



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.

1 Name Estate of Jane M. Swearingen, deceased
Asotin Superior Court Case 1-4-00048-02
Mailing Address c/o Susan Hamilton: 100 Sunset Dr
City/State/Zip Hamilton MT 59840
Phone No. (including area code)
2 Name Charlotte M. Wood
Mailing Address 1111 Sycamore St.
City/State/Zip Clarkston, WA 99403
Phone No. (including area code)

3 Send all property tax correspondence to: [X] Same as Buyer/Grantee
Name Charlotte M. Wood
Mailing Address
City/State/Zip
Phone No. (including area code)
List all real and personal property tax parcel account numbers - check box if personal property
10020400500010000 [ ]
List assessed value(s) 55,600.00

4 Street address of property: 1111 Sycamore Street, Clarkston, WA
This property is located in [ ] unincorporated Asotin County OR within [X] city of Asotin(city)
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.
The East 50 feet of Lot 5 in Block 4 of West Clarkston, according to the official plat thereof, filed in Book B of Plats at Page(s) 22, records of Asotin County, Washington.

5 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 [X] NO

6 Is this property designated as forest land per chapter 84.33 RCW? [ ] YES [X] NO
Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW? [ ] YES [X] NO
Is this property receiving special valuation as historical property per chapter 84.26 RCW? [ ] YES [X] 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 [X] 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)
Reason for exemption

Type of Document Personal Representative's Deed (PRD)
Date of Document 10/01/19

Table with 2 columns: Description, Amount. Rows include Gross Selling Price (\$86,500.00), Personal Property (deduct) (\$0.00), Exemption Claimed (deduct) (\$0.00), Taxable Selling Price (\$86,500.00), Excise Tax: State (\$1,107.20), Local (\$216.25), Delinquent Interest: State (\$0.00), Local (\$0.00), Delinquent Penalty (\$0.00), Subtotal (\$1,323.45), State Technology Fee (\$5.00), Affidavit Processing Fee (\$0.00), Total Due (\$1,328.45).

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

8 I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.
Signature of Grantor or Grantor's Agent
Name (print) Estate of Jane M. Swearingen, deceased
Date & city of signing: 10-1-19, Clarkston, WA
Signature of Grantee or Grantee's Agent Charlotte M Wood
Name (print) Charlotte M. Wood
Date & city of signing: 10-1-19, Clarkston, WA

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)).



## AFFIDAVIT (LACK OF PROBATE)

Susan Hamilton, Nick, Blane and Rick Swearingen, being first duly sworn, deposes and says:

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

(relationship to decedent) of Quentin R. Swearingen (decedent), who died on (date)

January 23, 2017, at

Lewiston Nez Perce Idaho  
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: \_\_\_\_\_

Street

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)

Susan Hamilton, daughter

100 Sunset Dr, Hamilton, MT 59840

*Full name, age, relationship, address*

Nick Swearingen, son

Clarkston, WA

*Full name, age, relationship, address*

Blane Swearingen, son

536 W. Hazel, Genesee, ID

*Full name, age, relationship, address*

Rick Swearingen, son

\_\_\_\_\_  
*Full name, age, relationship, address*

(Continued on next page)

Full name, age, relationship, address

Dated : 9/30/19

Rick Swearingen

Affiant's full name

509-552-1208

Telephone number

314 Hayes Astoria  
Street

Clarkston Astoria  
City

WA  
State

99407  
Zip Code

Rick Swearingen  
Signature

Sept 30/19  
Date

State of Washington County of Astoria

I know or have satisfactory evidence that Rick Swearingen  
(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: 09, 30, 19

[Signature]  
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Lewiston, ID

Notary Public in and for the State of WA

My appointment expires: 12, 20/21

Full name, age, relationship, address

Dated : 9-30-19

Nick Swearingen

Affiant's full name

509-552-3337

Telephone number

n/a

Clarkston City WA State 99403 Zip Code

Nick B Swearingen  
Signature

9-30-19  
Date

State of Washington County of Asotin

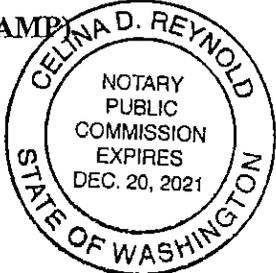
I know or have satisfactory evidence that Nick Swearingen  
(name of person)

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: 9, 30, 19

[Signature]  
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Clarkston, WA

Notary Public in and for the State of WA

My appointment expires: 12, 20, 2020

Full name, age, relationship, address

Dated: Sept. 30, 2019

Blane Swearingen

Affiant's full name

208-413-2403

Telephone number

536 W. Hazel

Street

Genesee

City

ID

State

83832  
Zip Code

Blane Swearingen  
Signature

9/30/19  
Date

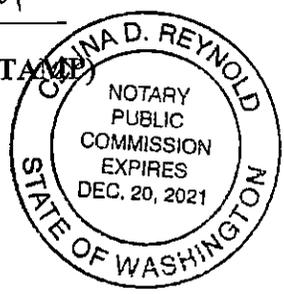
State of Washington County of Asotin

I know or have satisfactory evidence that Blane Swearingen  
(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: 9, 30, 19

(SEAL OR STAMP)



[Signature]  
Signature of Notary Public

Residing at: Leviston, ID

Notary Public in and for the State of Washington

My appointment expires: 12, 20, 2020

Full name, age, relationship, address

Dated : 10-3-19

Susan Hamilton

Affiant's full name

406-396-8270

Telephone number

100 Sunset Drive

	<i>Street</i>		
Hamilton		MT	59840
<i>City</i>		<i>State</i>	<i>Zip Code</i>

Susan Hamilton  
*Signature*

10/3/19  
*Date*

State of Montana County of  Ravalli

I know or have satisfactory evidence that Susan Hamilton  
*(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 / 03 / 2019

(SEAL OR STAMP)

Jenna Spencer  
*Signature of Notary Public*

Residing at: Corvallis, MT

Notary Public in and for the State of Montana

My appointment expires: 06 / 2023



# 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, is valid. It shall be void as a legal document if the State Registrar is not present at the time of signing.

Local Reg. No.

<b>DECEDENT</b>	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) <b>QUENTIN R. SWEARINGEN</b>		2. SEX <b>MALE</b>		3. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	
TYPE OR FRONT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN	4a. AGE-Last Birthday <b>77</b> (Years)		4b. UNDER 1 YEAR Months: _____ Days: _____		4c. UNDER 1 DAY Hours: _____ Minutes: _____	
	5. DATE OF BIRTH (Mo/Day/Yr) <b>07/02/1934</b>		6. BIRTHPLACE (City and State, Territory, or Foreign Country) <b>COTTONWOOD, IDAHO</b>			
FOR INSTRUCTIONS SEE HANDBOOKS	7a. RESIDENCE-STATE OR FOREIGN COUNTRY <b>WASHINGTON</b>		7b. COUNTY <b>ASOTIN</b>		7c. CITY OR TOWN <b>CLARKSTON</b>	
	7d. STREET AND NUMBER <b>1111 SYCAMORE ST.</b>		7e. APT. NO.		7f. ZIP CODE <b>99403</b>	
MORTICIAN: Complete/Verify and File Within 5 Days of Death	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) <b>JANE M. TOWNSEND</b>			
	10. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11a. FATHER'S NAME (First, Middle, Last, Suffix) <b>CLAYBORN OWEN SWEARINGEN</b>		11b. BIRTHPLACE (State, Territory, or Foreign Country) <b>IDAHO</b>	
PARENTS	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) <b>FRANCIS RADCLIFF</b>		12b. BIRTHPLACE (State, Territory, or Foreign Country) <b>IDAHO</b>			
INFORMANT	13a. INFORMANT'S NAME (Type or print) <b>JANE SWEARINGEN</b>		13b. RELATIONSHIP TO DECEDENT <b>SPOUSE</b>		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>1111 SYCAMORE ST. CLARKSTON, WA 99403</b>	
DISPOSITION	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>		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY <b>MERCHANT FUNERAL HOME 1000 SEVENTH STREET CLARKSTON, WASHINGTON 99403</b>	
PLACE OF DEATH	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <b>ELECTRONICALLY FILED: DONALD F. BROWN</b>		17b. LICENSE NUMBER (Or license) <b>M0570</b>		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	19. IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <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) <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>	
	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) <b>January 23, 2014</b>		24. TIME OF DEATH (24hr) <b>06:00</b>		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) <b>January 23, 2014</b>	
CAUSE OF DEATH	26. TIME PRONOUNCED DEAD (24hr) <b>06:00</b>				27. CAUSE OF DEATH	
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	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) → <b>SEPTIC SHOCK</b> DUE TO (or as a consequence of): 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) → <b>NEUTROPENIA</b> DUE TO (or as a consequence of):				Approximate Interval: Onset to Death <b>24 HOURS</b>	
	PART II: Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I.					
CERTIFIER: Complete Within 72 Hours of Death	29. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		30. IF FEMALE (Aged 10-54): <input type="checkbox"/> Not pregnant within past year <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		31. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <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.)	
CERTIFIER: IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THIS CORONER MUST COMPLETE AND SIGN THIS CERTIFICATE	35. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____		36. 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			
	37. TRANSPORTATION INJURY ONLY: <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <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		38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY?	
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 PROFESSIONAL NURSE To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s) and 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: <b>DAN S. FAIRMAN, M.D.</b>		39b. LICENSE NUMBER <b>M-04921</b>		39c. DATE SIGNED <b>1 / 27 / 2014</b> MM DD YYYY	
	39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) <b>DAN S. FAIRMAN, 100 HOSPITAL DRIVE KETCHUM, ID 83340</b>		40a. REGISTRAR'S SIGNATURE <i>James B. Aydelotte</i>		40b. DATE SIGNED <b>1 / 27 / 2014</b> 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: *Jan 27, 2014*

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

52623

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

