



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, indicate % sold. List percentage of ownership acquired next to each name.

Form sections 1 and 2: Seller/Grantor and Buyer/Grantee information including names, addresses, and phone numbers.

Form sections 3 and 4: Property tax correspondence and property details including address and legal description.

Form section 5: Land Use Code selection and exemption questions.

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

Form section 7: Personal property listing and tax calculation table with various fees and taxes.

Form section 8: Certification of truth and correctness, 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), or by both imprisonment and fine (RCW 9A.20.020 (1C)).

LEDGERWOOD + BURAS CL# 7976

ASOTIN COUNTY TREASURER

51369

**STATE OF IDAHO**  
**CERTIFICATION OF VITAL RECORD**

**STATE OF IDAHO**  
IDAHO DEPARTMENT OF HEALTH AND WELFARE  
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

State of Idaho  
**CERTIFICATE OF DEATH**

ORIGINAL COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, MUST BE USED AS PRIMARY EVIDENCE OF THIS DEATH. UNDER HEALTH AND WELFARE § 39-271, IDAHO CODE.

Local Reg. No.

<b>DECEASED</b>  TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELTY TIP PEN.  FOR INSTRUCTIONS SEE HANDBOOKS	1. DECEASED'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) <b>GARY DEAN MITCHELL</b>		2. SEX <b>MALE</b>	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE - Last Birthday <b>80</b> (Years)		4b. UNDER 1 YEAR: Months <b>0</b> , Days <b>0</b> , Hours <b>0</b> , Minutes <b>0</b>	
<b>MORTICIAN:</b> Complete Within 5 Days of Death	5. DATE OF BIRTH (Mo/Day/Yr) <b>07/04/1938</b>		6. BIRTHPLACE (City and State, Territory, or Foreign Country) <b>TOPPENISH, WASHINGTON</b>	
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY <b>WASHINGTON</b>		7b. COUNTY <b>ASOTIN</b>	
	7c. CITY OR TOWN <b>CLARKSTON</b>		7d. APT. No. / ZIP CODE / <b>99403</b>	
<b>PARENTS:</b> Complete/Venify and File	8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married; <input type="checkbox"/> Married, not separated; <input type="checkbox"/> Widowed; <input type="checkbox"/> Divorced; <input type="checkbox"/> Never married; <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) <b>RUTH ELLEN BURLEY</b>	
	10. EVER IN U.S. ARMY? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No		11a. FATHER'S NAME (First, Middle, Last, Suffix) <b>WALTER CARL MITCHELL</b>	
<b>INFORMANT:</b> Complete/Venify and File	11b. BIRTHPLACE (State, Territory, or Foreign Country) <b>KANSAS</b>		12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) <b>EVA EVELEN MILLER</b>	
	12b. BIRTHPLACE (State, Territory, or Foreign Country) <b>OKLAHOMA</b>		13a. INFORMANT'S NAME (Type or print) <b>RUTH MITCHELL</b>	
<b>DISPOSITION:</b> Complete/Venify and File	13b. RELATIONSHIP TO DECEASED <b>WIFE</b>		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>3020 COUNTRY COURT CLARKSTON, WA 99403</b>	
	14. METHOD OF DISPOSITION <input type="checkbox"/> Burial; <input checked="" type="checkbox"/> Cremation; <input type="checkbox"/> Donation; <input type="checkbox"/> Removal from Idaho; <input type="checkbox"/> Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) <b>MOUNTAIN VIEW CREMATORY 3521 SEVENTH STREET LEWISTON, IDAHO 83501</b>	
<b>PLACE OF DEATH</b>	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY <b>MERCHANT FUNERAL HOME 1000 SEVENTH STREET CLARKSTON, WASHINGTON 99403</b>		17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <b>ELECTRONICALLY FILED: GERALD E. BARTLOW</b>	
	17b. LICENSE NUMBER (Of license) <b>M0771</b>		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes; <input type="checkbox"/> No	
<b>DATE OF DEATH</b>	19a. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient; <input checked="" type="checkbox"/> ER/Outpatient; <input type="checkbox"/> COA; <input type="checkbox"/> Hospice facility; <input type="checkbox"/> Nursing home/Long term care facility; <input type="checkbox"/> Decedent's home; <input type="checkbox"/> Other (Specify)		19b. PLACE OF DEATH (19-22) 20. FACILITY NAME (If not facility, give street and number): <b>ST. JOSEPH REGIONAL MEDICAL CTR</b>	
	21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE <b>LEWISTON, ID 83501</b>		22. COUNTY OF DEATH <b>NEZ PERCE</b>	
<b>CAUSE OF DEATH</b>	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) <b>November 9, 2018</b>		24. TIME OF DEATH (24hr) <b>15:36</b>	
	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) <b>November 9, 2018</b>		26. TIME PRONOUNCED DEAD (24hr) <b>15:36</b>	
<b>ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)</b>	27. CAUSE OF DEATH PART I: 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. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death): a. <b>SUDDEN CARDIAC EVENT</b> DUE TO (or as a consequence of): b. <b>HYPERTENSION</b> DUE TO (or as a consequence of): c. <b>PARKINSON'S DISEASE</b> DUE TO (or as a consequence of): d.			
	PART II: Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I. 29. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes; <input type="checkbox"/> Probably; <input checked="" type="checkbox"/> No; <input type="checkbox"/> Unknown			
<b>CERTIFIER:</b> Complete Within 72 Hours of Death	30. IF FEMALE (Aged 10-54): <input type="checkbox"/> Not pregnant within past year; <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death; <input checked="" type="checkbox"/> Pregnant at time of death; <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death; <input type="checkbox"/> Unknown if pregnant within the past year		31. MANNER OF DEATH: <input checked="" type="checkbox"/> Natural; <input type="checkbox"/> Homicide; <input type="checkbox"/> Accident; <input type="checkbox"/> Pending investigation; <input type="checkbox"/> Suicide; <input type="checkbox"/> Could not be determined	
	32. DATE OF INJURY (Mo/Day/Yr) (Spell month) 33. TIME OF INJURY (24hr) 34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) 35. INJURY AT WORK? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No		36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number/Location _____ Apartment Number _____	
<b>CERTIFIER</b> IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE	37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEASED OCCUPIED, if applicable: TRANSPORTATION - INJURY ONLY: <input type="checkbox"/> Driver/Operator; <input type="checkbox"/> Passenger; <input type="checkbox"/> Pedestrian; <input type="checkbox"/> Other (Specify)			
	38a. WAS DECEASED: <input type="checkbox"/> Driver/Operator; <input type="checkbox"/> Passenger; <input type="checkbox"/> Pedestrian; <input type="checkbox"/> Other (Specify)		38b. WHAT SAFETY DEVICES DID DECEASED USE/EMPLOY? <input type="checkbox"/> Seat belt; <input type="checkbox"/> Child safety seat; <input type="checkbox"/> Helmet; <input type="checkbox"/> Air bag; <input type="checkbox"/> None; <input type="checkbox"/> Unknown	
<b>REGISTRAR</b>	39a. CERTIFIER (Check only one, based on official capacity for this certificate) <input type="checkbox"/> PHYSICIAN; <input type="checkbox"/> PHYSICIAN ASSISTANT; <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE; <input checked="" type="checkbox"/> CORONER		39b. LICENSE NUMBER 39c. DATE SIGNED <b>11 / 13 / 2018</b>	
	39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) <b>JOSHUA T. HALL, PO BOX 896 LEWISTON, ID 83501</b>		40b. DATE SIGNED <b>11 / 14 / 2018</b>	

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: November 14, 2018

518609  
*James B. Aydelotte*  
JAMES B. AYDELOTTE  
STATE REGISTRAR

This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar



STATE OF IDAHO      County of Lewiston

This copy of a death certificate was issued  
by the District Health Department on behalf of  
the the Bureau of Vital Records and Health  
Statistics.



Local Vital Statistics Registration Official



\* 000991145 \*

51869

After Recording Return to:

Thomas L. Ledgerwood  
922 6<sup>th</sup> Street  
Clarkston, WA 99403

Inst: 332930 12/03/2012 9:32A  
Filed: THOMAS LEDGERWOOD Fee Cd: DL02  
Code: 015 Community Property 33.00  
Asotin County Auditor

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, Made and entered into this 30<sup>th</sup> day of ~~December~~<sup>November</sup>, 2012, by and between GARY DEAN MITCHELL and RUTH ELLEN MITCHELL, husband and wife,

WITNESSETH:

WHEREAS, The parties are husband and wife and residents of Asotin County, Washington; and it is the intention of the parties that all of the property now owned or hereafter acquired by them, or either of them, shall be community property and shall vest in the survivor upon the death of one of them,

NOW, THEREFORE, for and in consideration of the covenants herein contained and the mutual benefits to be derived therefrom, the parties hereto covenant and agree that every piece, parcel and item of property, whatever its nature and wherever situate, be and have the status of community property, and all of such property is hereby conveyed by each and both to themselves as a marital community, and upon the death of either party, title to such property shall immediately pass to, and become vested in, the survivor as his or her sole and separate property.

THIS AGREEMENT will be automatically revoked by a decree of legal separation or dissolution, unless otherwise provided in such decree. This agreement will not control the division of property in any such proceeding.

IN WITNESS WHEREOF, the parties hereunto have set their hands and seals the day and year first above-written.

Gary Dean Mitchell  
GARY DEAN MITCHELL

Ruth Ellen Mitchell  
RUTH ELLEN MITCHELL

51869

SIGNED AND SWORN to before me this 30<sup>th</sup> day of <sup>November</sup> ~~December~~, 2012, by GARY DEAN MITCHELL and RUTH ELLEN MITCHELL.



Terry R. Havel  
NOTARY PUBLIC in and for the State of  
Washington, residing at Clarkston.  
Commission expires: 3-15-2013.