



REAL ESTATE EXCISE TAX AFFIDAVIT
CHAPTER 82.45 RCW -- CHAPTER 458-61A WAC

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

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 section 1: Seller/Grantor (Lindsey R. Pinson) and Buyer/Grantee (Daniel Dkyler Sage, Julie Paige Sage) with mailing addresses and phone numbers.

Form section 3: Property details including street address (609 10th St., Clarkston, WA 99403), county (Asotin), and city (Clarkston).

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

Form section 6: Forest land and historical property valuation questions.

Form section 7: Notice of Continuance and Notice of Compliance sections for historic property.

Form section 7: Personal property included in selling price table with items like Gross Selling Price, Exemption Claimed, and Total Due.

Form section 9: Signature lines for Grantor (Lindsey R. Pinson) and Grantee (Daniel Dkyler Sage) with dates.

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)...

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

Return Address
Alliance Title & Escrow LLC
1455 G Street, Suite #102
Lewiston, ID 83501

Please print or type information

<p>Document Title(s) (or transactions contained therein): 1. Affidavit (Lack of Probate) 2. Death Certificate 3. 4.</p>
<p>Grantor(s) (Last name first, then first name and initials): 1. Pinson, Lindsey R. 2. 3. 4. <input type="checkbox"/> Additional names on page __ of document</p>
<p>Grantee(s) (Last name first, then first name and initials): 1. The Public 2. 3. 4. <input type="checkbox"/> Additional names on page __ of document.</p>
<p>Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.) The North half of Lot 5 in Block 15 of West Clarkston, according to the official plat thereof, filed in Book B of Plats at Page(s) 23-25 Official Records of Asotin, County, Washington. <input type="checkbox"/> Additional legal is on page __ of document.</p>
<p>Reference Number(s) of Documents assigned or released: <input type="checkbox"/> Additional numbers on page __ of document.</p>
<p>Assessor's Property Tax Parcel/Account Number 1-002-15-005-0002-0000 <input type="checkbox"/> Property Tax Parcel ID is not yet assigned <input type="checkbox"/> Additional parcel numbers on page __ of document</p>
<p>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.</p>



AFFIDAVIT (LACK OF PROBATE)

Lindsey R. Pinson, being first duly sworn, deposes and says:

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

(relationship to decedent) of Rena Pinson (decedent), who died on (date)

May 16, 2015, at

Juliaetta Latah 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: 609 10th 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)

Lindsey Ray Pinson

1121 Middle Pottlatch Rd., Juliaetta, ID 83535

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 : December 28, 2020

Lindsey Ray Pinson

Affiant's full name

✓ 208 791 5536 H 208 276 2018

Telephone number

Street

1121 Middle Fork Pollatch Road, Juliaetta

ID

83535

City

State

Zip Code

✓ Lindsey Pinson
Signature

12.28.2020
Date

State of Idaho

County of Nez Perce

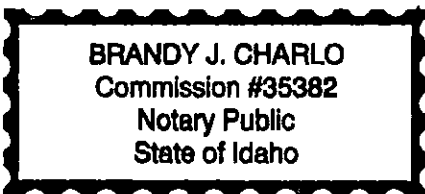
I know or have satisfactory evidence that Lindsey R. Pinson
(name of person)

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: 12/28/2020

Brandy J. Charlo
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Lewisford, ID

Notary Public in and for the State of Idaho

My appointment expires: 10/31/2026

EXHIBIT "A"

526456

The North half of Lot 5 in Block 15 of West Clarkston, according to the official plat thereof, filed in Book B of Plats at Page(s) 23-25 Official Records of Asotin, County, Washington.

53807

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, OBTAINED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE
ALSO SEAL, SHALL BE USED AS PROVA EVIDENCE OF THIS DEATH UNDER §§5-211(a) AND §5-214, IDAHO CODE.

Local Reg. No.

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) RENA JOANNE PINSON		2. SEX FEMALE		3. SOCIAL SECURITY NUMBER [REDACTED]	
	4a. AGE-Last Birthday 60 (Years)		4b. UNDER 1 YEAR Months: _____ Days: _____ Hours: _____ Minutes: _____		4c. UNDER 1 DAY Hours: _____ Minutes: _____	
	4d. DATE OF BIRTH (Mo/Day/Yr) [REDACTED]		5. BIRTHPLACE (City and State, Territory, or Foreign Country) LEWISTON, IDAHO			
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY LATAH		7c. CITY OR TOWN JULIAETTA	
	7d. STREET AND NUMBER 1121 MIDDLE FORK POTLATCH		7e. APT. NO.		7f. ZIP CODE 83635	
	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			
	9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) LINDSEY RAY PINSON		10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	11a. FATHER'S NAME (First, Middle, Last, Suffix) NORMAN EUGENE SIMMONS		11b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO			
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) BETTY LOUISE CHESTERFIELD		12b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO			
	MORTICIAN: Complete/Verify and File Within 5 Days of Death	13a. INFORMANT'S NAME (Type or print) LINDSEY RAY PINSON		13b. RELATIONSHIP TO DECEDENT HUSBAND		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 1121 MIDDLE FORK POTLATCH CREEK ROAD JULIAETTA, ID 83635
14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input 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) JULIAETTA CEMETERY JULIAETTA, IDAHO 83635		15. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY VASSAR-RAWLS FUNERAL HOME 920 21ST AVENUE LEWISTON, IDAHO 83501		
17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: DENNIS W. HASTINGS		17b. LICENSE NUMBER (Of licensee) M0791		17c. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
18. PLACE OF DEATH (19-22) 18a. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <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) 18b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: 20. FACILITY NAME (If care facility, give street and number) 1121 MIDDLE FORK POTLATCH CREEK ROAD						
21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE JULIAETTA, ID 83635		22. COUNTY OF DEATH LATAH				
23. DATE OF DEATH (Mo/Day/Yr) (Spell month) May 16, 2015		24. TIME OF DEATH (24hr) 00:16		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) May 16, 2015		
26. TIME PRONOUNCED DEAD (24hr) 01:15		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 ventilator liberation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. RUPTURED AORTIC ANEURYSM WITH BLOOD INTO PERICARDIAL SAC DUE TO (or as a consequence of): b. DISSECTING THORACIC ANEURYSM DUE TO (or as a consequence of): c. HYPERTENSION DUE TO (or as a consequence of): d. _____ Approximate interval: One (1) to Death: MINUTES Hours: HOURS Years: YEARS				
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I. CORONARY ARTERY DISEASE		28a. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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"/> 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 type="checkbox"/> No		36. LOCATION OF INJURY: State: _____ City/Town or County: _____ Zip Code: _____ Street and Number of 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. TRANSPORTATION INJURY ONLY: 38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) 38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? <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						
CERTIFIER	39a. CERTIFIER (Check only one, based on official capacity for this certificate) <input 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.		39b. LICENSE NUMBER		39c. DATE SIGNED 5 / 20 / 2015 MM DD YYYY	
	<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: CATHERINE M. MABBUTT		39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) CATHERINE M. MABBUTT, 602 SOUTH JEFFERSON STREET MOSCOW, ID 83643			
	40a. REGISTRAR'S SIGNATURE <i>James B. Aydelotte</i>		40b. DATE SIGNED 5 / 21 / 2015 MM DD YYYY			

ITEMS 32-36 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)

IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE

REGISTRAR

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 21 2015**

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

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

53807



000564182

STATE OF IDAHO County of Lewiston

This copy of a death certificate was issued by the District Health Department on behalf of the the Bureau of Vital Records and Health Statistics.

Pauline Durst

Local Vital Statistics Registration Official

5.11.10

53807