



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 with fields for Seller/Grantor (Susan L. Stevens Whitney Stevens Rebecca White) and Buyer/Grantee (Raymond E. Keevy, Julie A. Keevy), including mailing addresses and phone numbers.

Property address: 315 Pierce Street, Asotin, WA. Includes checkboxes for incorporated status and segregation of parcels.

Section 5: Select Land Use Code(s). 11 Household, single family units. Includes checkboxes for tax exemptions.

Section 6: Forest land or current use designations. Includes checkboxes for forest land, current use, and historical property.

Section 7: NOTICE OF CONTINUANCE (FOREST LAND OR CURRENT USE). Includes instructions for new owners and a signature line for the Deputy Assessor.

Section 8: NOTICE OF COMPLIANCE (HISTORIC PROPERTY). Includes instructions for new owners and a signature line for the owner(s).

Section 7: List all personal property included in selling price. Includes a table for Gross Selling Price, Exemption Claimed, Taxable Selling Price, Excise Tax, and Total Due.

Section 9: I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. Includes signature lines for Grantor and 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)).

EFT

Return Address

735 5th Street
Clarkston, WA 99403

Document Title(s) (or transactions contained therein):

1. Certificate of Death
- 2.
- 3.
- 4.

Grantor(s) (Last name first, then first name and initials):

1. Stevens, James Hunt
- 2.
- 3.
- 4.

Additional names on page __ of document.

Grantee(s) (Last name first, then first name and initials):

1. To the public
- 2.
- 3.
- 4.

Additional names on page __ of document.

Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.)

Additional legal is on page __ of document.

Reference Number(s) of Documents assigned or released:

Additional numbers on page __ of document.

Assessor's Property Tax Parcel/Account Number

- Property Tax Parcel ID is not yet assigned
- 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.

55280

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-004807

DATE ISSUED: 02/04/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): JAMES HUNT
LAST NAME(S): STEVENS

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: JANUARY 25, 2022
HOUR OF DEATH: 11:37 AM

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 315 PIERCE ST.
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

SEX: MALE AGE: 91 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 315 PIERCE ST
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: YES COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 30 YEARS

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE, NATIVE AMERICAN: SAN CARLOS APACHE

FATHER: HARRY LEONARD STEVENS
MOTHER: RHODA LUCILE HUNT

BIRTH DATE: APRIL 09, 1930
BIRTHPLACE: HOLBROOK, AZ

METHOD OF DISPOSITION: REMOVAL FROM STATE
PLACE OF DISPOSITION: MOUNTAIN VIEW FUNERAL HOME &
CREMATORY

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: JANUARY 31, 2022

OCCUPATION: MANAGER
INDUSTRY: BUREAU OF INDIAN AFFAIRS
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: YES

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME

INFORMANT: REBECCA WHITE
RELATIONSHIP: DAUGHTER
ADDRESS: 71 CHIEF JOSEPH RD, HELENA, MT 59602

ADDRESS: 3521 7TH STREET
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
FUNERAL DIRECTOR: GERALD E. BARTLOW

CAUSE OF DEATH:
A: ALZHEIMER'S DISEASE
INTERVAL: UNKNOWN

B: INTERVAL:

C: INTERVAL:

D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: COVID 19, SUBDURAL
HEMATOMA

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: ELIZABETH N. BLACK, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1271 HIGHLAND AVE STE B
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
DATE SIGNED: JANUARY 27, 2022

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: N/A
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: JANUARY 29, 2022

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DOH 422-132 (8/18)



Affidavit for Correction

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

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required

Required information must match current information on record

Record Type: Birth Death Marriage Dissolution (Divorcé)

1. Name on Record: First Middle Last 2. Date of Event: MM/DD/YYYY 3. Place of Event: (City or County)

4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)

First Middle Last/Maiden First Middle Last/Maiden

6. Name of Person Requesting Correction: Relationship to Self Guardian Informant Hospital
 Person on Record: Parent(s) Funeral Director Other (specify)

7. Return Mailing Address:

PO Box or Street Address City State Zip

Telephone Number: () Email Address:

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct

16a. Signature: 16b. Signature of 2nd parent (if required):

Printed name: Date: Printed name: Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

Birth Certificates

1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate

2. The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe

3. Documentary proof must be five or more years old or established within five years of birth

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, a court order is required to change the last name
- No proof is required to change the first or middle name*
- To correct parent's information, one documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required

Adult (18 years or older)

- Only the adult can change his or her birth certificate
- If the first or middle name is missing, three pieces of documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name on certificate, one documentary proof is required

*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

Death Certificates

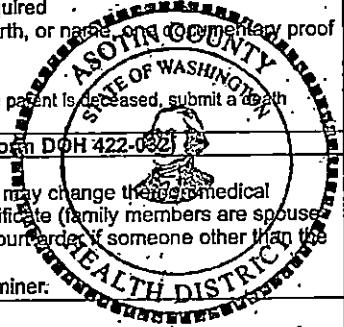
1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.

2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof

2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



Bob Lutz, M.D., MPH
Health Officer

FEB 04 2022



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

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1. Stevens, Alice Lorraine
- 2.
- 3.
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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
CERTIFICATE OF DEATH

Date Filed NOVEMBER 16, 2011

State File No. 2011-10168

DECEDENT - LEGAL NAME ALICE LORRAINE STEVENS			
SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 83 YEARS	DATE OF BIRTH JULY 08 1928
BIRTH PLACE DENVER, COLORADO		PLACE OF RESIDENCE ASOTIN, WASHINGTON	
MARITAL STATUS AT TIME OF DEATH MARRIED	NAME OF SURVIVING SPOUSE (if wife, maiden name) JAMES H. STEVENS		WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME WALLACE GILBERT SHAPCOTT			BIRTH PLACE COLORADO
MOTHER - MAIDEN NAME DOROTHY M. PERYAM			BIRTH PLACE WYOMING
METHOD OF DISPOSITION CREMATION	FUNERAL SERVICE LICENSEE JAMES E. FITZHUGH, JR.		
NAME AND ADDRESS OF FUNERAL FACILITY MERCHANT FUNERAL HOME, CLARKSTON, WASHINGTON			
DATE OF DEATH NOV. 12, 2011	TIME OF DEATH 2:05 P.M.	CITY/TOWN OR LOCATION OF DEATH LEWISTON, IDAHO	COUNTY OF DEATH NEZ PERCE
CAUSE OF DEATH (underlying cause last) a. AGE RELATED CAUSES			
DUE TO (or as a consequence of): b. RECURRENT URINARY TRACT INFECTION			
DUE TO (or as a consequence of): c.			
DUE TO (or as a consequence of): d.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above FRACTURED HIP			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL		NAME OF CERTIFIER JAYME T. MACKAY, M.D.	TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

SUPPLEMENTAL INFORMATION ADDED: 11/25/2011

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: MARCH 17, 2022

This copy is not valid unless prepared on engraved border displaying state seal and signature of the Registrar.
Rev. 07/24/20

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





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