



REAL ESTATE EXCISE TAX AFFIDAVIT

CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED

Check box if partial sale, indicate % sold. List percentage of ownership acquired next to each name.

Form sections 1-3: Seller/Grantor and Buyer/Grantee information, correspondence details, and assessed value table.

Section 4: Property address and location details, including legal description of the land.

Section 5: Land Use Code selection and exemption questions.

Section 6: Forest land and special valuation questions.

Section 7 (1): NOTICE OF CONTINUANCE (FOREST LAND OR CURRENT USE) instructions.

Section 7 (2): NOTICE OF COMPLIANCE (HISTORIC PROPERTY) instructions.

Section 7 (3): OWNER(S) SIGNATURE line.

Section 7 (4): PRINT NAME line.

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

Section 7: Exemption information including WAC No. and Reason for exemption.

Section 7: Type of Document: Aff. of Survivorship per Comm. Property Agreement

Section 7: Date of Document: 2-20-2019

Table with columns for tax items and amounts: Gross Selling Price, Personal Property, Exemption, Taxable Selling Price, Excise Tax (State/Local), Delinquent Interest, Delinquent Penalty, Subtotal, State Technology Fee, Affidavit Processing Fee, Total Due.

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

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

Section 8: Signature and Date & city of signing for both Grantor/Agent and Grantee/Agent.

Section 8: 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)).

STATE OF IDAHO

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

State of Idaho CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, IS VALID. THIS COPY SHALL BE USED AS PROOF OF DEATH UNDER I.C. 16-2116 AND I.C. 16-2117.

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's (if any) (First, Middle, Last, Suffix)) GARY DEAN MITCHELL		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
MORTICIAN: Complete, Verify and file Within 5 Days of Death	4a. AGE - Last Birthday 80 (Years)	4b. UNDER 1 YEAR Months: _____ Days: _____ Hours: _____ Minutes: _____	5. DATE OF BIRTH (Mo/Day/Yr) 07/04/1938	
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) TOPPENISH, WASHINGTON		7a. RESIDENCE - STATE OR FOREIGN COUNTRY WASHINGTON	
	7b. COUNTY ASOTIN		7c. CITY OR TOWN CLARKSTON	
FOR INSTRUCTIONS SEE HANDBOOKS	7d. STREET AND NUMBER 3020 COUNTRY CT.		7e. APT. NO. 99403	7f. ZIP CODE 99403
	8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but 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) RUTH ELLEN BURLEY	
PARENTS	10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11a. FATHER'S NAME (First, Middle, Last, Suffix) WALTER CARL MITCHELL	
	11b. BIRTHPLACE (State, Territory, or Foreign Country) KANSAS		11c. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) EVA EVELYN MILLER	
INFORMANT	12a. MOTHER'S BIRTHPLACE (State, Territory, or Foreign Country) OKLAHOMA		12b. BIRTHPLACE (State, Territory, or Foreign Country) OKLAHOMA	
	13a. INFORMANT'S NAME (Type or print) RUTH MITCHELL		13b. RELATIONSHIP TO DECEDENT WIFE	
DISPOSITION	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 3020 COUNTRY COURT CLARKSTON, WA 99403		14. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input 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) MOUNTAIN VIEW CREMATORY 3521 SEVENTH STREET LEWISTON, IDAHO 83501		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY MERCHANT FUNERAL HOME 1000 SEVENTH STREET CLARKSTON, WASHINGTON 99403	
PLACE OF DEATH	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: GERALD E. BARTLOW		17b. LICENSE NUMBER (Of licensee) MO771	17c. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	19a. IF DEATH OCCURRED IN A HOSPITAL		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL	
DATE OF DEATH	20. FACILITY NAME (If not facility, give street and number) ST. JOSEPH REGIONAL MEDICAL CTR		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE LEWISTON, ID 83501	
	22. COUNTY OF DEATH NEZ PERCE		23. DATE OF DEATH (Mo/Day/Yr) (Spell month) November 9, 2018	
CAUSE OF DEATH	24. TIME OF DEATH (24hr) 15:36		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) November 9, 2018	
	26. TIME PRONOUNCED DEAD (24hr) 15:36		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. SUDDEN CARDIAC EVENT DUE TO (or as a consequence of): a. HYPERTENSION DUE TO (or as a consequence of): b. PARKINSON'S DISEASE DUE TO (or as a consequence of): c. _____ d. _____	
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	28a. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	29. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		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 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	
CERTIFIER	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) November 9, 2018	
	33. TIME OF INJURY (24hr) 15:36		34. PLACE OF INJURY (Decedent's home; farm; street; construction site; nursing home; restaurant; forest, etc.) CLARKSTON, WASHINGTON	
REGISTRAR	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 or Location _____ Apartment Number _____	
	37. DESCRIBE HOW INJURY OCCURRED, IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) INJURY ONLY 38a. WAS DECEDENT: <input checked="" type="checkbox"/> Driver/operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____ 38b. WHAT SAFETY DEVICES DID DECEDENT USE/EMPLOY? <input checked="" 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			
IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE	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 If the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated. <input checked="" type="checkbox"/> 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. Signature and Title of Certifier: ELECTRONICALLY SIGNED: JOSHUA T. HALL		39b. LICENSE NUMBER [REDACTED]	
	39c. DATE SIGNED 11 / 13 / 2018 MM DD YYYY		39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) JOSHUA T. HALL, PO BOX 896 LEWISTON, ID 83501	
REGISTRAR	40a. REGISTRAR'S SIGNATURE <i>James B. Aydelotte</i>		40b. DATE SIGNED 11 / 14 / 2018 MM DD YYYY	
	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*

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

51982

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

51982

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

After Recording Return to:

Thomas L. Ledgerwood
922 6th Street
Clarkston, WA 99403

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, Made and entered into this 30th day of ~~December~~^{November}, 2012, by and between GARY DEAN MITCHELL and RUTH ELLEN MITCHELL, husband and wife,

WITNESSETH:

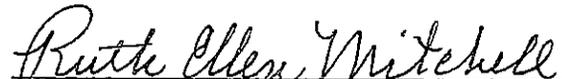
WHEREAS, The parties are husband and wife and residents of Asotin County, Washington; and it is the intention of the parties that all of the property now owned or hereafter acquired by them, or either of them, shall be community property and shall vest in the survivor upon the death of one of them,

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


RUTH ELLEN MITCHELL

SIGNED AND SWORN to before me this 30th day of ^{November} ~~December~~, 2012, by GARY DEAN MITCHELL and RUTH ELLEN MITCHELL.



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