



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, 2, and 3: Seller/Grantor (Michael D. Henderson), Buyer/Grantee (Clark Holding Company, LLC), and correspondence details.

Section 4: Property address (1317 McCarroll Street, Clarkston, WA 99403) and location details (Asotin County, Clarkston city).

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

Section 6: Property classification questions (forest land, current use, special valuation) with YES/NO options.

NOTICE OF CONTINUANCE (FOREST LAND OR CURRENT USE) and NOTICE OF COMPLIANCE (HISTORIC PROPERTY) instructions.

Section 6 continuation: Deputy Assessor, Owner's Signature, and Print Name fields.

Section 7: Personal property included in selling price.

Exemption information: Type of Document (Statutory Warranty Deed) and Date of Document (08/03/22).

Table with 2 columns: Description and Amount. Rows include Gross Selling Price (\$105,000.00), Excise Tax (State: \$1,155.00, Local: \$262.50), and Total Due (\$1,422.50).

A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX *SEE INSTRUCTIONS

Section 8: Certification of truth and correctness, including signatures and dates of Michael D. Henderson and Clark Holding Company, LLC.

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)).

<p>Return Address</p> <p>Alliance Title & Escrow, LLC 735 5th Street Clarkston, WA 99403</p>

Please print or type information

<p>Document Title(s) (or transactions contained therein):</p> <p>1.State of Idaho Death Certificate 2. 3. 4.</p>
<p>Grantor(s) (Last name first, then first name and initials):</p> <p>1.Burcham, Maxine Veryl 2. 3. 4. <input type="checkbox"/> Additional names on page __ of document.</p>
<p>Grantee(s) (Last name first, then first name and initials):</p> <p>1. 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, qr/rtr.)</p> <p><input type="checkbox"/> Additional legal is on page __ of document.</p>
<p>Reference Number(s) of Documents assigned or released:</p> <p><input type="checkbox"/> Additional numbers on page __ of document.</p>
<p>Assessor's Property Tax Parcel/Account Number</p> <p><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>

55427

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) (First, Middle, Last, Suffix) MAXINE VERYL BURCHAM		2. SEX FEMALE		3. SOCIAL SECURITY NUMBER 510-24-4188	
4A. ADDRESS (Include apartment, mobile home, or other permanent residence) (Street, P.O. Box, and City, State, Zip Code) 85 COTTONWOOD, IDAHO		4B. UNDER 1 YEAR MONTHS: 03 DATES: 03/20/1925		4. BIRTHPLACE (City and State, Territory, or Foreign Country) COTTONWOOD, IDAHO			
7A. RESIDENCE (City and State, Territory, or Foreign Country) IDAHO		7B. COUNTY NEZ PERCE		7C. CITY/TOWN LEWISTON		7D. ZIP CODE 83501	
7E. STREET AND NUMBER 821 21ST AVENUE		8. MARRITAL STATUS AT TIME OF DEATH <input 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 any, give maiden name)			
11A. FATHER'S NAME (Type or print) ERL C CHICANE		11B. FATHER'S PLACE OF BIRTH (City, State, Territory, or Foreign Country) OREGON		12A. MOTHER'S MARRIAGE NAME (Type, Middle, Last, Suffix) MAE E HARTBURG		12B. MOTHER'S PLACE OF BIRTH (City, State, Territory, or Foreign Country) UNKNOWN	
13A. INFORMANT'S NAME (Type or print) WILCO HENDERSON		13B. RELATIONSHIP TO DECEDENT SON		13C. MAILING ADDRESS (Street and Number, City, State, Zip Code) 833 MILY SPRINGS LOOP GRANGEVILLE, ID 83530			
14A. PLACE OF DEATH (Name of institution, other name) <input type="checkbox"/> Hospital <input type="checkbox"/> Convalescent <input type="checkbox"/> Home <input type="checkbox"/> Nursing home <input type="checkbox"/> Other (Specify)		14B. PLACE OF DEATH (Street and Number, City, State, Zip Code) MOUNTAIN VIEW CREMATORY 2527 SEVENTH STREET LEWISTON, IDAHO 83501		14C. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY MERCHANT FUNERAL HOME 1600 SEVENTH STREET CLARKSTON, WASHINGTON 99403			
17A. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY SIGNED: GERALD E. BARTLOW		17B. LICENSE NUMBER (If known) M0771		17C. WAS CORPSE CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
18A. IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Hospital <input type="checkbox"/> Convalescent <input type="checkbox"/> Home <input type="checkbox"/> Nursing home <input type="checkbox"/> Other (Specify)		18B. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Convalescent <input type="checkbox"/> Home <input type="checkbox"/> Nursing home <input type="checkbox"/> Other (Specify)		19. PLACE OF DEATH (City, State, Territory, or Foreign Country) NEZ PERCE			
20A. FACILITY NAME (If known, give street and number) IDAHO STATE VETERANS HOME - LEWISTON		20B. CITY/TOWN, OR LOCATION OF DEATH, AND ZIP CODE LEWISTON, ID 83501		20C. COUNTY OF DEATH NEZ PERCE			
21. DATE OF DEATH (Month, Day, Year) May 22, 2020		22. TIME OF DEATH (City) 22:18		23. DATE RECORDED (Month, Day, Year) May 22, 2020		24. TIME RECORDED (City) 22:15	
25. CAUSE OF DEATH (Type or print) PULMONARY EDEMA DUE TO (or as a consequence of) CONGESTIVE HEART FAILURE DUE TO (or as a consequence of) HYPERTENSION DUE TO (or as a consequence of) PNEUMONIA		26. APPROXIMATE TIME ELAPSED Between Death and Recording 1 DAY		27. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined			
28. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		29. IF FEMALE (Date of last normal menstrual period) <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"/> Pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within this time		30. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined			
31. DATE OF INJURY (Month, Day, Year) May 22, 2020		32. TIME OF INJURY (City) 22:18		33. PLACE OF INJURY (Decedent's home, farm, school, construction site, nursing home, restaurant, hotel, etc.)		34. DELIVERY AT WORK <input type="checkbox"/> Yes <input type="checkbox"/> No	
35. LOCATION OF INJURY (Street and Number of Location) 821 21ST AVENUE		35. CITY/TOWN OF COUNTY LEWISTON		35. ZIP CODE 83501		35. APARTMENT NUMBER	
36. DESCRIBE HOW INJURY OCCURRED, IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, truck, motorcycle, ATV, bicycle, etc.) None		37. TRANSPORTATION <input type="checkbox"/> Driver <input type="checkbox"/> Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		38. SAFETY DEVICES ON DECEDENT (SEMI-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			
39A. CERTIFIED (Check only one, based on official capacity for this certificate) <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE		39B. SIGNATURE, NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) DAVID B. MARTIN, 1625 5TH STREET CLARKSTON, WA 99403		39C. LICENSE NUMBER M-07884		39D. DATE SIGNED 5 / 27 / 2020	
40. REGISTRAR'S SIGNATURE James B. Aydelette		40A. DATE SIGNED 5 / 28 / 2020		40B. CITY, STATE, AND ZIP CODE MOI ID 83402			



DATE ISSUED: **MAY 28 2020**

James B. Aydelette
JAMES B. AYDELOTTE
STATE REGISTRAR

55427

MANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

001361213

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.

Pauline Durst

Local Vital Statistics Registration Official

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