



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)

Form sections 1, 2, and 3: Seller/Grantor (Lorence A. Prine), Buyer/Grantee (Ryan Smart), and correspondence details.

Section 4: Street address of property (1966 Golfview Drive, Clarkston, WA) and location details.

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

Section 6: Designation questions (forest land, current use, historical property) and notice instructions.

Section 7: Deputy Assessor, Notice of Compliance, and Owner's Signature area.

Section 7: Personal property included in selling price and tax calculation table.

Section 8: Certifications and signatures of Grantor (Lorence A. Prine) and Grantee (Ryan Smart).

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)...

THIS SPACE - TREASURER'S USE ONLY COUNTY TREASURER

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: MARCH 24, 2021

Lawrence A. Prine
Affiant's full name

509-254-1771
Telephone number

15458 Kirkdell Bend Rd,
Humble City TX State 77346 Zip Code

[Signature]
Signature

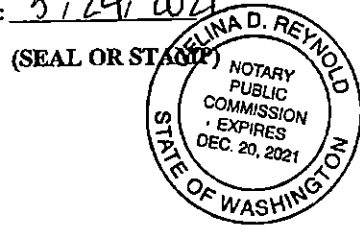
MARCH 24, 2021
Date

State of Washington County of Asotin

I know or have satisfactory evidence that Lawrence A. Prine
(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: 3, 24, 2021



[Signature]
Signature of Notary Public

Residing at: Kenilworth, ID

Notary Public in and for the State of WA

My appointment expires: 12, 20 12021

54034

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH**

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (include AKAs if any): First Middle LAST Suffix M. Jeanne Prine				2. Death Date Feb. 28, 2014			
3. Sex (M/F) Female	4a. Age - Last Birthday 77	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number	6. County of Death Asotin		
7. Birthdate	8a. Birthplace (City, Town, or County): N. Vancouver, B.C. Canada		8b. (State or Foreign Country)		8. Decedent's Education B.A. degree		
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? NO	
13a. Residence: Number and Street (e.g. 624 SE 6 th St.) (Include Apt. No.) 1966 Golfview Dr.				13b. City or Town Clarkston			
13c. Residence: County Asotin		13d. Tribal Reservation Name (if applicable) N/A		13e. State or Foreign Country Washington		13f. Zip Code 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. Twenty years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Larry Prine	
17. Usual Occupation (Indicate type of work done during most of working life. (Do not use retirement)) Social worker				18. Kind of Business/Industry (Do not use Company Name) State Of Idaho			
19. Father's Name (First, Middle, Last, Suffix) John Snathers				20. Mother's Name Before First Marriage (First, Middle, Last) Mary Board			
21. Informant's Name Larry Prine		22. Relationship to Decedent Spouse		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1966 Golfview Dr., Clarkston, Wa. 99403			
24. Place of Death, if Death Occurred in a Hospital				25. Facility Name (if not a facility, give number & street or location) 1966 Golfview Dr.			
26. 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, Wa. 99403				32. Date of Disposition March 4, 2014			
33. Funeral Director Signature X <i>Don Brown</i>							
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 ventilator fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. CONGESTIVE HEART FAILURE Interval between Onset & Death: MONTHS Arrival Fibillation Interval between Onset & Death: YEARS							
35. Other significant conditions contributing to death but not resulting in the underlying cause given above HYPER-CHOLESTEROLEMIA, DIABETES, MELLITUS							
36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		39. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
40. 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"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year		41. Date of Injury (approximate)			
42. Hour of Injury (24hr)		43. Place of Injury (e.g. Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work?			
45. Location of Injury: Number & Street City or Town: County: State: Zip Code:				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 your knowledge, death occurred at the time, date, place and cause(s) stated (if any) on this certificate. Medical Examiner/Coroner: On the basis of examination and/or investigation, on this date, death occurred at the time, date, and place, and due to the cause(s) and manner of death stated.			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner Celso Chavez, M.D., 1522 17th St., Lewiston, ID				50. Hour of Death (24hrs) 1710			
51. Name and Title of Attending Physician if other than Certifier (Type as in 49.)				52. Date Signed (approximate) 3-4-2014			
53. Title of Certifier Medical Doctor		54. License Number ME 1000		55. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		56. Date Received (approximate) MAR 10 4 2014	
57. Registrar Signature <i>Amelia...</i>				58. Date Received (approximate)			



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Affidavit for Correction

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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Use the section below for requesting any changes on the record.

Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution		
1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Maiden Name (For Birth): (Wife for Marriage or Dissolution)	

The Record is incorrect or incomplete as follows:

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

14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)	Telephone Number:
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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.

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

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|--------------------------------|-------------------------------|--|--|
| Examples of documentary proof: | Certificate of Naturalization | Numident Report (Social Security Administration) | School Transcripts (Official) |
| | Hospital /Medical Record | Military Record (DD-214) | Voter's Registration Card (if it bears an effective date) |
| | Life Insurance Policy | Birth Record | Alien Registration Card (front and back) |
| | Marriage/Divorce Record | Passport | We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate. |

Birth Certificates:

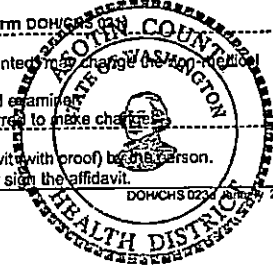
- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
- Child (under 18)**
 - Only parent(s) or legal guardian can change the birth certificate.
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
- Adult (18 years or older)**
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, three pieces of documentary proof are required.
 - If the first and/or middle name is misspelled, two pieces of documentary proof are required.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
 - Proof must be five (or more) years old or have been established within five years of birth.

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the 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.



Lawrence M. Gargas, M.D.
Health Officer

MAR 04 2014

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