

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.

SELLER GRANTOR	1 Name <u>ESTATE OF FAY LEE WADE, by VIVIAN JANICE WADE, Personal Representative</u>	BUYER GRANTEE	2 Name <u>VIVIAN JANICE WADE</u>
	Mailing Address <u>2160 VALLEYVIEW DRIVE</u>		Mailing Address <u>2160 VALLEYVIEW DRIVE</u>
	City/State/Zip <u>CLARKSTON, WA 99403</u>		City/State/Zip <u>CLARKSTON, WA 99403</u>
	Phone No. (including area code) <u>(509) 758-4145</u>		Phone No. (including area code) <u>(509) 758-4145</u>

3 Send all property tax correspondence to: Same as Buyer/Grantee

Name _____

Mailing Address _____

City/State/Zip _____

Phone No. (including area code) _____

List all real and personal property tax parcel account numbers – check box if personal property

<u>1-041-05-011-0007</u>	<input type="checkbox"/>	<u>104.200</u>
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

4 Street address of property: 2160 VALLEYVIEW DRIVE

This property is located in Clarkston

Check box if any of the listed parcels are being segregated from another parcel, are part of a boundary line adjustment or parcels being merged.

Legal description of property (if more space is needed, you may attach a separate sheet to each page of the affidavit)

See attached.

5 Select Land Use Code(s):

11 - Household, single family units

enter any additional codes: _____

(See back of last page for instructions)

	YES	NO
Was the seller receiving a property tax exemption or deferral under chapters 84.36, 84.37, or 84.38 RCW (nonprofit organization, senior citizen, or disabled person, homeowner with limited income)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

6

	YES	NO
Is this property designated as forest land per chapter 84.33 RCW?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is this property receiving special valuation as historical property per chapter 84.26 RCW?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If any answers are yes, complete as instructed below.

(1) NOTICE OF CONTINUANCE (FOREST LAND OR CURRENT USE)
NEW OWNER(S): To continue the current designation as forest land or classification as current use (open space, farm and agriculture, or timber) land, you must sign on (3) below. The county assessor must then determine if the land transferred continues to qualify and will indicate by signing below. If the land no longer qualifies or you do not wish to continue the designation or classification, it will be removed and the compensating or additional taxes will be due and payable by the seller or transferor at the time of sale. (RCW 84.33.140 or RCW 84.34.108). Prior to signing (3) below, you may contact your local county assessor for more information.

This land does does not qualify for continuance.

DEPUTY ASSESSOR _____ DATE _____

(2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY)
NEW OWNER(S): To continue special valuation as historic property, sign (3) below. If the new owner(s) does not wish to continue, all additional tax calculated pursuant to chapter 84.26 RCW, shall be due and payable by the seller or transferor at the time of sale.

(3) OWNER(S) SIGNATURE

PRINT NAME

7 List all personal property (tangible and intangible) included in selling price.

None.

If claiming an exemption, list WAC number and reason for exemption:

WAC No. (Section/Subsection) 458-61A-202(c)

Reason for exemption INHERITANCE

Type of Document PR DEED

Date of Document _____

Gross Selling Price \$	0.00
*Personal Property (deduct) \$	0.00
Exemption Claimed (deduct) \$	0.00
Taxable Selling Price \$	0.00
Excise Tax : State \$	0.00
<u>0.0025</u> Local \$	0.00
*Delinquent Interest: State \$	_____
Local \$	_____
*Delinquent Penalty \$	_____
Subtotal \$	0.00
*State Technology Fee \$	5.00
*Affidavit Processing Fee \$	_____
Total Due \$	10.00

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

8 I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signature of Grantor or Grantor's Agent <u>Vivian Janice Wade</u>	Signature of Grantee or Grantee's Agent <u>Vivian Janice Wade</u>
Name (print) <u>VIVIAN JANICE WADE</u>	Name (print) <u>VIVIAN JANICE WADE</u>
Date & city of signing: <u>1/6/16 - CLARKSTON</u>	Date & city of signing: <u>1/6/16 - CLARKSTON</u>

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)).

Scott Broyles Ch# 1103
Attorney at law

All that portion of Lot 11 of Block "D-1" of Clarkston Heights according to the recorded plat thereof, described as follows:

Commencing at the Southeast corner of Lot 11, said point being on the centerline of Valleyview Drive; then North $70^{\circ}21'30''$ West 123.00 feet along said centerline to the TRUE PLACE OF BEGINNING; thence North $19^{\circ}38'30''$ East 155.00 feet to a point; thence North $51^{\circ}21'$ West, 77.13 feet to a point; thence Southerly to a point on said centerline which is North $70^{\circ}21'30''$ West and 108.21 feet from the true point of beginning; thence South $70^{\circ}21'30''$ East 108.21 feet along said centerline to the true point of beginning. EXCEPTING THEREFROM any portion lying within the County road right of way.

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-019711

DATE ISSUED: 07/17/2015

FEE NUMBER: 0003202063

GIVEN NAMES: FAY LEE
LAST NAME: WADE

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: July 13, 2015
HOUR OF DEATH: 01:45 P.M.
SEX: MALE
AGE: 85 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: APRIL 07, 1930
BIRTHPLACE: SUNNYSIDE, YAKIMA CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: VIVIAN JANICE MCKARCHER

OCCUPATION: CONTROL TOWER OPERATOR
INDUSTRY: AIR TRAFFIC CONTROL
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? YES

INFORMANT: VIVIAN JANICE WADE
RELATIONSHIP: WIFE
ADDRESS: 2160 VALLEY VIEW DR., CLARKSTON, WA 99403

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 2160 VALLEY VIEW DRIVE
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 2160 VALLEY VIEW DRIVE
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
INSIDE CITY LIMITS? NO
COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 24 YEARS

FATHER: JAMES IRWIN WADE
MOTHER: EDITH MARIE VOUNQUIST

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY
CITY, STATE: LEWISTON, ID
DISPOSITION DATE: JULY 18, 2015

FUNERAL FACILITY: NEPTUNE SOCIETY - SPOKANE
ADDRESS: 222 EAST FRANCIS AVENUE
CITY, STATE, ZIP: SPOKANE WA 99208
FUNERAL DIRECTOR: CHARLES S WETMORE

CAUSE OF DEATH:

A. CHRONIC OBSTRUCTIVE PULMONARY DISEASE
INTERVAL: YEARS

B. DEMENTIA
INTERVAL: ONE YEAR

C. INTERVAL:

D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL
AUTOPSY: NO

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? YES
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: WARREN ELLISON, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1227 HIGHLAND AVE
CITY, STATE, ZIP: CLARKSTON WA 99403
DATE SIGNED: JULY 16, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN:
WARREN ELLISON, MD

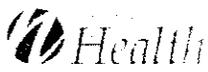
LOCAL DEPUTY REGISTRAR:
SUNDIE HOFFMAN
DATE RECEIVED: JULY 17, 2015

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

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DPH 101-903 (7/15)



Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98501-7814
360-236-4850

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

STATE OFFICE USE ONLY

State File Number

File Number

Initials

Date

Affidavit Number

Required information must match current information on record

Required

<input type="checkbox"/> 1. Name (Last, First, Middle Initial)	<input type="checkbox"/> 2. Date of Birth	<input type="checkbox"/> 3. Sex	<input type="checkbox"/> 4. Race	<input type="checkbox"/> 5. Marital Status	<input type="checkbox"/> 6. Current Residence
<input type="checkbox"/> 7. Name of Person(s) making correction	<input type="checkbox"/> 8. Relationship to Person on Record	<input type="checkbox"/> 9. Self	<input type="checkbox"/> 10. Guardian	<input type="checkbox"/> 11. Informant	<input type="checkbox"/> 12. Hospital
<input type="checkbox"/> 13. Birth	<input type="checkbox"/> 14. Death	<input type="checkbox"/> 15. Marriage	<input type="checkbox"/> 16. Dissolution (Divorce)	<input type="checkbox"/> 17. Change of Birth	<input type="checkbox"/> 18. Change of Events

Return Mail to: Address

Signature Required

Signature of Person

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:

0
11
13
16

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

Signature

Signature of 2nd person (if required)

Date

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

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

- Birth Affidavit (Form 100-1)
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Copy of New York Birth Certificate
- Hospital record
- Passport
- Green Permanent Resident card (I-551)

Birth Certificates

1. Only a parent (adult) or guardian of the child is permitted to change the birth certificate.
2. The proof(s) must match the provided history. 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. Proof must be provided within five years of birth.
4. Proof must be:
 - Original or certified copy of birth certificate
 - Original or certified copy of hospital record
 - Original or certified copy of military record
 - Original or certified copy of school transcript
 - Original or certified copy of Social Security Numident Report
 - Original or certified copy of Green Permanent Resident card (I-551)
 - Original or certified copy of passport
5. Proof must be provided by the parent(s) or guardian(s) of the child. If the parent(s) or guardian(s) are deceased, proof must be provided by the next of kin.
6. Proof must be provided by the parent(s) or guardian(s) of the child. If the parent(s) or guardian(s) are deceased, proof must be provided by the next of kin.

This affidavit cannot be used to add a father to a birth certificate or to sign paternity acknowledgment form (DOH 422-032)

Great Seal State

This document is a legal document. It is subject to the laws of the State of Washington. It is not to be used for any other purpose. It is not to be used for any other purpose. It is not to be used for any other purpose.

Department of Health Services

This document is a legal document. It is subject to the laws of the State of Washington. It is not to be used for any other purpose. It is not to be used for any other purpose. It is not to be used for any other purpose.

JUL 17 2015

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0000020820

RECORD AND RETURN TO

**SCOTT C. BROYLES
ATTORNEY AT LAW
P.O. BOX 208
CLARKSTON WA 99403**

PERSONAL REPRESENTATIVE'S DEED

THE GRANTOR, VIVIAN JANICE WADE, as Personal Representative of THE ESTATE OF FAY LEE WADE, for and in consideration of WAC 458-61A-202(c) - INHERITANCE, and other good and valuable consideration, conveys and warrants to VIVIAN JANICE WADE, a single woman, the GRANTEE, the following described real estate, situated in the County of Asotin, State of Washington:

All that portion of Lot 11 of Block "D-1" of Clarkston Heights according to the recorded plat thereof, described as follows:

Commencing at the Southeast corner of Lot 11, said point being on the centerline of Valleyview Drive; then North 70°21'30" West 123.00 feet along said centerline to the TRUE PLACE OF BEGINNING; thence North 19°38'30" East 155.00 feet to a point; thence North 51°21' West, 77.13 feet to a point; thence Southerly to a point on said centerline which is North 70°21'30" West and 108.21 feet from the true point of beginning; thence South 70°21'30" East 108.21 feet along said centerline to the true point of beginning. EXCEPTING THEREFROM any portion lying within the County road right of way.

TAX PARCEL NO:1-041-05-011-0007

PERSONAL REPRESENTATIVE'S DEED

*Law Office of Scott C. Broyles
901 Sixth Street
Clarkston, WA 99403
(509) 758-1636*

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DATED this 6th day of January, 2016.

GRANTOR:

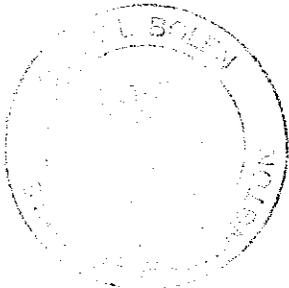
THE ESTATE OF FAY LEE WADE

Vivian Janice Wade
VIVIAN JANICE WADE, Personal Representative

State of Washington)
) ss.
County of Asotin)

I certify that I know or have satisfactory evidence that VIVIAN JANICE WADE is the person who appeared before me, and said person acknowledged that she signed this instrument, on oath, stated that she was authorized to execute the instrument and acknowledged it as the Personal Representative of the Estate of FAY LEE WADE, to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

IN WITNESS WHEREOF, I have hereunto set my hand and notarial seal on the date last above written.



Cindy L. Bolen
NOTARY PUBLIC in and for the State of
Washington, residing at: Clarkston, Wa.
My Commission expires: 8/25/2017

PERSONAL REPRESENTATIVE'S DEED

Law Office of Scott C. Broyles
901 Sixth Street
Clarkston, WA 99403
(509) 758-1636

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