

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	1 Name <u>Connie Collier, Mark Zeimantz, Terry Zeimantz</u>	BUYER GRANTEE	2 Name <u>Mark Zeimantz</u>
	Mailing Address <u>Catherine Mannschreck, Patrick Zeimantz, Jacqueline Wochner, Michael Zeimantz Jr.</u>		Mailing Address <u>1732 6th Avenue</u>
	City/State/Zip <u>1732 6th Ave Clarkston WA 99403</u>		City/State/Zip <u>Clarkston WA 99403</u>
	Phone No. (including area code)		Phone No. (including area code)

3 Send all property tax correspondence to: Same as Buyer/Grantee

Name Mark Zeimantz

Mailing Address 1732 6th Avenue

City/State/Zip Clarkston WA 99403

Phone No. (including area code)

List all real and personal property tax parcel account numbers - check box if personal property	List assessed value(s)
10412900500140000 <input type="checkbox"/>	210,000.00
10412900500200000 <input type="checkbox"/>	30,000.00
<input type="checkbox"/>	
<input type="checkbox"/>	

4 Street address of property: 1732 6th Avenue, Clarkston, WA

This property is located in unincorporated Asotin County OR within city of Unincorp

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.

see attached legal

5 Select Land Use Code(s):
11 Household, single family units

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"/>

6

	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
(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	<u>Statutory Warranty Deed (SWD)</u>	
Date of Document	<u>05/12/20</u>	
Gross Selling Price	\$	<u>220,000.00</u>
*Personal Property (deduct)	\$	<u>0.00</u>
Exemption Claimed (deduct)	\$	<u>0.00</u>
Taxable Selling Price	\$	<u>220,000.00</u>
Excise Tax : State	\$	<u>2,420.00</u>
Local	\$	<u>550.00</u>
*Delinquent Interest: State	\$	<u>0.00</u>
Local	\$	<u>0.00</u>
*Delinquent Penalty	\$	<u>0.00</u>
Subtotal	\$	<u>2,970.00</u>
*State Technology Fee	\$	<u>5.00</u> <u>5.00</u>
*Affidavit Processing Fee	\$	<u>0.00</u>
Total Due	\$	<u>2,975.00</u>

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

Signature of Grantor or Grantor's Agent <u>[Signature]</u>	Signature of Grantee or Grantee's Agent <u>[Signature]</u>
Name (print) _____	Name (print) <u>Mark Zeimantz</u>
Date & city of signing: <u>5.14.2020, Clarkston WA</u>	Date & city of signing: <u>5.14.2020, 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)).

REV 84 0001a (6/26/14) THIS SPACE - TREASURER'S USE ONLY COUNTY TREASURER

ATEC C#326581

PAID
MAY 20 2020
ASOTIN COUNTY
TREASURER

053141

EXHIBIT "A"

481819

PARCEL I:

The West 148 feet of the East 170 feet of the South 196 feet of Lot 5 in Block "I-2" of Clarkston Heights, according to the official plat thereof, filed in Book C of Plats at Page(s) 22, records of Asotin County, Washington, measurements being from the centerline of the County Road. EXCEPT the West 30 feet thereof.

PARCEL II:

That part of Lot 5 in Block "I-2" of Clarkston Heights, according to the official plat thereof, filed in Book C of Plats at Page(s) 22, records of Asotin County, Washington, more particularly described as follows: Commencing at the Southwest corner of said Lot 5, said point being on the centerline of 6th Avenue; thence North 89°57' East along said centerline for a distance of 120.0 feet; thence North 0°03' West along the East right of way line of Stafford Drive for a distance of 196.0 feet to the True Place of Beginning; thence continue North 0°03' West for a distance of 77.67 feet to a point of curve; thence around a curve to the right with a radius of 333.1 feet for a distance of 17.33 feet; thence North 89°57' East for a distance of 117.55 feet; thence South 0°03' East for a distance of 95.0 feet; thence South 89°57' West for a distance of 118.0 feet to the True Place of Beginning.



Agreement as to Status of Community Property

After Death of One of the Spouses

Know All Men by These Presents:

That this agreement, made and entered into this 10th. day of FEBRUARY, 19 71,
by and between MICHAEL R. ZEIMANTZ
and VERONICA D. ZEIMANTZ, husband and wife,
of CLARKSTON, ASOTIN County, State of Washington, WITNESSETH:

That, in consideration of the love and affection that each of said parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted, and promised:

I.

That all property of whatsoever nature or description whether real, personal or mixed and where-soever situated now owned or hereafter acquired by them or either of them shall be considered and is hereby declared to be community property.

II.

That upon the death of either of the aforementioned parties title to all community property as herein defined shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF, the said MICHAEL R. ZEIMANTZ
and VERONICA D. ZEIMANTZ have hereunto set their hands
and seals this 10th. day of FEBRUARY 19 71.

RECORDED Feb 14, 1971 AT 10:25 A.M.
REQUEST OF Veronica D. Zeimantz
LaDoris Smith, ASOTIN COUNTY AUDITOR

Veronica D. Zeimantz (SEAL)
Michael R. Zeimantz (SEAL)

STATE OF WASHINGTON,
County of ASOTIN

SS.

This is to certify that on this 10th. day of FEBRUARY, 19 71, before me
JOANNE VAUGHN a Notary Public in and for the State of Washington
duly commissioned and sworn, personally came MICHAEL R. ZEIMANTZ

and VERONICA D. ZEIMANTZ husband and wife, to me known to be the individuals described in and who executed the within instrument, and acknowledged to me that they signed and sealed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal the day and year in this certificate first above written.

Joanne Vaughn

Notary Public in and for the State of Washington residing at CLARKSTON

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

THIS COPY OF THIS DOCUMENT, PREPARED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THE DEATH UNDER §§ 16-110 AND 16-110A, IDAHO CODE.

Local Reg. No. _____

DECEDENT PREPARE PRINTED PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) VERONICA D. ZEIMANTZ		2. SEX FEMALE		3. SOCIAL SECURITY NUMBER _____	
	4a. AGE Last Birthday 80 (Years)		4b. UNDER 1 YEAR Months: _____ Days: _____		4c. UNDER 1 DAY Hours: _____ Minutes: _____	
MORTICIAN: Complete Within 5 Days of Death	5. DATE OF BIRTH (Mo/Day/Yr) _____		6. BIRTHPLACE (City and State, Territory, or Foreign Country) SANDPOINT, IDAHO			
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY WASHINGTON		7b. COUNTY ASOTIN		7c. CITY OR TOWN CLARKSTON	
PARENTS	7d. STREET AND NUMBER 1732 6TH AVE.		7e. APT. NO. 99403		7f. ZIP CODE 99403	
	7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" 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			
INFORMANT	9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) MIKE ZEIMANTZ		10. EVER IN U.S. ARMY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	11. FATHER'S NAME (First, Middle, Last, Suffix) CYLE BONNY		11a. BIRTHPLACE (State, Territory, or Foreign Country) COLORADO			
DISPOSITION	12. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) LOIS RATHBUN		12a. BIRTHPLACE (State, Territory, or Foreign Country) COLORADO			
	13a. INFORMANT'S NAME (Type or print) MIKE ZEIMANTZ		13b. RELATIONSHIP TO DECEDENT HUSBAND		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 1732 6TH AVE. CLARKSTON, WA 99403	
PLACE OF DEATH	14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) 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	
	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: GERALD E. BARTLOW		17b. LICENSE NUMBER (Of licensee) M0771		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
DATE OF DEATH	19a. IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency patient <input type="checkbox"/> Outpatient <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			
	20. FACILITY NAME (If post 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	
CAUSE OF DEATH	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) May 19, 2017		24. TIME OF DEATH (24hr) 17:54		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) May 19, 2017	
	26. TIME PRONOUNCED DEAD (24hr) 17:54		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 convulsions without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. HEMORRHAGE OF THORAX DUE TO (or as a consequence of): b. CARDIAC DEVIATION DUE TO (or as a consequence of): c. DIAPHRAGMATIC HERNIA DUE TO (or as a consequence of): d. BLUNT FORCE TRAUMA FROM A MOTOR VEHICLE CRASH			
ITEMS 22-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	28. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		29. 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		30. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	
	31. DATE OF INJURY (Mo/Day/Yr) (Spell month) May 19, 2017		32. TIME OF INJURY (24hr) Estimated 14:25 - 14:37		33. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) INTERSECTION	
CERTIFIER	34. LOCATION OF INJURY: State IDAHO City/Town/County LEWISTON, NEZ PERCE Zip Code 83501		35. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	36. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) CAR WAS SIDE IMPACTED BY SEMI-TRUCK		37. TRANSPORTATION: 37a. WAS DECEDENT: <input checked="" type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____			
REGISTRAR	38. CERTIFIER (Check only one, based on official capacity for the certificate) <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE REGISTERED 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 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 38a. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print): JOSHUA T. HALL, PO BOX 898, LEWISTON, ID 83501		39. LICENSE NUMBER _____		39c. DATE SIGNED 5 / 26 / 2017 MM DD YYYY	
	40a. REGISTRAR'S SIGNATURE James B. Gaydelotte		40b. DATE SIGNED 5 / 26 / 2017 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: May 31, 2017

James B. Gaydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

53141





State of Washington
 Department of Revenue
 Special Programs Division
 Miscellaneous Tax
 PO Box 47477
 Olympia WA 98504-7477

AFFIDAVIT (LACK OF PROBATE)

See Attached List, being first duly sworn, deposes and says:

The undersigned affiant is the rightful heir to the real property described below, and is _____
 (relationship to decedent) of Michael Richard Zeimantz, Sr. (decedent), who died on (date)
December 15, 2019, at

Clarkston Asotin Washington
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: 1732 6th Ave.

Clarkston Washington 99403
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)

Catherine Mannschreck-Legal age-Daughter
2716 Country Club Dr., Lewiston ID 83501

Full name, age, relationship, address

Connie Collier-Legal age-Daughter
2445 25th St., Clarkston WA 99403

Full name, age, relationship, address LLT

Terry Zeimantz ~~Goldbach~~-Legal age-Daughter
13415 Traver Lane, Valleyford WA 99036

Full name, age, relationship, address

Michael R. Zeimantz, Jr.-Legal age-Son
372 Morningstar Mountain Rd. , Priest River I

Full name, age, relationship, address

(Continued on next page)

Full name, age, relationship, address

Patrick Zeimantz-Legal age-Son

1114 N. Stolle Way, Meridian ID 83642

Full name, age, relationship, address

Jacqueline Wagner-Legal age-Daughter

2791 Grelle Ave., Lewiston ID 83501

Full name, age, relationship, address

Mark Zeimantz-Legal age-Son

2736 Rainier St., Clarkston WA 99403

Full name, age, relationship, address

Dated: March _____, 2020

See attached

Affiant's full name

Telephone number

Street

City

State

Zip Code

Signature

Date

State of _____ County of _____

I know or have satisfactory evidence that _____
(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: ____/____/____

(SEAL OR STAMP)

Signature of Notary Public

Residing at: _____

Notary Public in and for the State of _____

My appointment expires: ____/____/____

For tax assistance call (360) 534-1503, option 2. To request this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711.

REV 84 0017 (5/16/16)

53141

Affidavit (Lack of Probate)
List of Affiants

Connie Collier
Terry Zeimantz Goldbach ^(Z)
Catherine Mannschreck
Michael R. Zeimantz, Jr.
Patrick Zeimantz
Jacqueline Wagner
Mark Zeimantz



Connie Collier
CONNIE COLLIER

STATE OF IDAHO)
 : ss.
County of Nez Perce)

On this 16th day of March, 2020, before me, the undersigned, a Notary Public in and for said State, personally appeared CONNIE COLLIER, known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal on the day and year in this certificate first above written.



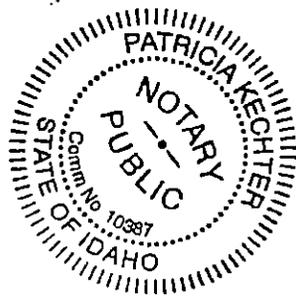
Patricia Kechter
Notary Public in and for the
State of Idaho, resides at
Juliette ID therein.
My Commission Expires: 12-12-23

Jacqueline Wagner
JACQUELINE WAGNER

STATE OF IDAHO)
 : ss.
County of Nez Perce)

On this 14th day of March, 2020, before me, the undersigned, a Notary Public in and for said State, personally appeared JACQUELINE WAGNER, known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal on the day and year in this certificate first above written.



Patricia Kechter
Notary Public in and for the
State of Idaho, resides at
Julietta ID therein.
My Commission Expires: 12-12-23

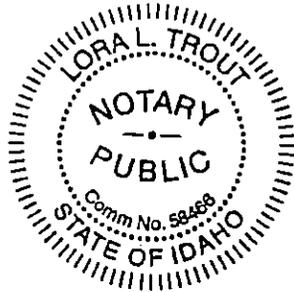
1

Patrick Zeimantz 3/6/20
PATRICK ZEIMANTZ

STATE OF IDAHO)
 : ss.
County of Nez Perce)

On this 6 day of March, 2020, before me, the undersigned, a Notary Public in and for said State, personally appeared PATRICK ZEIMANTZ, known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal on the day and year in this certificate first above written.



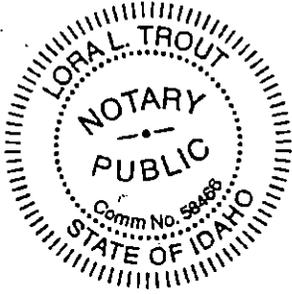
Lora L. Trout
Notary Public in and for the
State of Idaho, resides at
Lewiston therein.
My Commission Expires: 9-23-2023

Catherine Mannschreck
CATHERINE MANNSCHRECK

STATE OF IDAHO)
 : ss.
County of Nez Perce)

On this 6 day of March, 2020, before me, the undersigned, a Notary Public in and for said State, personally appeared CATHERINE MANNSCHRECK, known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal on the day and year in this certificate first above written.



Lora L. Trout
Notary Public in and for the
State of Idaho, resides at
Lewiston therein.
My Commission Expires: 9-23-2023

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-054935

DATE ISSUED: 12/17/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): MICHAEL RICHARD

LAST NAME(S): ZEIMANTZ SR

COUNTY OF DEATH: ASOTIN

DATE OF DEATH: DECEMBER 15, 2019

HOUR OF DEATH: 08:55 AM

SEX: MALE

AGE: 82 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: REARDAN, WA

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: FIELD ENGINEER

INDUSTRY: RETAIL REGISTER TECHNICIAN

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: MICHAEL ZEIMANTZ JR.

RELATIONSHIP: SON

ADDRESS: PO BOX 1578, NEWPORT WA, 99156

CAUSE OF DEATH:

A: METASTATIC RENAL CELL CARCINOMA

INTERVAL: 25 YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: DEMENTIA, ATRIAL FIBRILLATION, DIABETES, CHRONIC KIDNEY DISEASE

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY

FACILITY OR ADDRESS: RIVERVIEW RESIDENTIAL CARE

CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 1732 6TH AVE

CITY, STATE, ZIP: CLARKSTON, WA 99403

INSIDE CITY LIMITS: NO

COUNTY: ASOTIN

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 53 YEARS

FATHER: RICHARD ZEIMANTZ

MOTHER: JEANNETTE VALIQUETTE

METHOD OF DISPOSITION: REMOVAL FROM STATE

PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

CITY, STATE: LEWISTON, IDAHO

DISPOSITION DATE: DECEMBER 18, 2019

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES LLC

ADDRESS: PO BOX 107

CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

FUNERAL DIRECTOR: RICHARD LASSITER

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ELIZABETH N. BLACK, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1271 HIGHLAND AVE STE B

CITY, STATE, ZIP: CLARKSTON, WA 99403

DATE SIGNED: DECEMBER 16, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON

DATE RECEIVED: DECEMBER 16, 2019

5314

DOH 422-132 (4/16)



Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

This is a legal document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required information must match current information on record

Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
1. Name on Record:		2. Date of Event:		3. Place of Event:
4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		
6. Name of Person Requesting Correction: Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)				

Return Mailing Address: _____ State _____ Zip _____

Telephone Number: _____ Email Address: _____

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
	9.
	11.
	13.
	15.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

3a. Signature:	16b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
Date:	Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

Birth Certificates

Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate. The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.

Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, a court order is required to change the last name
- No proof is required to change the first or middle name*
- To correct parent's information, one documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required

Adult (18 years or older)

- Only the adult can change his or her birth certificate
- If the first or middle name is missing, three pieces of documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015

CERTIFIED

DEC 17 2019

Glenn Houser MD
 Dr. Glenn Houser
 Health District Officer
 Garfield County Health District



0 1 2 2 0 8 8 4

53141

Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

Last Will and Testament of Michael Richard
Zeimantz SR

1. DECLARATIONS

This is my Will. I revoke all prior Wills and Codicils.

I live in Clarkston, Washington.

My marital status is Widowed. The date I was widowed was May 19, 2017.

My children now living are: Connie Collier, Terry Zeimantz, Catherine Mannschreck, Michael R Zeimantz JR, Patrick Zeimantz, Jacqueline Wagner, and Mark Zeimantz.

2. NOMINATION OF EXECUTOR

2.1. Executor/Personal Representative. I nominate the individual or bank or trust company named below as First Choice as Executor, to carry out the instructions in this Will. No bond or other security of any kind will be required of any party acting in any fiduciary capacity for my estate and/or any trust created through my will.

I grant to my Executor the following powers:

1. The power to exercise all powers of an absolute owner of property;
2. The power to retain, sell at public or private sale, exchange, grant options on, invest and reinvest, and otherwise deal with real or personal property;
3. The power to borrow money and pledge any property to secure loans;
4. The power to divide and distribute property in cash or in kind;
5. The power to compromise and release claims with or without consideration;
6. The power to pay my legally enforceable debts, funeral expenses, expenses of last illness, and all expenses in connection with the administration of my estate and the trusts created by my Will;

7. The power to employ attorneys, accountants and other persons for services or advice, and;

8. Any additional powers conferred upon executors wherever my Executor may act.

If the First Choice does not serve, then I nominate the Second Choice to serve.

My First Choice is Connie Collier.

My Second Choice is Catherine Mannschreck.

Initial:

MRZ

3. DISPOSITION OF PROPERTY

3.1. Digital Assets. My digital assets will be distributed in accordance with Schedule A of this Will. For the purposes of this Will, digital assets mean electronic assets that are stored on my computers, electronic devices, or on any online account, as identified in Schedule A. Online accounts include, but are not limited to, social-networking sites, online backup services, servers, email accounts, photo and document sharing sites, financial and business accounts, domain names, virtual property, websites, and blogs. An instructional document, titled, "Digital Asset Details" with associated websites, usernames, passwords, and related information, is hereby incorporated by reference into this Will and shall be distributed to the Digital Executor designated in this Will.

3.2. Residuary Estate. I leave my residuary estate, after the payment of any estate tax, as follows, and I initial my name in the box after each gift.

I leave all of my residuary estate in equal shares to my children who survive me and to the descendants of any deceased child.

Initial:

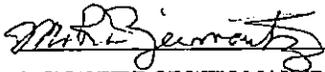
MRZ

4. GENERAL PROVISIONS

4.1. Severability. If any provisions of this Will are deemed unenforceable, the remaining provisions will remain in full force and effect.

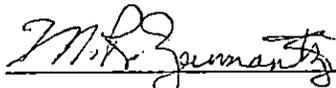
WILLMAKER

I sign my name to this Will at Clarkston (City) in the State of WA (State).


SIGNATURE OF WILLMAKER

6/21/18
DATE

I have told the persons listed as "First Witness" and "Second Witness" that this is my will, and asked them to be my witnesses.


SIGNATURE OF WILLMAKER

6/21/18
DATE

WITNESSES

Each of us declares under penalty of perjury under the laws of the state of Washington that the following is true and correct:

1. On the date written below the maker of this Will declared to us that this instrument was the maker's Will and requested us to act as witnesses to it;
2. This Will consists of 4 pages, including the witness signature page.
3. We understand this is the maker's Will;
4. The maker signed this Will in our presence, all of us being present at the same time;
5. We now, at the maker's request, and in the maker's and each other's presence, sign below as witnesses;

6. We believe the maker is of sound mind and memory;
7. We believe that this Will was not procured by duress, menace, fraud or undue influence;
8. We will not receive assets under this Will;
9. The maker is age 18 or older; and
10. Each of us is now age 18 or older, is a competent witness, and resides at the address set forth after his or her name.

Maureen Mamschreck

NAME OF FIRST WITNESS

Christian Goldbach

NAME OF SECOND WITNESS

2216 Country Club Dr. Lewiston, ID
83501

ADDRESS OF FIRST WITNESS

13415 S Framer Rd. Valleyford WA
99036

ADDRESS OF SECOND WITNESS

6/21/18

DATE

6/21/18

DATE

Maureen Mamschreck

SIGNATURE OF FIRST WITNESS

Christian Goldbach

SIGNATURE OF SECOND WITNESS