

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.

| | | | |
|------------------------|--|-----------------------|---|
| 1 SELLER GRANTOR | Name <u>Estate of Zona Madge Bowen</u> | 2 BUYER GRANTEE | Name <u>Douglas G. Tyler, a single person</u> |
| | <u>Douglas G. Tyler, Personal Representative</u> | | |
| | Mailing Address <u>1770 7th Avenue</u> | | Mailing Address <u>1770 7th Avenue</u> |
| | City/State/Zip <u>Clarkston, WA 99403</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 | List assessed value(s) |
| Name _____ | <u>1-135-01-016-0000-0000</u> <input type="checkbox"/> | <u>201,500</u> |
| Mailing Address _____ | _____ <input type="checkbox"/> | _____ |
| City/State/Zip _____ | _____ <input type="checkbox"/> | _____ |
| Phone No. (including area code) _____ | _____ <input type="checkbox"/> | _____ |

Street address of property: 1770 7th Avenue, Clarkston, Asotin County, WA 99403

This property is located in 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.

Legal description of property (if more space is needed, you may attach a separate sheet to each page of the affidavit)

Lot 16 of Block 1 of Swallows Glen Addition according to the official plat thereof, filed in Book D of Plats, Page 21, records of Asotin County, Washington.

Select Land Use Code(s):

11 - Household, single family units

enter any additional codes: _____

(See back of last page for instructions)

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)?

YES NO

Is this property designated as forest land per chapter 84.33 RCW?

YES NO

Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW?

YES NO

Is this property receiving special valuation as historical property per chapter 84.26 RCW?

YES NO

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

7 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) 458-61A-202(6)(b)

Reason for exemption _____

Transfer is to survivor of property owned as joint tenants with right of survivorship

Type of Document Affidavit of Survivorship

Date of Document 5-22-19

Gross Selling Price \$ _____

*Personal Property (deduct) \$ _____

Exemption Claimed (deduct) \$ _____

Taxable Selling Price \$ _____ 0.00

Excise Tax : State \$ _____ 0.00

0.0000 Local \$ _____ 0.00

*Delinquent Interest: State \$ _____

Local \$ _____

*Delinquent Penalty \$ _____

Subtotal \$ _____ 0.00

*State Technology Fee \$ _____ 5.00

*Affidavit Processing Fee \$ _____ 5.00

Total Due \$ _____ 10.00

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

0200

8

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

Signature of Grantor or Grantor's Agent *Douglas G. Tyler*

Name (print) Douglas G. Tyler, Personal Representative

Date & city of signing: _____ Moscow, ID

Signature of Grantee or Grantee's Agent *Douglas G. Tyler*

Name (print) Douglas G. Tyler

Date & city of signing: _____ Moscow, ID

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
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

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THE DEATH UNDER IDAHO CODES 16-21(4) AND 16-22, IDAHO CODE.

Local Reg. No. _____

| | | | | |
|--|--|--|--|--|
| DECEDENT | * 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) ZONA MADGE BOWEN | | 2. SEX FEMALE | 3. SOCIAL SECURITY NUMBER 000000 |
| | 4a. AGE-Last Birthday 90 (Years) | | 4b. UNDER 1 YEAR Months: _____ Days: _____ | |
| MORTICIAN: Complete/Veify and File Within 5 Days of Death | 4c. UNDER 1 DAY Hours: _____ Minutes: _____ | | 5. DATE OF BIRTH (Mo/Day/Yr) 04/01/1929 | |
| | 6. BIRTHPLACE (City and State, Territory, or Foreign Country) MOHRLAND, UTAH | | 7a. RESIDENCE - STATE OR FOREIGN COUNTRY WASHINGTON | |
| | 7b. COUNTY ASOTIN | | 7c. CITY OR TOWN CLARKSTON | |
| FOR INSTRUCTIONS SEE HANDBOOKS | 7d. STREET AND NUMBER 1770 7TH AVE | | 7e. APT. NO. 99403 | 7f. ZIP CODE 99403 |
| | 8. MARITAL STATUS AT TIME OF DEATH <input 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) | |
| PARENTS | 10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 11a. BIRTHPLACE (State, Territory, or Foreign Country) UTAH | |
| | 11b. FATHER'S NAME (First, Middle, Last, Suffix) JOHN EMMETT LEONARD | | 12a. BIRTHPLACE (State, Territory, or Foreign Country) UTAH | |
| INFORMANT | 12b. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) MADGE JEWKES | | 13a. INFORMANT'S NAME (Type or print) DOUGLAS G TYLER | |
| | 13b. RELATIONSHIP TO DECEDENT POA | | 13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 1770 7TH AVE CLARKSTON, WA 99403 | |
| DISPOSITION | 14. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify) _____ | | 15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) RIVERSIDE CEMETERY, OROFINO, IDAHO 83544 | |
| | 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY MOUNTAIN VIEW FUNERAL HOME, 3521 SEVENTH STREET, LEWISTON, IDAHO 83501 | | 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: GERALD E. BARTLOW | |
| PLACE OF DEATH | 17b. LICENSE NUMBER (Of licensee) M0771 | | 18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | 19a. IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <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. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <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) _____ | |
| 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) April 1, 2019 | |
| CAUSE OF DEATH | 24. TIME OF DEATH (24hr) 18:27 | | 25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) April 1, 2019 | |
| | 26. TIME PRONOUNCED DEAD (24hr) 18:27 | | 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 ventilator liberation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line: IMMEDIATE CAUSE (Final disease or condition resulting in death) → LUNG MASS DUE TO (or as a consequence of): a. TOBACCO b. COPD c. DIABETES Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (Last disease or injury that initiated the events resulting in death): | |
| ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER) | 28. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 29. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | 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"/> Unknown if pregnant within the past year | | 31. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined | |
| CERTIFIER | 32. DATE OF INJURY (Mo/Day/Yr) (Spell month) April 1, 2019 | | 33. TIME OF INJURY (24hr) 18:27 | |
| | 34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) ST. JOSEPH REGIONAL MEDICAL CTR | | 35. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE | 36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number of 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.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable | |
| | 38a. TRANSPORTATION INJURY ONLY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____ | | 38b. WHAT SAFETY DEVICES(S) DID DECEDENT 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 | |
| REGISTRAR | 39a. CERTIFIER (Check only one, based on official capacity for this certificate) <input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE Do the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated. <input 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: JOHN LOFFARELLI, D.O. | | 39b. LICENSE NUMBER 0-00610 | |
| | 39c. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) JOHN LOFFARELLI, 415 SIXTH STREET LEWISTON, ID 83501 | | 39d. DATE SIGNED 4 / 8 / 2019 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: **APR 09 2019**

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

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR
50225



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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.

Pauline Duvest

Local Vital Statistics Registration Official

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