



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 1-3: Seller/Grantor (Shane Roesner) and Buyer/Grantee (David R. Smith) information, including addresses and tax correspondence details.

Section 4: Property address (708 9th Street, Clarkston WA) and location details (Asotin County, Clarkston city).

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

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

Section 7 (left): Notice of Continuance (Forest Land or Current Use) and Notice of Compliance (Historic Property).

Section 7 (right): Financial summary table showing Gross Selling Price (\$289,000.00), taxes, and Total Due (\$3,806.50).

Section 8: Signature and date of signing for both Grantor (Shane Roesner) and Grantee (David R. Smith) on 4/12/22 in 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)).



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

AFFIDAVIT (LACK OF PROBATE)

Shane Roesner being first duly sworn, deposes and says:

The undersigned affiant is the rightful heir to the real property described below, and is spouse
 (relationship to decedent) of Jennifer Roesner (decedent), who died on (date)
March 23, 2021, at

Lewiston Nez Perce 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: 708 9th 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)

Shane Roesner, Spouse
716 Airway Ave, Lewiston, ID 83501
 Full name, age, relationship, address

 Full name, age, relationship, address

 Full name, age, relationship, address

 Full name, age, relationship, address

(Continued on next page)

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Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 4/12/22

Shane Roesner

Affiant's full name

208.413.6150

Telephone number

716 Airway Avenue,

Lewiston

Street

ID

State

83501

Zip Code

City

Shane Roesner

Signature

4/12/22

Date

State of Washington

County of Astoria

I know or have satisfactory evidence that

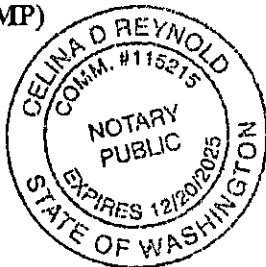
Shane Roesner

(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: 4/12/2022

(SEAL OR STAMP)



Signature of Notary Public

Residing at:

Lewiston, ID

Notary Public in and for the State of

WA

My appointment expires:

12/20/2025

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.

REV 84 0017 (5/16/16)

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STATE OF IDAHO

CERTIFICATION OF VITAL RECORDS

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 furnished by the State Registrar with the Department of Health and Welfare. Local Reg. No. _____

PRECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) JENNIFER N. ROESNER		2. SEX FEMALE		3. SOCIAL SECURITY NUMBER [REDACTED]	
	4. AGE Last Birthday 86 (Years)		5. DATE OF BIRTH (Mo/Day/Yr) 12/24/1954		6. BIRTHPLACE (City and State, Territory, or Foreign Country) EUGENE, OREGON	
	7A. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO			7B. COUNTY NEZ PERCE		
	7C. CITY OR TOWN LEWISTON			7D. APT. NO. 83501		7E. ZIP CODE 83501
	7F. STREET AND NUMBER 716 AIRWAY AVE			7G. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input 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) SHANE J. ROESNER		
	10. EVER IN U.S. ARMY, AIR FORCE, NAVY, MARINE CORPS, OR COAST GUARD? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			11a. BIRTHPLACE (State, Territory, or Foreign Country) OREGON		
	11b. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) HOPE RIELEY			11c. BIRTHPLACE (State, Territory, or Foreign Country) CALIFORNIA		
	12a. INFORMANT'S NAME (Type or print) SHANE J. ROESNER			12b. RELATIONSHIP TO DECEDENT HUSBAND		12c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 716 AIRWAY AVE - LEWISTON, ID 83501
	13. METHOD OF DEPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify) _____			14. PLACE OF DEPOSITION (Name and address of cemetery, crematory, or other place) MOUNTAIN VIEW CREMATORY 3821 SEVENTH STREET LEWISTON, IDAHO 83501		15. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY MOUNTAIN VIEW FUNERAL HOME 3521 SEVENTH STREET LEWISTON, IDAHO 83501
16. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: GERALD E. BARTLOW			17a. LICENSE NUMBER (Of licensee) M0771		17b. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18a. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency <input type="checkbox"/> Outpatient <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. PLACE OF DEATH (If not 18a) LEWISTON, ID 83501			
19. DATE OF DEATH (Mo/Day/Yr) (Spell month) March 23, 2021			20. TIME OF DEATH (24hr) Estimated 01:00 - 11:00		21. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) March 23, 2021	
22. TIME PRONOUNCED DEAD (24hr) 12:00			23. CAUSE OF DEATH			
24. IMMEDIATE CAUSE (Final disease or condition resulting in death) DIABETES MELLITUS TYPE II			25. UNDERLYING CAUSE (Last disease or injury that initiated the events resulting in death) HYPERTENSION			
26. OTHER CAUSE (If any, leading to the cause listed on line 24, enter the underlying cause) OBESITY			27. PART 1: Enter the complete, detailed, or complete cause of death 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. Enter only one cause on a line. DIABETES MELLITUS TYPE II			
28. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			29. IF FEMALE (Aged 10-54): <input type="checkbox"/> Not pregnant within past year <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"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year		30. 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	
31. DATE OF INJURY (Mo/Day/Yr) (Spell month) [REDACTED]			32. TIME OF INJURY (24hr) [REDACTED]		33. PLACE OF INJURY (Decedent's home, farm, street, construction site, restaurant, bar, etc.) [REDACTED]	
34. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____			35. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36. 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. [REDACTED]			37. TRANSPORTATION INJURY ONLY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____			
38. CERTIFIER (Check only one, based on official capacity for this certificate) <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> CORONER <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE			39. LICENSE NUMBER [REDACTED]			
39a. DATE SIGNED 3 / 25 / 2021			39b. DATE SIGNED 3 / 25 / 2021			
40a. REGISTRAR'S SIGNATURE JONATHAN YEARSLEY, PO BOX 896 LEWISTON, ID 83501			40b. REGISTRAR'S SIGNATURE JAMES B. AYDELOTTE			

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: **MAR 30 2021**

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

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR



LETTERING OF THIS COPY IS VOID



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 Officer

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