



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 (Darrel S. Lynch, M. Ruth Lynch) and Buyer/Grantee (Eric Lundgren, Judith Lundgren) information.

Form sections 3 and 4: Property tax correspondence and street address (1033 Liberty Drive, Clarkston, WA).

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

Form section 6: Continuation and compliance notices, owner signature, and deputy assessor information.

Form section 7: Personal property included in selling price and tax calculation table (Total Due: \$3,524.00).

Form section 8: Signature and date of signing for both Grantor (Darrel S. Lynch) and Grantee (Eric Lundgren).

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).

REV 84 0001a (6/26/14) THIS SPACE - TREASURER'S USE ONLY COUNTY TREASURER

Handwritten notes: A-TEC CK # 25249 DM

PAID SEP 28 2018 ASOTIN COUNTY TREASURER

51628

Return Address
Darrel S. Lynch
P O Box 572
Clarkston WA 99403

Please print or type information

Document Title(s) (or transactions contained therein):

1. Lack of Probate Affidavit and Death Certificate
- 2.
- 3.
- 4.

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

1. Lynch, M. Ruth
 - 2.
 - 3.
 - 4.
- Additional names on page __ of document.

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

1. 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.

51628

AFFIDAVIT (LACK OF PROBATE)

Darrel S. Lynch, being first duly sworn, deposes and says:
The undersigned affiant is the rightful heir to the real property described below, and is spouse
(relationship to decedent) of Mary Ruth Lynch (decedent), who died on (date)
11-07-2012, at
Jackpot EIKO NV
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: 1033 Liberty Dr.
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)

Darrel S. Lynch - Spouse
P.O. Box 572, Clarkston, WA 99403
Full name, age, relationship, address

n/a
Full name, age, relationship, address

n/a
Full name, age, relationship, address

n/a
Full name, age, relationship, address

(Continued on next page)

Full name, age, relationship, address

Dated: 09.26.18
Darrell S. Lynch
Affiant's full name

509.254.1238
Telephone number

1033 Liberty Dr
Clarkston City WA State 99403 Zip Code

Darrell S. Lynch Signature 09.26.18 Date

State of Washington County of Asotin

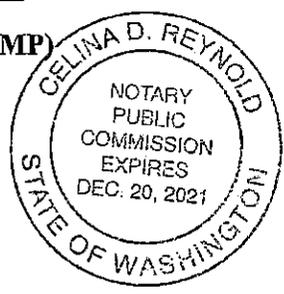
I know or have satisfactory evidence that Darrell S. Lynch
(name of person)

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: 09.26.18

[Signature]
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Clarkston, WA

Notary Public in and for the State of WA

My appointment expires: 12/20/21

51028

EXHIBIT "A"

409007

Lot 60 of Liberty West Subdivision, according to the official plat thereof, recorded February 18, 2004 as Instrument No. 274474 Official Records of Asotin County, Washington

5/16/28

CERTIFICATION OF VITAL RECORD

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH**

2012020409
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Mary Ruth LYNCH			2. DATE OF DEATH (Mo/Day/Yr) November 07, 2012		3a. COUNTY OF DEATH Elko	
	3b. CITY, TOWN, OR LOCATION OF DEATH Jackpot		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) 1002 US Hwy 93		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Bartons Club 93		4. SEX Female
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 80	7b. UNDER 1 YEAR MOS: DAYS	7c. UNDER 1 DAY HOURS: MINS	8. DATE OF BIRTH (Mo/Day/Yr) November 02, 1932
	9a. STATE OF BIRTH (if not U.S.A., name country) Washington		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 16	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Darrel LYNCH
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Teacher		14b. KIND OF BUSINESS OR INDUSTRY Education		Ever in US Armed Forces? No
	15a. RESIDENCE - STATE Washington	15b. COUNTY Asotin	15c. CITY, TOWN OR LOCATION Clarkston		15d. STREET AND NUMBER 1033 Liberty Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) No
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) Lloyd STEVENS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Evangeline NELSON			
	18a. INFORMANT - NAME (Type or Print) Darrel LYNCH			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1033 Liberty Dr. Clarkston, Washington 99403			
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Cremation		19b. CEMETERY OR CREMATORY - NAME Mountain View Crematory		19c. LOCATION - City or Town - State Lewiston Idaho 83501		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JASON MUTH SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 298	20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 689 Elko NV 89803			
TRADE CALL	TRADE CALL - NAME AND ADDRESS Merchants Funeral Home 1000 7th St. Clarkston WA 99403						
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)			22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) WILLIAM WEBB CORONER SIGNATURE AUTHENTICATED			
	21b. DATE SIGNED (Mo/Day/Yr)	21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) December 26, 2012	22c. HOUR OF DEATH 06:20		
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr) November 07, 2012		22e. PRONOUNCED DEAD AT (Hour) 06:20	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) William Webb CORONER 569 Court St. Elko, NV 89801						23b. LICENSE NUMBER
CAUSE OF DEATH	24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 28, 2012		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST	PART I					Interval between onset and death	
	(a)	Cardiac Arrest					
}	(b) DUE TO, OR AS A CONSEQUENCE OF: Etiology Unspecified					Interval between onset and death	
	(c) DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
	(d) DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
	PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.						
26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)	26c. HOUR OF INJURY	26d. DESCRIBE HOW INJURY OCCURRED			
26e. INJURY AT WORK (Specify Yes or No)		26f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		26g. LOCATION	STREET OR R.F.D. No.	CITY OR TOWN	STATE

STATE REGISTRAR

AKA: M.Ruth LYNCH

465224

CERTIFIED COPY OF VITAL RECORDS

51628

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 01/11/2013

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

VRS-Rev-20120523a

