Was Decedent Ever in U.S. Armed Forces? No
	Residence: 192 E Tall Fir Court		City/Town Sisters	
	Residence County Deschutes	State or Foreign Country Oregon	Zip Code + 4 97759	Inside City Limits? Yes
	Marital Status at Time of Death Widowed	Spouse's Name Prior to First Marriage Donald Leroy Johnson		
	Father's Name William Ferdinand Heimgartner		Mother's Name Prior to First Marriage Lona Marie Hoisington	
	Informant's Name Jerald D Mertsching	Telephone Number Not Available	Relationship to Decedent Son	Mailing Address 15821 NE 20th Street, Vancouver, WA 98684
	Place of Death Licensed Adult Foster Home		Facility Name Absolute Serenity Senior Care	
	Location of Death 192 E Tall Fir Court	City/Town or Location of Death Sisters	State Oregon	Zip Code + 4 97759
Method of Disposition Removal From State		Place of Disposition Flx Ridge Cemetery	Location (City/Town and State) Juliaetta, Idaho	
Name and Complete Address of Funeral Facility Deschutes Memorial Chapel 63875 Hwy 97 N, Bend, Oregon 97701				
Date of Disposition February 07, 2018	Funeral Director's Signature Erick R Scheiderman		OR License Number CO-3874	
Registrar's Signature Jennifer A. Woodward		Date Received February 07, 2018	Local File Number 1881	
Amendment:				

TO BE COMPLETED BY MEDICAL CERTIFIER	Was case referred to Medical Examiner? No	Autopsy? No	Were autopsy findings available to complete the cause of death?	Time of Death 1858
	CAUSE OF DEATH IMMEDIATE CAUSE Complications of cerebrovascular disease and advanced vascular dementia			Approximate Interval: Onset to Death Years
	a. Due to (or as a consequence of) ↓			
	b. Due to (or as a consequence of) ↓			
	c. Due to (or as a consequence of) ↓			
	d. Other significant conditions contributing to death			
	Manner of Death Natural	If Female Not Applicable	Did tobacco use contribute to death? Unknown	
	Date of Injury	Time of Injury	Place of Injury	Injury at Work?
	Location of Injury		Describe how injury occurred	
	Name and Address of Certifier James H Horak 2275 NE Doctors Drive 3, Bend, Oregon 97701		Date Signed February 07, 2018	
Name and Title of Attending Physician if Other than Certifier		Medical Certifier James H Horak		
Title of Certifier M.D.		License Number MD170074		
Amendment				

45-2CC (01/06)
20180213478

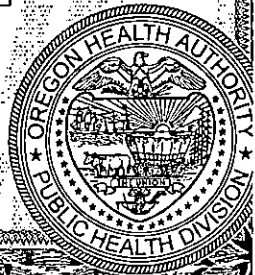
I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.
February 13, 2018

DATE ISSUED:

51421
Jennifer A. Woodward
JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





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