



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 sections 1 and 2: Seller/Grantor (Teresa Susan Jentsch, PR) and Buyer/Grantee (Burton J. Nyenhuis Jr., Sandra M. Nyenhuis) with contact information and mailing addresses.

Form section 3: Property tax correspondence information and section 4: Street address (2340 Valleyview Drive, Clarkston, WA) and location details (unincorporated, Asotin County).

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

Form section 6: Questions regarding forest land, current use, and special valuation.

Form section 6 (continued): Notice of Continuance (Forest Land or Current Use) and Notice of Compliance (Historic Property) instructions.

Form section 6 (continued): Signature lines for Deputy Assessor, Owner(s), and Print Name.

Form section 7: Personal property included in selling price.

Form section 7 (continued): Exemption information and document details (Type of Document: Personal Representative's Deed (PRD), Date of Document: 03/25/22).

Form section 7 (continued): Financial summary including Gross Selling Price (\$430,000.00), Excise Tax (\$4,730.00), and Total Due (\$5,810.00).

Form section 8: Certification of truth and correctness, including signatures of Grantor (Teresa Susan Jentsch, PR) and Grantee (Burton J. Nyenhuis Jr.) with dates and locations.

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 0001s (6/26/14) THIS SPACE - TREASURER'S USE ONLY COUNTY TREASURER DATE 03/28/2022 - RECEIPT No. 55065 - Alliance Title - Clarkston

Handwritten initials 'EFT' in the bottom left corner.

File No. 599110

Exhibit 'A'

That part of Lots 2, 3, 4 and 5 in Block C-1 of Clarkston Heights, according to the recorded plat thereof, filed in Book C of Plats at Page(s) 10, records in Asotin County, Washington, more particularly described as follows:

Commencing at the Northwest corner of said Lot 4, said point being on the centerline of Valleyview Drive; thence South 22°05' East along said centerline 142.50 feet to the true place of beginning; thence continue South 22°05' East, 12.50 feet; thence North 67°55' East, 180.00 feet; thence South 22°05' East, 7.50 feet; thence North 67°55' East, 15.00 feet to a point of curve; thence around a curve to the right with a radius of 25.00 feet for a distance of 39.27 feet; thence South 22°05' East, 55.00 feet; thence South 67°55' West, 40.00 feet; thence South 22°05' East, 125.29 feet; thence North 67°55' East, 537.90 feet to a point on the East line of said Lot 2; thence North 55°25' West along said East line 22.94 feet; thence North 7°50' East along the East lines of said Lots 2 and 5 a distance of 122.43 feet; thence South 67°55' West, 526.35; thence North 22°05' West, 100 feet; thence South 67°55' West, 240.00 feet to the true place of beginning.

BPA *SW*

55065

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

OFFICE USE ONLY
HOSPITAL
OCCURRENCE
MARRIAGE
TRACT
OCCUPATION
FATHER'S NAME
MOTHER'S NAME
INFORMANT
SIGNATURE
DATE SIGNED
NAME AND TITLE
ADDRESS
OTHER SIGNIFICANT CONDITIONS
ACCIDENT
INJURY
RECORD AMENDMENT

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NUMBER

1. NAME: **JOHN ROBERT MARTIN** 2. SEX (M/F): **Male** 3. DEATH DATE (Mo, Day, Yr): **March 5, 2002**

4. AGE LAST BIRTHDAY (Yr): **74** 5. UNDER 1 YEAR: **MOS** 6. UNDER 1 DAY: **DAYS** 7. BIRTHDATE (Mo, Day, Yr): **Mar. 21, 1927** 8. BIRTHPLACE (City, State or Foreign Country): **Caldwell, Idaho** 9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No): **Yes** 10. COUNTY OF DEATH: **Asotin**

11. CITY, TOWN OR LOCATION OF DEATH: **Clarkston** 12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: **Clarkston Care Center** 13. SMOKING IN LAST 15 YEARS? (Yes/No): **No**

14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify): **Married** 15. SURVIVING SPOUSE (If male, give maiden name): **Jean Hazard** 16. SOCIAL SECURITY NO.: [REDACTED] 17. DECEDENT'S EDUCATION (Specify only highest grade completed): **College (1-4 or 6+)**

18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): **Vice President** 19. KIND OF BUSINESS OR INDUSTRY: **Banking** 20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes/No) Specify: **No** 21. RACE (Specify): **White**

22. RESIDENCE — NUMBER AND STREET: **1242-11th Street** 23. CITY/TOWN OR LOCATION: **Clarkston** 24. INSIDE CITY LIMITS? (Yes/No): **Yes** 25A. COUNTY: **Asotin** 25B. LENGTH OF RES. IN CO.: **6yrs.** 26. STATE: **Washington** 27. ZIP CODE: **99403**

28. FATHER'S NAME — FIRST, MIDDLE, LAST: **Victor Emmanuel Martin** 29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME: **Dorothy Dyer**

30. INFORMANT — NAME: **Jean H. Martin** 31. MAILING ADDRESS: **2340 Valleyview Drive, Clarkston, Washington 99403**

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): **Removal/Crem.** 33. DATE (Mo, Day, Yr): **Mar. 5, 2002** 34. CEMETERY/CREMATORY — NAME: **Valley Crematory** 35. LOCATION — CITY/TOWN, STATE: **Lewiston, Idaho**

36. FUNERAL DIRECTOR SIGNATURE: *[Signature]* 37. NAME OF FACILITY: **Vassar-Rawls Funeral Home** 38. ADDRESS OF FACILITY: **920-21st Avenue, Lewiston, Idaho 83501**

39. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN: **TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSES STATED.** 40. DATE SIGNED (Mo, Day, Yr): **3-5-02** 41. HOUR OF DEATH (24 Hr): **0015** 42. SIGNATURE AND TITLE: *[Signature]*

43. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER: **ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSES STATED.** 44. DATE SIGNED (Mo, Day, Yr): [REDACTED] 45. HOUR OF DEATH (24 Hr): [REDACTED] 46. PRONOUNCED DEAD (Mo, Day, Yr): [REDACTED] 47. HOUR PRONOUNCED DEAD (24 Hr): [REDACTED]

48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): **Donald J. Grayson, M.D. 1271 Highland Avenue, Clarkston, Washington 99403** 49. MEDICORNER FILE NUMBER: [REDACTED]

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:

IMMEDIATE CAUSE (Final disease or condition resulting in death): **Complications of bowel perforation & diverticulitis**

DO NOT ENTER THE MODE OF DEATH, SUCH AS BARBITURATE OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequence by list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.

A. DUE TO, OR AS A CONSEQUENCE OF: [REDACTED] INTERVAL BETWEEN ONSET AND DEATH: **3yrs.**

B. DUE TO, OR AS A CONSEQUENCE OF: [REDACTED] INTERVAL BETWEEN ONSET AND DEATH: [REDACTED]

C. DUE TO, OR AS A CONSEQUENCE OF: [REDACTED] INTERVAL BETWEEN ONSET AND DEATH: [REDACTED]

D. DUE TO, OR AS A CONSEQUENCE OF: [REDACTED] INTERVAL BETWEEN ONSET AND DEATH: [REDACTED]

51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: **Steroid dependent rheumatoid arthritis; Hypophy** 52. AUTOPSY? (Yes/No): **No** 53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No): **No**

54. ACC. SUICIDE, HOLL. UNDET. OR PENDING INVEST. (Specify): [REDACTED] 55. INJURY DATE (Mo, Day, Yr): [REDACTED] 56. HOUR OF INJURY: [REDACTED] 57. DESCRIBE HOW INJURY OCCURRED: [REDACTED]

58. INJURY AT WORK? (Yes/No): [REDACTED] 59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, IN VEHICLE, OR OTHER (Specify): [REDACTED] 60. LOCATION — STREET OR RFD NO.; CITY/TOWN, STATE: [REDACTED]

61. RECORD AMENDMENT (Register use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY: [REDACTED] DATE: [REDACTED] 62. DATE RECEIVED (Mo, Day, Yr): **MAR 05 2002**



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AFFIDAVIT FOR CORRECTION

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY		STATE OFFICE USE ONLY		
Birth <input type="checkbox"/> Marriage <input type="checkbox"/> The record of Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with _____ for		1. STATE FILE NUMBER		
2. NAME		3. DATE OF EVENT	4. PLACE OF EVENT (City and County)	
5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution)		6. MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Dissolution)		
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:		THE TRUE FACT IS:		
7.		8.		
9.		10.		
11.		12.		
13.		14.		
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY _____ 15.				
PHONE NUMBER: _____				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.				
16. SIGNATURE		17. DATE	18. ADDRESS	

DCH 110-007 (Rev. 3/89)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

- All changes must be established by documentary proof submitted with the affidavit.
- 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 established within five years of birth.
- Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
- Up to age one, the parent(s) or legal guardian may change the child's surname 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 surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
 - After age one, surname 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 110-001)

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 attending physician or the coroner/medical examiner.

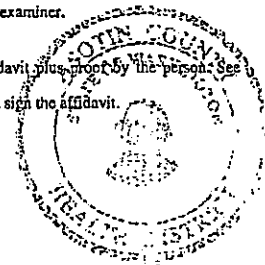
Marriage/Dissolution (Divorce) Certificates

- Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
 Center for Health Statistics
 1112 Quince Street South
 P.O. Box 9709
 Olympia, WA 98507-9709

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



[Signature]
 C. Spitzer, M.D.
 Health Officer

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FILED

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MCKENZIE A. CAMPBELL
COUNTY CLERK
ASOTIN COUNTY, WA

SUPERIOR COURT OF WASHINGTON
FOR ASOTIN COUNTY

Estate of
JEAN HAZARD MARTIN,
Deceased.

CASE NO. 21-4-00089-02
LETTERS TESTAMENTARY
(RCW 11.28.090)

On November 8th, 2021 the *Last Will and Testament* of the above-named Decedent was duly exhibited, proven, and filed in the foregoing Superior Court.

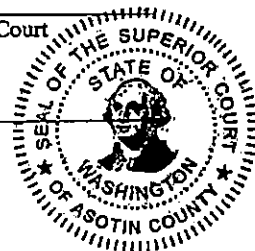
In the *Last Will and Testament*, Decedent named Teresa Susan Jentsch to act as her Personal Representative, who, by Order of this Court, is authorized to execute the *Last Will and Testament* according to law.

4 mb

Witness my hand and the seal of this Court on November 8th, 2021.

Clerk of the Superior Court

By: M. Benson
Deputy Clerk



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