

**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>Isaiah H. Arthur by Daniel D. Arthur, A.I.F.</u>	BUYER GRANTEE	Name <u>Paul Edward Smith</u>
	Mailing Address <u>PO Box 1308</u>		Mailing Address <u>Mary Ann Ruggiero-Smith</u>
	City/State/Zip <u>Kamiah ID 83536</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>Paul Edward Smith Mary Ann Ruggiero-Smith</u>		<u>10012500800010000</u> <input type="checkbox"/>	
Mailing Address <u>1755 8 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>92,000.00</u>	

Street address of property: 621 7th Street, Clarkston, WA

This property is located in  unincorporated Asotin 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.

Lot 7 and the South half of Lot 8 in Block 25 of Clarkston, according to the official plat thereof, filed in Book B of Plats at Page(s) 10, records of Asotin County, Washington.

Select Land Use Code(s):  
11 Land with Mobile Home

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
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**(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 Statutory Warranty Deed (SWD)

Date of Document 01/21/20

Gross Selling Price \$	<u>134,000.00</u>
*Personal Property (deduct) \$	<u>0.00</u>
Exemption Claimed (deduct) \$	<u>0.00</u>
Taxable Selling Price \$	<u>134,000.00</u>
Excise Tax : State \$	<u>1,474.00</u>
Local \$	<u>335.00</u>
*Delinquent Interest: State \$	<u>0.00</u>
Local \$	<u>0.00</u>
*Delinquent Penalty \$	<u>0.00</u>
Subtotal \$	<u>1,809.00</u>
*State Technology Fee \$	<u>5.00</u> <u>5.00</u>
*Affidavit Processing Fee \$	<u>0.00</u>
Total Due \$	<u>1,814.00</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>Daniel Arthur</u>	Signature of Grantee or Grantee's Agent <u>Paul Edward Smith</u>
Name (print) <u>Isaiah H. Arthur by Daniel D. Arthur, A.I.F.</u>	Name (print) <u>Paul Edward Smith</u>
Date & city of signing: <u>1.23.2020, Clarkston, WA</u>	Date & city of signing: <u>1.24.2020, 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)).

CK 31218 BF

PAID  
JAN 24 2020  
ASOTIN COUNTY  
TREASURER

052885

Return Address  
Alliance Title & Escrow  
735 5<sup>th</sup> St.  
Clarkston, WA 99403

Inst: 329349 04/23/2012 2:53PM  
Filed: ALLIANCE TITLE & ESCROW Fee Cd: D-10  
Code: 127 LACK OF PROBATE 71.00  
Asotin County Auditor Excise: 45764

Please print or type information

133610

Document Title(s) (or transactions contained therein):  
1. Lack of Probate Affidavit with Death Certificate  
2.  
3.  
4.

Grantor(s) (Last name first, then first name and initials):  
1.  
2.  
3.  
4.  
 Additional names on page \_\_\_ of document.

Grantee(s) (Last name first, then first name and initials):  
1.  
2.  
3.  
4.  
 Additional names on page \_\_\_ of document.

Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.)  
Lt 7 S 1/2 Lt 8 Blk 25 of Clarkston  
 Additional legal is on page \_\_\_ of document.

Reference Number(s) of Documents assigned or released:  
 Additional numbers on page \_\_\_ of document.

Assessor's Property Tax Parcel/Account Number  
1-001-25-008-0001-0000  
 Property Tax Parcel ID is not yet assigned  
 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.

52885

REAL ESTATE EXCISE TAX  
PAID \$ 0 DATE 4/23/12  
RECEIPT No. 45764  
ASOTIN COUNTY TREASURER  
By [Signature]  
SALE PRICE \_\_\_\_\_

LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)  
FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, OR JOINT TENANCY PROPERTY

Title Insurance Commitment No.: 133610, County: Asotin

STATE OF Washington)

SS:

COUNTY OF Asotin )

The undersigned, Isaiah H. Arthur, executes this affidavit relating to the estate of Verna R. (Ruth) Arthur (herein "Decedent"), who died on 8/20/2008, in the County of Nez Perce, State of Idaho, then being a resident of the City of Clarkston, County of Asotin, State of Washington.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

That the undersigned is (check one):

- the lawful surviving spouse of the Decedent
- Surviving child of the Decedent
- Registered domestic partner of the Decedent
- One of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on \_\_\_\_\_ [mm/dd/yyyy], under Recording No. \_\_\_\_\_, in \_\_\_\_\_ County, Washington,
- other (identify): \_\_\_\_\_

That the undersigned has listed below all of the heirs at law and next of kin of Decedent, including but not limited to:

1. spouse or registered domestic partner; and
2. children, adopted children, the issue of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving parents, brothers and sisters of decedent); and
3. all parties who would have been heirs at law if the decedent had not been married or a registered domestic partner on the date of death:

That the heirs at law and next of kin of the decedent are (list all parties, using the reverse side or attaching a list if necessary):

Name & relationship Isaiah H. Arthur - Spouse  
Address: 621 4th St - Clarkston, WA  
Name & relationship Daniel David Arthur - Son  
Address: Kamiah, ID  
Name & relationship Susan Elizabeth Merrill - Daughter  
Address: 1111 E. Moscow, ID 83843  
Name & relationship \_\_\_\_\_  
Address: \_\_\_\_\_  
Name & relationship \_\_\_\_\_  
Address: \_\_\_\_\_

52885

That immediately prior to the date of death the Decedent was an owner of the real estate described in the above referenced Title Insurance Commitment (herein the "Real Estate"), and that the Decedent's ownership interest was [check one]:

- Community property  
 Separate property  
 Joint tenancy property

**CHECK ALL BOXES WHICH APPLY IN EACH SECTION:**

1. That on the date the Real Estate was purchased the Decedent was:  
 married to Isaiah H. Arthur  
 unmarried, not a registered domestic partner  
 unmarried, a registered domestic partner of \_\_\_\_\_
2. That on the date of death the Decedent was:  
 married to Isaiah H. Arthur  
 unmarried, not a registered domestic partner  
 unmarried, a registered domestic partner of \_\_\_\_\_
3.  That the decedent left a Will, a copy of which is attached hereto.  
 That the decedent left no Will.  
 That the decedent executed a Community Property Agreement. It was recorded under \_\_\_\_\_ County recording number \_\_\_\_\_ (if unrecorded, attach a copy)
4.  That the decedent's estate is not being probated.  
 That the decedent's estate is subject to probate proceedings in \_\_\_\_\_ County, State of \_\_\_\_\_, under Probate No. \_\_\_\_\_
5.  That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.  
 That State and/or Federal succession or inheritance taxes in the amount of \$ \_\_\_\_\_ have been paid. Copies of the release/discharge are attached hereto.  
 That State and/or Federal succession or inheritance taxes are due, but have not been paid.
5.  That the decedent has not received assistance from the State of Washington for medical care.  
 That the decedent has received assistance from the State of Washington for medical care.  
 That the State of Washington has been fully reimbursed for assistance for medical care.

(This paragraph applies only if the Real Estate referred to above was owned by the Decedent in joint tenancy):

That at all times from the date on which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the Real Estate was held in joint tenancy, and that the interest of no one or more of the joint tenants has ever been independently conveyed, encumbered or otherwise separated from the interest of the other joint tenant(s), either voluntarily or involuntarily, whether by specific act or by operation of law; and that the joint tenancy continued in full force until the death of the Decedent and, if there are two or

more surviving joint tenants, including the undersigned, the joint tenancy continues in effect as to the interests of the surviving joint tenants.

That the undersigned knows of his/her own knowledge, and so states, that each and all of the obligations against the estate of the Decedent (including, but not limited to: all the debts of decedent; all of the expenses of Decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon Decedent's estate, if applicable) have been paid in full, except as follows (use reverse side or attach a list if necessary): Nothing owed

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ 51,850.00 ~~103,700~~, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ 103,700.00, and including the value of Decedent's separate property, if any, of approximately \$ 0, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ 0.

This affidavit is made to induce Alliance TITLE INSURANCE COMPANY (the Company) to insure real property covered by the Company's commitment for title insurance number set forth above, in which Decedent held an interest at the time of the Decedent's death. The undersigned urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein. The undersigned, for himself/herself and for the undersigned's heirs, executors and administrators, indemnifies the Company or any other person, including a purchaser of the Real Estate, for any loss arising from reliance on any misstatement of fact herein:

DATED: April 18, 2012

Sarah L. Arthur  
(Signature)

Isaiah H. Arthur  
(Print or type full name)

621 7th St. - Clarkston, WA  
(Full address and telephone number)

SUBSCRIBED and SWORN TO before me this 18th day of April, 2012  
Alvin C. Steagy  
Notary Public in and for the State of  
Washington, residing at Clarkston, WA

# Last Will and Testament

of

VERNA R. ARTHUR

I, VERNA R. ARTHUR, being of legal age and of sound and disposing mind and memory, and not acting under the menace, duress, fraud or undue influence of any person whomsoever, do make, publish and declare this to be my Last Will and Testament.

I.

I revoke all Wills and Codicils that I have previously made.

II.

I am married to ISAIAH H. ARTHUR, and all references in this Will to "my husband" are to him. We have the following children as issue of our marriage:

DANIEL D. ARTHUR, son, of Orofino, Idaho; and  
SUSAN E. ARTHUR, daughter, of Clarkston, Washington.

I have the following children from a previous marriage:

RONALD A. WILLOUGHBY, son, residing at Lewiston, Idaho;  
CHARLES D. WILLOUGHBY, son, residing at Weippe, Idaho;  
GARY WILLOUGHBY, son, residing at Clarkston, Washington; and  
KATHLEEN ANN LEACH, daughter, residing in Arizona.

While I have love and affection for my children from my previous marriage, I feel that their father has adequately provided for them and I have therefore elected to leave them nothing under this will.

I have no other children, living or deceased. My parents are deceased.

III.

I hereby give, devise and bequeath all of my estate, of whatever location or description, both real and personal property, of which I die possessed or have power of distribution, or any

/s/

interest whatsoever, to my husband, ISAIAH H. ARTHUR, provided he survives my death by thirty (30) days.

IV.

In the event my husband should fail to survive my death by thirty (30) days, then I hereby give, devise and bequeath all of the rest, residue and remainder of my estate of whatever location or description to my children of my present marriage, DANIEL D. ARTHUR and SUSAN E. ARTHUR, equally, share and share alike, provided they survive my death by thirty (30) days. In the event DANIEL D. ARTHUR or SUSAN E. ARTHUR fails to survive my death by thirty (30) days, then such deceased child's share shall go equally to his or her surviving issue, and if no issue survive, then to the survivor of DANIEL D. ARTHUR and SUSAN E. ARTHUR.

V.

It is my express will, desire and direction to leave my property just as I have bequeathed and devised the same in this, my Will; I do not wish for any one not provided for herein to share in my estate; therefore, should any person other than those provided for in this, my Last Will and Testament, establish any right to inherit from me or against my estate of any character whatsoever, or in any manner whatever, then and in that event, I hereby give and bequeath to each such person establishing such right the sum of Ten Dollars (\$10.00) which shall constitute the only share of any such person or persons in my estate, and in the event any person provided for in this, my Will, shall contest said Will or seek in any way to obtain a greater share of my estate than is hereby bequeathed and devised to such person, the share of any such person shall automatically be, and the same is hereby reduced to the sum of Ten Dollars (\$10.00).

VI.

I nominate, constitute and appoint my husband, ISAIAH H. ARTHUR, as Personal Representative of this my Last Will and Testament, to act without giving bond, giving and granting to my Personal Representative the full power and authority to sell, lease, encumber and in every manner deal with my property, either real or personal, without the intervention of any Court and without the confirmation of any Court, except as may be required by law, with or without notice, it being my intention that this is and shall be construed as a non-intervention will in any court which this will is offered for probate, and my Personal Representative shall have all the powers granted by law to Personal Representatives of non-intervention wills.

If my husband shall for any reason fail to qualify, or ceases to act as Personal Representative, then I nominate my son, DANIEL D. ARTHUR, or if he is unable to act, then my daughter, SUSAN E. ARTHUR, as Personal Representative to have the same powers I have outlined above for my husband as Personal Representative.

2<sup>nd</sup> IN WITNESS WHEREOF, I have hereunto set my hand and seal this day of July, 1992.

/s/ VERNA R. ARTHUR  
VERNA R. ARTHUR

/s/  
- Page 3 -

52885

On the date last above written, VERNA R. ARTHUR declared to us, the undersigned, the foregoing instrument, consisting of four (4) pages, including this page, was her Last Will and Testament, and requested us to act as witnesses to it. She thereupon signed this Will in our presence, and in the presence of her, and in the presence of each other, we subscribed our names as witnesses.

/s/ TARA CORNETT  
Residing at: LEWISTON, ID.

/s/ PEGGY RODE  
Residing at: LEWISTON, ID.

STATE OF IDAHO            )  
  : ss  
County of Nez Perce )

WE, VERNA R. ARTHUR, the testatrix, and TARA CORNETT and PEGGY RODE, the witnesses, whose names are signed to the attached or foregoing instrument, being duly sworn, do hereby declare to the undersigned authority that the testatrix signed and duly executed the instrument as her Last Will and that she had signed willingly or directed another to sign for her, and that she executed it as her free and voluntary act for the purposes therein mentioned; that each of the witnesses in the presence and hearing of the testatrix, signed the Will as witnesses, and that to the best of his or her knowledge the testatrix was at that time an adult, of sound mind and under no constraint or undue influence.

/s/ VERNA R. ARTHUR  
Testatrix

/s/ TARA CORNETT  
Witness

/s/ PEGGY RODE  
Witness

SUBSCRIBED, SWORN AND ACKNOWLEDGED before me by VERNA R. ARTHUR, the testatrix, and SUBSCRIBED AND SWORN before me by witnesses, TARA CORNETT and PEGGY RODE, this 2 day of July, 1992.

/s/ GARRY W. JONES  
Notary Public in and for the State of Idaho, residing at Lewiston, therein.  
My commission expires 5-22-98.

52885

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

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

DATE FILED BY STATE REGISTRAR: \_\_\_\_\_ State of Idaho CERTIFICATE OF DEATH STATE FILE NO. \_\_\_\_\_ Local Reg. No. 341

DECEASED  TYPE ON PRINT BY PERMANENT BLACK INK DO NOT USE FELT TIP PEN  FOR INSTRUCTIONS SEE HANDBOOK	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) Verna Ruth Arthur		2. SEX Female		3. SOCIAL SECURITY NUMBER [REDACTED]	
	4a. AGE-Last Birthday 86 (Year)		4b. UNDER 1 YEAR Months Days Hours Minutes		4c. UNDER 1 DAY Minutes	
	5. DATE OF BIRTH (Mo/Day/Yr) December [REDACTED]		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	
	7d. STREET AND NUMBER 621 7th Street		7e. APT. NO. [REDACTED]		7f. ZIP CODE 99403	
	7g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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) Isaiah Arthur			
	10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11a. FATHER'S NAME (First, Middle, Last, Suffix) Anthony Benton Pruitt		11b. BIRTHPLACE (State, Territory, or Foreign Country) Missouri	
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) Anna Bell		12b. BIRTHPLACE (State, Territory, or Foreign Country) Unknown			
	13a. INFORMANT'S NAME (Type or print) Isaiah Arthur		13b. RELATIONSHIP TO DECEDENT Husband		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 621 7th Street, Clarkston, Washington 99403	
	14. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Reinterment from Idaho <input type="checkbox"/> Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) Kamiah City Cemetery Kamiah, Idaho 83536		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY Trenary Funeral Home 018 West 1st. Ave., PO Box 425 Kooskia, Idaho 83539	
17a. SIGNATURE OF FUNERAL/SERVICE LICENSEE OR PERSON ACTING AS SUCH [Signature]		17b. LICENSE NUMBER (Of license) M-927		17c. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
MORTICIAN: Complete/Verify and File Within 5 Days of Death	18. IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> D.O.A. <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)		19a. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)			
	20. FACILITY NAME (If not facility, give street and number) St. Joseph Regional Medical Center		21. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Lewiston 83501		22. COUNTY OF DEATH Nez Perce	
	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) August 20, 2008		24. TIME OF DEATH 0520 (24hr)		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) August 20, 2008	
	26. TIME PRONOUNCED DEAD 0520 (24hr)		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 complication resulting in death) a. DUE TO (or as a consequence of): <u>Cardiomyopathy</u>			
	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. DUE TO (or as a consequence of): <u>Respiratory failure</u> c. DUE TO (or as a consequence of): <u>myocardial infarction, congestive heart failure, atherosclerosis</u> d. DUE TO (or as a consequence of): <u>Chronic obstructive lung disease, multi-infarction, Rheumatoid arthritis</u>		PART II: Enter other significant conditions contributing to death but not required in the underlying cause given in Part I. <u>chronic renal failure</u> <u>heart disease, stroke, heart disease</u>		28. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	29. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		30. IF FEMALE (Aged 10-44): <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		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 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.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable					
	38a. 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)/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.		38b. LICENSE NUMBER m 7622		38c. DATE SIGNED 08/22/2008 MM DD YYYY	
Signature and Title of Certifier [Signature]		39. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) James Brent Fisher, M.D., 307 St. John's Way, Suite 17, Lewiston, Idaho 83501		40b. DATE SIGNED MM DD YYYY		
40a. CORONER'S SUBSEQUENT SIGNATURE IF NECESSARY: The coroner's signature in this item supersedes that of the physician, physician assistant, or advanced practice professional nurse, and the coroner becomes the certifier of record. I have reviewed and if necessary amended the medical section		40b. DATE SIGNED MM DD YYYY		41b. DATE SIGNED 08/26/2008 MM DD YYYY		
41a. REGISTRAR'S SIGNATURE [Signature]		41b. DATE SIGNED MM DD YYYY				

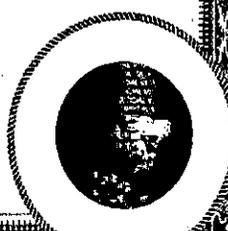
This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

**52885**

DATE ISSUED: Aug 26, 2008

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

[Signature]  
JANE S. SMITH  
STATE REGISTRAR





000020598

STATE OF IDAHO County of Nez Perce

This copy of a death certificate was issued by the District Health Department and is being filed with the Bureau of Health Policy and Vital Statistics.

*Karen L. Rugg*

Local Vital Statistics Registration Official

52885