



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 sections 1, 2, and 3 containing seller and buyer information, mailing addresses, and property tax correspondence details.

Form section 4 containing street address, location details, and a note about the official plat for Lot 4 in Poe's Addition.

Form section 5 containing land use code selection and exemption questions.

Form section 6 containing questions about forest land, current use, and special valuation.

Form section 6 (continued) containing notices of continuance and compliance, and signature lines for the owner.

Form section 7 containing a list of personal property included in the selling price.

Form section 7 (continued) containing exemption details, document type, date, and a detailed tax calculation table.

Form section 8 containing the certification statement and signature lines for both the grantor and the grantee.

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

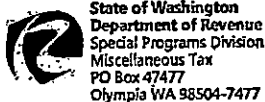
EFT

Return Address
Dorothy D. Bradley

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. Bradley, Patrick William 2. 3. 4. <input type="checkbox"/> Additional names on page __ of document.
Grantee(s) (Last name first, then first name and initials): 1. To The Public 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.

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

AFFIDAVIT (LACK OF PROBATE)

Dorothy D. Bradley, 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 Patrick William Bradley (decedent), who died on (date)
March 9, 2022, 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: 1224 Toby Ct.
CLARSTON WA 99703
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)

Dorothy D. Bradley, spouse

 Full name, age, relationship, address
Linda Walker, daughter

 Keizer, Oregon

 Full name, age, relationship, address
Carol Gover, daughter

 Chandler, Arizona

 Full name, age, relationship, address
Susan Frye, daughter

 Portland, Oregon

 Full name, age, relationship, address

(Continued on next page)

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Sharon Thompson, daughter

Scio, Oregon

Full name, age, relationship, address

Stephanie Trites, daughter

Fairfield, California

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: June 29, 2022

Dorothy D. Bradley

Affiant's full name

→ ~~Dorothy D~~ 208-866-0174
Telephone number

1176 Kingwood Dr. Street

→ Avon City IN State 46123 Zip Code

→ Dorothy D Bradley Signature 6-29-2022 Date

State of Indiana County of Hendricks

→ I know or have satisfactory evidence that Dorothy D. Bradley (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: 06/29/2022

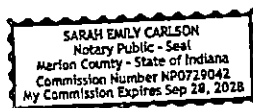
Sarah Emily Carlson Signature of Notary Public

→ (SEAL OR STAMP)

Residing at: Marion County

Notary Public in and for the State of Indiana

My appointment expires: 09/28/2028



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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

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (Last, First, Middle, Last, Suffix)		2. SEX		3. SOCIAL SECURITY NUMBER	
	PATRICK WILLIAM BRADLEY		MALE		[REDACTED]	
TYPE OF DEATH	4. MARRIAGE (If Burial)		5. UNDER 18 DAY		6. DATE OF BIRTH (Month/Day/Year)	
	[REDACTED]		[REDACTED]		11/15/1937	
7. RESIDENCE - STATE OR FOREIGN COUNTRY	8. COUNTY		9. PLACE OF BIRTH (City and State, Territory, or Foreign Country)			
	WASHINGTON		ASOTIN		SPOKANE, WASHINGTON	
10. STREET AND HOUSE NO.	11. CITY OR TOWN		12. ZIP CODE		13. INSIDE CITY LIMITS	
	1224 TOBY COURT		CLARKSTON		99403 [] Yes [X] No	
14. MARRIAGE STATUS AT TIME OF DEATH	15. SURVIVING SPOUSE'S NAME (Last, First, Middle, Initial)		16. BIRTH PLACE (State, Territory, or Foreign Country)			
	[] Married [] Widowed [] Divorced [] Never married [] Unknown		DOROTHY LOUISE DWYER			
17. MARRIAGE	18. FATHER'S NAME (Last, First, Middle, Last, Suffix)		19. BIRTH PLACE (State, Territory, or Foreign Country)			
	WILLIAM THOMAS BRADLEY		WISCONSIN			
20. MARRIAGE	21. MOTHER'S MARRIAGE (Last, First, Middle, Last, Suffix)		22. BIRTH PLACE (State, Territory, or Foreign Country)			
	FRANCES MAE PORTER		WASHINGTON			
23. INFORMANT'S NAME (Type of person)	24. RELATIONSHIP TO DECEDENT		25. MAILING ADDRESS (Street and Number, City, State, Zip Code)			
	DOROTHY D. BRADLEY		WIFE		1224 TOBY COURT, CLARKSTON, WA 99403	
26. METHOD OF DISPOSITION	27. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place)		28. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY			
	[] Burial [] Cremation [] Other (Specify)		VALLEY CREMATORY 820 21ST AVENUE LEWISTON, IDAHO 83501		VASSAR-RAWLS FUNERAL HOME 920 21ST AVENUE LEWISTON, IDAHO 83501	
29. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	30. LICENSE NUMBER (If known)		31. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH?			
	ELECTRONICALLY FILED: DENNIS W. HASTINGS		M0794		[] Yes [X] No	
32. PLACE OF DEATH	33. PLACE OF DEATH (IIR-27)		34. COUNTY OF DEATH			
	[] Home [] Hospital [] Other (Specify)		NEZPERCE			
35. DATE OF DEATH	36. TIME OF DEATH		37. CAUSE OF DEATH		38. TIME (HOURS:MINUTES) DEAD	
	March 9, 2022		11:23		March 9, 2022	
39. CAUSE OF DEATH	40. SUDEN CARDIAC EVENT		41. CORONARY ARTERY DISEASE			
	[] Yes [] No		[] Yes [] No			
42. DATE OF INJURY	43. TIME OF INJURY		44. PLACE OF INJURY			
	[] Yes [] No		[] Yes [] No			

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 11 2022**
 JAMES B. AYDELOTTE
 STATE REGISTRAR

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



* 001611954 *

STATE OF IDAHO County of Lewiston

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

Amber Hudson

Local Vital Statistics Registration Official

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