

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>Marcia A. Stankiewicz and Janice E. Tinto, PR</u>	BUYER GRANTEE	Name <u>Richard J. Muszynski</u>
	<u>Estate of Howard Powers</u>		<u>Carleen A. Muszynski</u>
	Mailing Address <u>3916 N. Potsdam Avenue PMB 1331</u>		Mailing Address <u>1660 6th Avenue</u>
	City/State/Zip <u>Sioux Falls South Dakota 57104</u>		City/State/Zip <u>Clarkston WA 99403</u>
Phone No. (including area code) _____		Phone No. (including area code) _____	
Send all property tax correspondence to: <input checked="" type="checkbox"/> Same as Buyer/Grantee		List all real and personal property tax parcel account numbers - check box if personal property	
Name <u>Richard J. Muszynski and Carleen A. Muszynski</u>		<u>10412800600020000</u> <input type="checkbox"/>	
Mailing Address <u>1660 6th Avenue</u>		_____ <input type="checkbox"/>	
City/State/Zip <u>Clarkston WA 99403</u>		_____ <input type="checkbox"/>	
Phone No. (including area code) _____		_____ <input type="checkbox"/>	
		List assessed value(s) <u>2,700.00</u>	

Street address of property: NNA

This property is located in unincorporated Asotin County County OR within ~~City of~~ Clarkston

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.

See Attached Exhibit A

Select Land Use Code(s):
91 Undeveloped land (land only)

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 _____	

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>11/08/18</u>	
Gross Selling Price	\$	<u>15,000.00</u>
*Personal Property (deduct)	\$	<u>0.00</u>
Exemption Claimed (deduct)	\$	<u>0.00</u>
Taxable Selling Price	\$	<u>15,000.00</u>
Excise Tax : State	\$	<u>192.00</u>
Local	\$	<u>37.50</u>
*Delinquent Interest: State	\$	<u>0.00</u>
Local	\$	<u>0.00</u>
*Delinquent Penalty	\$	<u>0.00</u>
Subtotal	\$	<u>229.50</u>
*State Technology Fee	\$	<u>5.00</u> <u>5.00</u>
*Affidavit Processing Fee	\$	<u>0.00</u>
Total Due	\$	<u>234.50</u>

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

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

Signature of Grantor or Grantor's Agent <u>Marcia A. Stankiewicz</u>	Signature of Grantee or Grantee's Agent <u>Richard J. Muszynski</u>
Name (print) <u>Marcia A. Stankiewicz and Janice E. Tinto, PR</u>	Name (print) <u>Richard J. Muszynski</u>
Date & city of signing: <u>11-13-18 Clarkston</u>	Date & city of signing: <u>11-13-18 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)).

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

ATEC CLK# 234.50
xpm

PAID
NOV 13 2018
ASOTIN COUNTY
TREASURER

51736

EXHIBIT "A"

414357

That part of Lots 3, 5 and 6 in Block I-1 of Clarkston Heights, according to the official plat thereof, filed in Book B of Plats at Page(s) 111, records of Asotin County, Washington, lying East of 16th Street, West of Laurel Drive, South of Grandview Drive and North of 6th Avenue, EXCEPTING that portion thereof within the platted areas of Rankin Hills First, Second and Third Addition. FURTHER EXCEPTING that part of Lot 5 in Block I-1 of Clarkston Heights, Asotin County, Washington described as follows: Beginning at the Northeast corner of Lot 95 of Rankin Hill Fourth Addition; thence South 78°01' East, 35.00 feet; thence South 11°59' West, 95.00 feet; thence North 78°01' West 35.00 feet to the Southeast corner of said Lot 95; thence North 11°59' East along the East line of said Lot 95 a distance of 95.00 feet to the place of beginning.

RJM

CSM

1 CERTIFIED

FILED

2018 OCT -3 AM 11:15

MCKENZIE A. KELLEY
COUNTY CLERK
ASOTIN COUNTY, WA

3
4
5
6
7
8 SUPERIOR COURT OF WASHINGTON FOR ASOTIN COUNTY

9
10 In re the Estate of:) No. 18 - 4 - 00079 - 02
11)
12 HOWARD A. POWERS,) LETTERS TESTAMENTARY
13 Deceased.) WITH NONINTERVENTION
14) POWERS

15
16 WHEREAS, the Last Will and Testament of Howard A. Powers, deceased, was on the
17 3rd day of October, 2018, duly exhibited, proven, and recorded in our said Superior Court;

18 WHEREAS, Marcia A. Stankiewicz and Janice E. Tinto are the persons nominated as
19 Personal Representatives in said Will;

20
21 WHEREAS, Marcia A. Stankiewicz and Janice E. Tinto have petitioned this court to
22 be appointed Personal Representatives thereof; and

23 WHEREAS, this court has entered an order granting nonintervention powers to the
24 Personal Representatives,

25
26 NOW, THEREFORE, know all men by these presents, that we do hereby authorize the
27 said Marcia A. Stankiewicz and Janice E. Tinto to execute the terms of the Will with
28 nonintervention powers according to law.

LETTERS TESTAMENTARY WITH
NONINTERVENTION POWERS

Law Office of
David A. Gittins
843 Seventh Street
Clarkston, WA 99403
(509)758-2501
Facsimile: (509) 758-3576

51736

6
NF

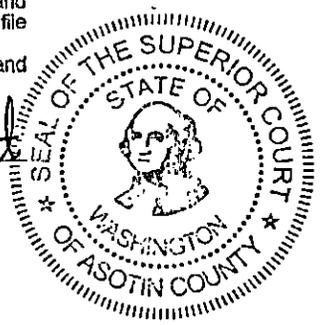
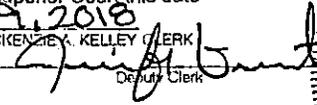
STATE OF WASHINGTON 155
County of Asotin

I, MCKENZIE A. KELLEY, County Clerk and *ex-officio* Clerk of the Superior Court for the State of Washington for Asotin County, do hereby certify that this instrument is a true and correct copy of the original as the same now appears on file and of record in my office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Seal of said Superior Court this date

October 19, 2018

MCKENZIE A. KELLEY CLERK
By _____
Deputy Clerk



Return Address

Janice E. Tinto
1339 Spanish Bay Dr
Redding, CA 96003

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. Tinto, Janice E. 2. Reece, Terry E. 3. Reece, James L. Sr. 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.) Part of Lots 3, 5 & 6 in Block I-1 Clarkston Heights <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 1-041-28-006-0002-0000 <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.

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AFFIDAVIT (LACK OF PROBATE)

Janice E. Tinto, being first duly sworn, deposes and says:

The undersigned affiant is the rightful heir to the real property described below, and is Daughter
 (relationship to decedent) of Leah Bell Powers (decedent), who died on (date)
7/12/2013, 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: Bare land - tax parcel #1-041-28-006-0002-0000

Clarkston Washington 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)

Janice E. Tinto

→ Janice Eileen Tinto, 81, daughter, 1339 Spanish Bay Dr. Redding, CA
Full name, age, relationship, address 96233

James L. Reece, Sr.

Full name, age, relationship, address

Terry E. Reece

Full name, age, relationship, address

Full name, age, relationship, address

(Continued on next page)

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Full name, age, relationship, address

→ Dated: 10/24/2018
Janice E. Tinto
Affiant's full name

Telephone number

→ 1339 Spanish Bay Dr

→ Redding Street CA 96003
City State Zip Code

→ Janice Eileen Tinto Date 10/24/2018
Signature

Notary Section

→ State of _____ County of _____

I know or have satisfactory evidence that Janice E. Tinto
(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: / /

(SEAL OR STAMP)

→ _____
Signature of Notary Public

→ Residing at: _____

→ Notary Public in and for the State of _____

→ My appointment expires: / /

Please see attached

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CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }

County of Shasta }

On 10/24/18 before me, Robbi Echo White Notary Public
(Here insert name and title of the officer)

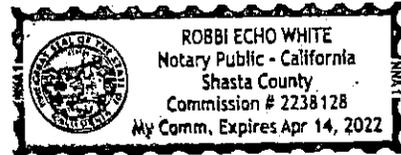
personally appeared Janice E. Tinto
 who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

[Signature]
 Notary Public Signature

(Notary Public Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages _____ Document Date _____

CAPACITY CLAIMED BY THE SIGNER

Individual (s)

Corporate Officer

_____ (Title)

Partner(s)

Attorney-in-Fact

Trustee(s)

Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they- is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.

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

AFFIDAVIT (LACK OF PROBATE)

Terry E. Reece, being first duly sworn, deposes and says:

The undersigned affiant is the rightful heir to the real property described below, and is Son
 (relationship to decedent) of Leah Bell Powers (decedent), who died on (date)
7/12/2013, 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: Bare land - tax parcel #1-041-28-006-0002-0000

Clarkston Washington 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)

Janice E. Tinto

Full name, age, relationship, address

James L. Reece, Sr.

Full name, age, relationship, address

Terry E. Reece

76 Son 1250 N. Highway, PMB 281 Colville, WA 99114
Full name, age, relationship, address

Full name, age, relationship, address

(Continued on next page)

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Full name, age, relationship, address

Dated: 10.29.18

Terry E. Reece

Affiant's full name

Telephone number

1250 N. Highway, PMB 281 

Colville

City

Street

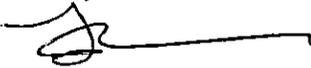
WA

State

99114

Zip Code

Signature



Date

10/29/2018

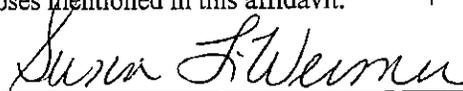
Notary Section

State of WASHINGTON County of Stevens

I know or have satisfactory evidence that Terry E. Reece
(name of person)

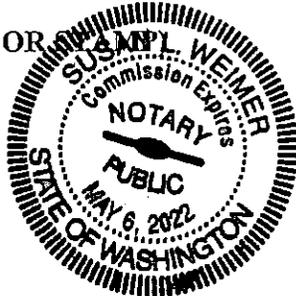
is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 10.29.2018



Signature of Notary Public

(SEAL OR



Residing at: Colville, WA

Notary Public in and for the State of WASHINGTON

My appointment expires: 05/1/2022

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)

51736



AFFIDAVIT (LACK OF PROBATE)

James L. Reece, Sr. _____, being first duly sworn, deposes and says:

The undersigned affiant is the rightful heir to the real property described below, and is Son

(relationship to decedent) of Leah Bell Powers (decedent), who died on (date)

7/12/2013, 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:

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Clarkston Washington 99403
City State Zip Code

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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)

Janice E. Tinto

 Full name, age, relationship, address

James L. Reece, Sr. - Son 28132 59th Ave NE - AMington, WA 98223

→ James L. Reece - 1339 Spanish Bay Dr. Redding, CA 96003

 Full name, age, relationship, address

Terry E. Reece

 Full name, age, relationship, address

 Full name, age, relationship, address

(Continued on next page)

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Full name, age, relationship, address

→ Dated: 10/31/2018
James L. Reece, Sr.
Affiant's full name

Telephone number

→ 1339 Spanish Bay Dr. 28132 59th Ave. NE
Street
→ Redding Arlington WA 98223
City State Zip Code

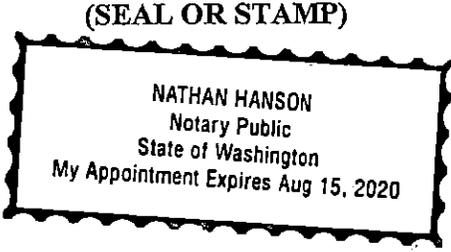
→ [Signature] 10/31/2018
Signature Date

Notary Section

→ State of WASHINGTON County of SNOHOMISH
I know or have satisfactory evidence that James L. Reece, Sr.
(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: 10/31/18 → [Signature]
Signature of Notary Public



→ Residing at: TULALIP, WA
→ Notary Public in and for the State of WASHINGTON
→ My appointment expires: 8 / 2020

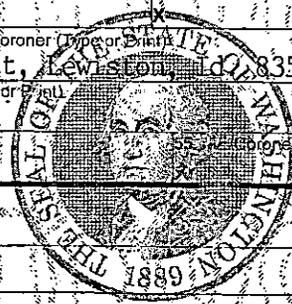
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STATE OF WASHINGTON DEPARTMENT OF HEALTH

Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any) First Middle LAST Suffix Leah Bell Powers				2. Death Date July 12, 2013	
3. Sex (M/F) Female	4a. Age - Last Birthday 98	4b. Under 1 Year Months: Days:	4c. Under 1 Day Hours: Minutes:	5. Social Security Number [REDACTED]	6. County of Death Asotin
7. Birthdate June 15, 1915		8a. Birthplace (City, Town, or County) Trafton		8b. (State or Foreign Country) Washington	
9. Decedent's Education High School Diploma				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 5 th St.) (Include Apt. No.) 2637 - 16th Street				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. 26 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Howard A. Powers	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Homemaker			18. Kind of Business/Industry (Do not use Company Name) Own Home		
19. Father's Name (First, Middle, Last, Suffix) Henry Lane			20. Mother's Name Before First Marriage (First, Middle, Last) Blanch Holland		
21. Informant's Name Howard Powers		22. Relationship to Decedent Husband		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 2637 - 16th Street, Clarkston, Wa. 99403	
24. Place of Death, if Death Occurred in a Hospital: Decedent's Home					
25. Facility Name (if not a facility, give number & street or location) 2637 - 16th Street			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) Arlington Municipal Cemetery		30. Location: City/Town, and State Arlington, Washington			
31. Name and Complete Address of Funeral Facility Merchant Funeral Home, 1000-7th Street, Clarkston, Wa. 99403				32. Date of Disposition July 17, 2013	
33. Funeral Director Signature X <i>Don F. Brown</i>					

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. aspiration pneumonia Interval between Onset & Death 7/10/2013					
b. CVA Interval between Onset & Death yes (2011)					
c. Interval between Onset & Death					
d. 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 checked="" 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 checked="" type="checkbox"/> No <input 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 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. X <i>F. Hedrick MD</i>	
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 cause(s) and manner stated.				49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Frances A. Hedrick MD, 2315 - 8th Street, Lewiston, Id, 83501	
50. Hour of Death (24hrs) 0900				51. Name and Title of Attending Physician if other than Certifier (Type or Print)	
52. Date Signed (MM/DD/YYYY) July 12, 2013				53. Title of Certifier Medical Doctor	
54. License Number M7875		55. Subscribing File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature X <i>[Signature]</i>				58. Date Received (MM/DD/YYYY) JUL 12 2013	
59. Amendments					



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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 Maiden Name (For Birth): (Wife for Marriage or Dissolution)
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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 Telephone Number:
 Funeral Director Other (Specify)

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.
Most changes must be established by documentary proof submitted with the affidavit
 Examples of documentary proof: Certificate of Naturalization Numident Report (Social Security Administration) School Transcripts (Official)
 Hospital /Medical Record Military Record (DD-214) Voter's Registration Card (if it bears an effective date)
 Life Insurance Policy Birth Record Alien Registration Card (front and back)
 Marriage/Divorce Record 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.
- Child (under 18)**
 - Only parent(s) or legal guardian can change the birth certificate.
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
- Adult (18 years or older)**
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, three pieces of documentary proof are required.
 - If the first and/or middle name is misspelled, two pieces of documentary proof are required.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
 - Proof must be five (or more) years old or have been established within five years of birth.

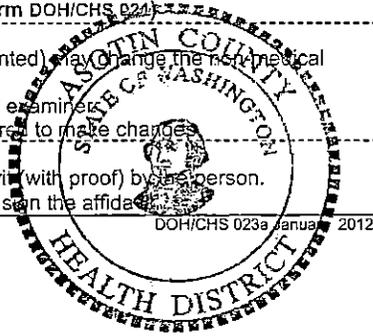
4. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)**

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

JUL 12 2013
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