



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 with sections for Seller/Grantor (Ervin D. McKenzie) and Buyer/Grantee (Optimal Design & Construction, LLC), including mailing addresses and phone numbers.

Property details section including street address (1246 Billups Street), location (Clarkston), and a note about segregated parcels.

Land use and exemption sections, including 'Select Land Use Code(s)', 'Was the seller receiving a property tax exemption...', and 'NOTICE OF CONTINUANCE (FOREST LAND OR CURRENT USE)'.

Personal property and tax calculation section, including 'List all personal property included in selling price' and a detailed tax breakdown table.

Signature and certification section, including 'I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT' and signatures of both parties.

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)).

Return Address

Please print or type information

Document Title(s) (or transactions contained therein): 1. Lack of Probate Affidavit 2. 3. 4.
Grantor(s) (Last name first, then first name and initials): 1. McKenzie, Mary A. 2. 3. 4. <input type="checkbox"/> Additional names on page ___ of document.
Grantee(s) (Last name first, then first name and initials): 1. 2. 3. 4. <input type="checkbox"/> Additional names on page ___ of document.
Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.) <input type="checkbox"/> Additional legal is on page ___ of document.
Reference Number(s) of Documents assigned or released: <input type="checkbox"/> Additional numbers on page ___ of document.
Assessor's Property Tax Parcel/Account Number <input type="checkbox"/> Property Tax Parcel ID is not yet assigned <input type="checkbox"/> 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.

52682



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

AFFIDAVIT (LACK OF PROBATE)

Ervin D. McKenzie, being first duly sworn, deposes and says:

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

(relationship to decedent) of Mary A. McKenzie (decedent), who died on (date)

12-23-11, at

Anchorage
 City

N/A
 County

AK
 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: 1246 Billups Street

Clarkston WA 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)

None

 Full name, age, relationship, address

 Full name, age, relationship, address

 Full name, age, relationship, address

 Full name, age, relationship, address

(Continued on next page)

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : _____

Ervin D. McKenzie

Affiant's full name

907-223-2350

Telephone number

1335 W. 12th Ave.

	<i>Street</i>		
Anchorage		AK	99501
<i>City</i>		<i>State</i>	<i>Zip Code</i>

Ervin D McKenzie
Signature

10-22-19
Date

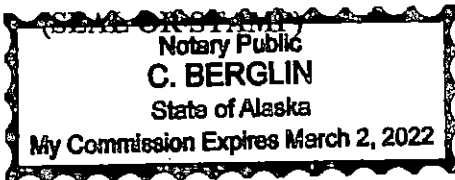
State of Alaska County of Anchorage

I know or have satisfactory evidence that Ervin D McKenzie
(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 22 2019

[Signature]
Signature of Notary Public



Residing at: 4000 Credit Union Dr

Notary Public in and for the State of Alaska

My appointment expires: 03/02/2022

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.

52682

STATE OF ALASKA

CERTIFICATE OF VITAL RECORD

STATE OF ALASKA

CERTIFICATE OF DEATH
ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
BUREAU OF VITAL STATISTICS - 5441 COMMERCIAL BLVD.
P.O. BOX 110675
JUNEAU, AK 99811-0675

11003595

150 STATE FILE NUMBER

DATE RECEIVED
JAN 03 2012

TYPEPRINT
OR
PERMANENT
BLACK INK

BIRTH CERTIFICATE NUMBER		1a. MAIDEN NAME Defrino		2. SEX Female		3. DATE OF DEATH (Month, Day, Year) December 23, 2011											
1. DECEDENT'S NAME (First, Middle, Last) Mary Ann McKenzie		4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE - Last Birthday (Years) 90		5b. UNDER 1 YEAR Months: [REDACTED] Days: [REDACTED]		5c. UNDER 1 DAY Hours: [REDACTED] Minutes: [REDACTED]		6. DATE OF BIRTH (Month, Day, Year) April 18, 1921		7. BIRTHPLACE (State or Foreign Country) New York					
8. STATE OF DEATH ALASKA		9a. PLACE OF DEATH (Check only one; see instructions on attached sheet) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> LOCA <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		9b. FACILITY NAME (if not institution, give street and number) 1335 West 12th Avenue		9c. CITY, TOWN, OR LOCATION OF DEATH Anchorage		10. MARITAL STATUS <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> UNKNOWN		11. SURVIVING SPOUSE (if wife, give maiden name) Ervin McKenzie		12. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Nurse		12b. KIND OF BUSINESS/INDUSTRY: Medical		13. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
14a. RESIDENCE - STATE Alaska		14b. CITY, TOWN, OR LOCATION Anchorage		14c. STREET AND NUMBER 1335 West 12th Avenue		14d. INSIDE CITY LIMITS OR SETTLED COMMUNITY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		14e. ZIP CODE 99501		15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify if so or Yes - if Yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, Specify		16. RACE - Filipino, Black, Alaska Native, White, etc. Specify: White		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) [REDACTED] College (14 or 6+) 5+			
18. FATHER'S NAME (First, Middle, Last) Vincent Defrino		19. MOTHER'S NAME (First, Middle, Maiden Surname) Theresa Deleo		20a. INFORMANT'S NAME (First, Middle, Last) Ervin McKenzie		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1335 West 12th Avenue, Anchorage, Alaska 99501		20c. RELATIONSHIP TO DECEDENT Husband		21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Fort Richardson National Cemetery		21c. LOCATION - City, Town, State Fort Richardson, Alaska			
22a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Douglas P. McKown		22b. NAME AND ADDRESS OF FACILITY Janssen Funeral Homes, 737 E Street, Anchorage, Alaska 99501		23a. To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title = [Signature]		23b. DATE SIGNED (Month, Day, Year) 1-2-11		24. TIME OF DEATH 4:00 am M		25. DATE PRONOUNCED DEAD (Month, Day, Year) December 23, 2011		26. WAS CASE REFERRED TO MEDICAL EXAMINER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		27. PART I. Enter the disease, injury, or condition that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, stroke, or heart failure. List only one cause on each line. Alzheimer's Dementia DUE TO (OR AS A CONSEQUENCE OF):			
27. PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I: CAD; Thyroid disease; HTN		28a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		28b. WERE AUTOPSY FINDINGS CONSIDERED PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another official has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing and certifying to cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> MEDICAL EXAMINER 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 as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER OF CAUSE OF DEATH [Signature]		29c. DATE SIGNED (Month, Day, Year) 1-2-11		29d. NAME AND ADDRESS OF CERTIFIER WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type/Print name of certifier) Jean Snyder, MD 3435 East Tudor Road, Anchorage, Alaska 99507		29e. LICENSE NUMBER 524			
30. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be determined		31. IF "MANNER OF DEATH" IS OTHER THAN "NATURAL", ITEMS 31a - 31f MUST BE COMPLETED. 31a. DATE OF INJURY (Month, Day, Year) [REDACTED]		31b. TIME OF INJURY [REDACTED]		31c. INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		31d. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) [REDACTED]		31e. PLACE OF INJURY - At home, street, cannery, office, etc. (Specify) [REDACTED]		31f. LOCATION (Street and Number or Rural Route Number, City or Town, State) [REDACTED]					

FORM VS-101
REV. 3-06

ORIGINAL - STATE COPY

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE BUREAU OF VITAL STATISTICS, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, JUNEAU, ALASKA.

JAN 04 2012

DATE ISSUED

This copy not valid unless prepared on engraved border displaying the date, seal and signature of the Alaska State Registrar.

PERCO (REV) 12/09

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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