

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 (Madonna M. Ehram) and Buyer/Grantee (2K Land Development, LLC) information including names, addresses, and phone numbers.

Form section 3: Correspondence and parcel information. Includes address for 2K Land Development, LLC and a table of assessed values.

Form section 4: Property address (2070 Crestview Dr. - Clarkston, WA 99403) and location details (Asotin County, Unincorporated).

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

Form section 6: Designation questions (forest land, current use, special valuation) with YES/NO checkboxes.

Form section 7: Continuation and compliance notices for forest land or historic property.

Form section 8: Signature lines for Deputy Assessor, Grantor (Madonna M. Ehram), and Owner (2K Land Development, LLC).

Form section 7: Personal property included in selling price and tax calculation table. Total Due: \$2,300.00.

Form section 8: Certifications and signatures. Includes 'I CERTIFY UNDER PENALTY OF PERJURY...' 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).

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

A TEC 44#25678

PAID

OCT 31 2018

51700

ASOTIN COUNTY TREASURER

51700

Return Address

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

Please print or type information

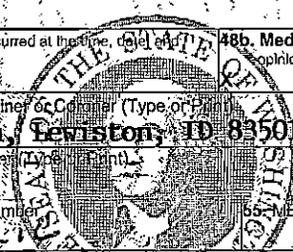
Document Title(s) (or transactions contained therein): 1. Death Certificate 2. 3. 4.
Grantor(s) (Last name first, then first name and initials): 1. Ehsam, Kenneth E. 2. 3. 4. <input type="checkbox"/> Additional names on page ___ of document.
Grantee(s) (Last name first, then first name and initials): 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 23 in Crestview First Addition <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 1-074-00-023-0000-0000 <input type="checkbox"/> Property Tax Parcel ID is not yet assigned <input type="checkbox"/> 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.

51760

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKA's if any)						2. Death Date	
Kenneth E. Ehrsam						August 18, 2004	
3. Sex (M/F)		4a. Age at Last Birthday		4b. Under 1 Year		5. Social Security Number	
Male		72				[REDACTED]	
6. County of Death		7. Birthdate		8a. Birthplace (City, Town, or County)		8b. (State or Foreign Country)	
Asotin		July 4, 1932		Monroe		Indiana	
9. Decedent's Education		10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.		11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces? Yes	
Some college no degree		No		White		Yes	
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)						13b. City or Town	
2072 Crestview Dr.						Clarkston	
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country		13f. Zip Code + 4	
Asotin				Washington		99403-3153	
13g. Inside City Limits?		14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's Name (Give name prior to first marriage)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk		23 years		Married		Madonna M. Adams	
17. Usual Occupation (Indicate type of work done during most of working life: (DO NOT USE RETIRED).				18. Kind of Business/Industry (Do not use Company Name).			
Surveyor				U.S. Army Corp Of Engineers			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Melvin M. Ehrsam				Ruth P. Suman			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number & Street or RFD No. City or Town State Zip			
Madonna M. Ehrsam		Wife		2072 Crestview Dr., Clarkston, WA 99403-3153			
24. Place of Death, if Death Occurred in a Hospital:				25. Facility Name (If not a facility, give number & street)			
Emergency room				Tri-State Memorial Hospital			
26a. City, Town, or Location of Death		26b. State		27. Zip Code			
Clarkston		WA		99403			
28. Method of Disposition		29. Place of Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State			
Removal/cremation		Mountain View Crematory		Lewiston, Idaho			
31. Name and Complete Address of Funeral Facility						32. Date of Disposition	
Merchant Funeral Home, 1000 7th St., Clarkston, WA 99403							
33. Funeral Director Signature X <i>Wendy Brown</i>							
Cause of Death (See instructions and examples)							
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. <u>Aspiration</u>				Interval between Onset & Death	
		Due to (or as a consequence of):				Unknown	
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.				Interval between Onset & Death	
		Due to (or as a consequence of):					
		c.				Interval between Onset & Death	
		Due to (or as a consequence of):					
		d.				Interval between Onset & Death	
		Due to (or as a consequence of):					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above						36. Autopsy?	
Parkinson's Disease						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Manner of Death:		39. If female		40. Did tobacco use contribute to death?		37. Were autopsy findings available to complete the Cause of Death?	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death.		<input type="checkbox"/> Yes <input type="checkbox"/> Probably		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Accident <input type="checkbox"/> Undetermined		<input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death.		<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
<input type="checkbox"/> Suicide <input type="checkbox"/> Pending							
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:						State:	
Describe how injury occurred						Zip Code + 4:	
						47. If transportation injury, specify:	
						<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian	
						<input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.				48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, and/or information, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			
X							
49. Name and Address of Certifier - Physician, Medical Examiner, or Coroner (Type or Print)						50. Hour of Death (24hrs)	
Timothy J. Dykstra DO, 2315 8th, Lewiston, ID 83501						1534	
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)						52. Date Certified (MM/DD/YYYY)	
						Aug 20, 2004	
53. Title of Certifier		54. License Number		55. ME/Coroner File Number		56. Was case referred to medical examiner?	
Doctor		C-212		51700		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature X <i>[Signature]</i>						58. Date Received (MM/DD/YYYY)	
						AUG 20 2004	
59. Record Amendment						Reviewed by: <i>[Signature]</i>	
						BPH.01-003 (5/93)	

Part 1 completed by Funeral Director
Part 2 completed by Certifier



Affidavit for Correction

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

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

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

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

- | | | | |
|--------------------------------|-------------------------------|--------------------------|---|
| Examples of documentary proof: | Certificate of Naturalization | Medical Record | School Record |
| | 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 | |

Birth Certificates:

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. 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.
3. Proof must be five (or more) years old or have been established within five years of birth.
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 921)

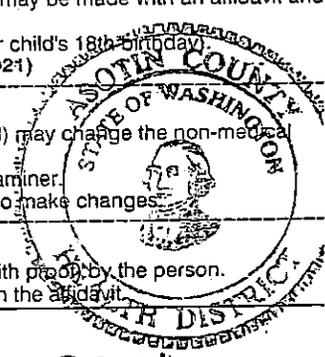
Death Certificates:

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the 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 person.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)



C. Spitters
C. Spitters, M.D.
Health Officer

AUG 20 2004

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