

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.

Form sections 1, 2, and 3: Seller/Grantor (Lucille Newbry by Gaylord Newbry, POA) and Buyer/Grantee (Allen T. Mathison) information, including addresses and phone numbers.

Section 4: Property address (1003 Lambert Court, Clarkston, WA) and location details (Asotin County, OR).

Section 5: Land Use Code (11 Household, single family units) and tax exemption questions.

Section 6: Property classification questions (forest land, current use, historical property).

Continuance notice text: (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...

Signature lines for Deputy Assessor, Owner(s), and Print Name.

Section 7: Personal property included in selling price.

Exemption information: If claiming an exemption, list WAC number and reason for exemption.

Table with 2 columns: Description and Amount. Includes Gross Selling Price (\$215,000.00), Taxable Selling Price (\$215,000.00), Excise Tax (State \$2,752.00, Local \$537.50), and Total Due (\$3,294.50).

Section 8: Certifications and signatures of Grantor's Agent (Lucille Newbry by Gaylord Newbry, POA) and Grantee's Agent (Allen T. Mathison) dated 5-17-19, 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)).

ATEC CK 27742 BF

PAID MAY 16 2019 ASOTIN COUNTY TREASURER

MAY 17 2019 ASOTIN COUNTY TREASURER

052181

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 25th day of May, 1979, by and between ROBERT D. MERRY and LUCILLE MERRY, husband and wife, of BARRING, MOORE 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 wherever 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 the survivor of them.

IN WITNESS WHEREOF, the said ROBERT D. MERRY and LUCILLE MERRY have hereunto set their hands and seals this 25th day of May, 1979.

Notary signatures and seals for Robert D. Merry and Lucille Merry.

STATE OF WASHINGTON
County of BARRING

SS

This is to certify that on this 25th day of May, 1979, before me Harold W. Pausky, a Notary Public in and for the State of Washington

duly commissioned and sworn, personally came ROBERT D. MERRY and LUCILLE MERRY, 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 just above written. Notary Public in and for the State of Washington residing at WALESBORO.

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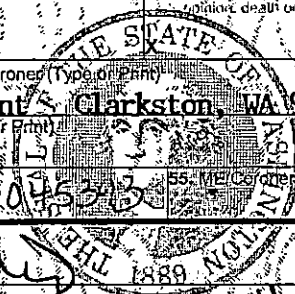
**STATE OF WASHINGTON
DEPARTMENT OF HEALTH**

Part 1 completed by Funeral Director

1. Legal Name (include AKA's if any): First Middle LAST Suffix Everett Gibson Newbry				2. Death Date March 15, 2007	
3. Sex (M/F) Male	4a. Age - Last Birthday 87	4b. Under 1 Year: Months Days	4c. Under 1 Day: Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Asotin
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Eden	8b. (State or Foreign Country) Idaho	9. Decedent's Education 8th grade		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify No		11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? Yes	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 1033 Lambert Court				13b. City or Town Clarkston	
13c. Residence: County Asotin	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 99403	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence. 40 years	15. Marital Status at Time of Death Married	16. Surviving Spouse's Name (Give name prior to first marriage) Emma Newcomb			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Paper maker			18. Kind of Business/Industry (Do not use Company Name) Paper products		
19. Father's Name (First, Middle, Last, Suffix) Robert M. Newbry			20. Mother's Name Before First Marriage (First, Middle, Last) Pearlie Gibson		
21. Informant's Name Emma Newbry	22. Relationship to Decedent Wife	23. Mailing Address: Number and Street or RFD No. City of Town State Zip 1003 Lambert Court Clarkston WA 99403			
24. Place of Death, if Death Occurred In a Hospital: Place of Death, if Death Occurred Somewhere Other than a Hospital: 1242 11th Street					
25. Facility Name (if not a facility, give number & street or location) Clarkston Care Center			26a. City, Town, or Location of Death Clarkston	26b. State WA	27. Zip Code 99403
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Mountain View Crematory		30. Location: City/Town, and State Lewiston, ID 83501	
31. Name and Complete Address of Funeral Facility Merchant Funeral Home 1000 7th Street Clarkston, Washington 99403				32. Date of Disposition Mar. 15, 2007	
33. Funeral Director Signature <i>[Signature]</i>					

Part 2 completed by Certifier

34. 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. Add additional lines if necessary. Cause of Death (See instructions and examples)					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. Respiratory failure	Interval between Onset & Death 12-28 hrs		
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		b. Pneumonia	Interval between Onset & Death 48-72 hrs		
		c.	Interval between Onset & Death		
		d.	Interval between Onset & Death		
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Cerebrovascular Accident				36. Autopsy? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
41. Date of Injury (MM/DD/YYYY)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street Apt. No. City or Town: County: State: Zip Code + 4:					
46. Describe how injury occurred				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. <i>[Signature]</i>			48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, if my opinion death occurred at the time, date, and place, and due to the cause(s) and manner stated.		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Elizabeth Black, MD 1267 Belmont's Clarkston, WA 99403				50. Hour of Death (24hrs) 0330	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) March 15, 2007	
53. Title of Certifier Medical Doctor	54. License Number WA-MD00045213	55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature <i>[Signature]</i>				58. Date Received (MM/DD/YYYY) MAR 16 2007	
59. Amendments # 52181					



1
2

XXXXXXXXXX

XXXXXXXXXX

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Affidavit for Correction

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(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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Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) Telephone Number:

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

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:	Certificate of Naturalization	Medical Record	School Record
	Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Insurance Records	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Records	Passport	

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 0214)**

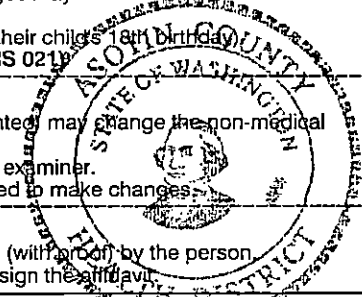
Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)



(Signature)
C. Spitters, M.D.
Health Officer

MAR 16 2007

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