Department of Revenue
Washington State

PLEASE TYPE OR PRINT

REAL ESTATE EXCISE TAX AFFIDAVIT

CHAPTER 82.45 RCW – CHAPTER 458-61A WAC

This form is your receipt when stamped by cashier.

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.

1 SELLER GRANTOR

Name: Chester T. Riedinger
Jannette R. Riedinger
Mailing Address: 3455 CLEMANS ROAD
City/State/Zip: CLARKSTON WA 99403
Phone No. (including area code): (509) 295-8201

2 BUYER GRANTEE

Name: JANNETTE R. RIEDINGER
Mailing Address: 3455 CLEMANS ROAD
City/State/Zip: CLARKSTON WA 99403
Phone No. (including area code): (509) 295-8201

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	List assessed value(s)
1-042-00-005-0001 ☐	1,000
1-042-00-007-0001 ☐	30,000
2-007-45-010-1300 ☐	600
2-007-45-010-3600 ☐	1,200
~~7-007-45-010-2390~~	

4 Street address of property: 3455 CLEMANS RD, CLARKSTON / UNINCORPORATED ANATONE, WA

This property is located in ☒ unincorporated ASOTIN County **OR** within ☐ city of

☐ Check box if any of the listed parcels are being segregated from a larger parcel.

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, 83

enter any additional codes:

(See back of last page for instructions)

	YES	NO
Is this property exempt from property tax per chapter 84.36 RCW (nonprofit organization)?	☐	☒

6

	YES	NO
Is this property designated as forest land per chapter 84.33 RCW?	☐	☒
Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34?	☒	☐
Is this property receiving special valuation as historical property per chapter 84.26 RCW?	☐	☒

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.

Gail Dillard — 4-1-16
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

Rebecca S. Wiemer, POA

PRINT NAME

Rebecca S. Wiemer

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

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

WAC No. (Section/Subsection): 458-61A-202(8)(G)

Reason for exemption: surviving spouse

Type of Document: death certificate

Date of Document: 4-1-16

Gross Selling Price	$
*Personal Property (deduct)	$
Exemption Claimed (deduct)	$
Taxable Selling Price	$
Excise Tax : State	$
Local	$
*Delinquent Interest: State	$
Local	$
*Delinquent Penalty	$
Subtotal	$
*State Technology Fee	$ 5.00
*Affidavit Processing Fee	$ 5.00
Total Due	$ 10.00

D200

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**: Jannette R. Riedinger
Name (print): JANNETTE R. RIEDINGER
Date & city of signing: 4-1-2016 CLARKSTON WA

Signature of **Grantee or Grantee's Agent**: Jannette R. Riedinger
Name (print): JANNETTE R. RIEDINGER
Date & city of signing: 4-1-2016 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)).

REV 84 0001a (02/13/07)

THIS SPACE - TREASURER'S USE ONLY

PAID

Jannette R. Riedinger
Ck# 3718

ASOTIN COUNTY TREASURER

40204

COUNTY TREASURER

Report Date: 03/31/2016 Asotin County Assessor PrintParcelInfo Report Time: 9:35 AM Page 1

ID: 2 007 45 010 1300 0000

Subd: 8070 TCd: 30 St: Typ: 83 SC: R: R1 Z: D: 1 ID NO: 566900

Property Name: RIEDINGER, JANNETTE
Address: RIEDINGER, CHESTER

Mailing Name: RIEDINGER, JANNETTE
Address: RIEDINGER, CHESTER
3455 CLEMANS RD
CLARKSTON, WA 99403

Legal: Sec/Blk: 10 Twn/Lot: 7 Rg/Blk: 45 L/I: Mortgage#: T/S:
Bank:

Desc 1: SW NE SEC 10 Desc 2:
Desc 3: Desc 4:

Acres:	40.00	Impr:	0.00	Unimpr:	40.00			Impr:	Unimpr:
Acre Values:	Market - ->Impr:		0	Unimpr:	2,600	Open/Sp- >Impr:		0	600
Curr Value:	Market - ->Land:		2,600	Impr:	0		2,600	Tax Information:	
	Open/Sp ->Land:		600	Impr:	0		600	Tax Levied:	12.54
	Sen/Cit ->Land:		0	Impr:	0		0	Exempt:	0.00
Prev Value:	Market - ->Land:		2,600	Impr:	0		2,600	Weed:	6.40
	Open/Sp ->Land:		600	Impr:	0		600		
	Sen/Cit ->Land:		0	Impr:	0		0		

SUMMARY TOTAL mmddyy 03/31/16

YR	Tax Amnt	Paid	Balance	Half 1	Half 2	Penalty	Interest	Total
12	12.68	12.68-	0.00	0.00	0.00	0.00	0.00	0.00
13	12.69	12.69-	0.00	0.00	0.00	0.00	0.00	0.00
14	12.66	12.66-	0.00	0.00	0.00	0.00	0.00	0.00
15	12.67	12.67-	0.00	0.00	0.00	0.00	0.00	0.00
16	12.54	0.00	12.54	12.54	0.00	0.00	0.00	12.54

49204

Report Date: 03/31/2016 Asotin County Assessor PrintParcelInfo Report Time: 9:35 AM Page 1

ID: 2 007 45 010 3600 0000

Subd: 8070 TCd: 30 St: Typ: 83 SC: R: R1 Z: D: 1 ID NO: 566900

Property Name: RIEDINGER, JANNETTE
Address: RIEDINGER, CHESTER

Mailing Name: RIEDINGER, JANNETTE
Address: RIEDINGER, CHESTER
3455 CLEMANS RD
CLARKSTON, WA 99403

Legal: Sec/Blk: 10 Twn/Lot: 7 Rg/Blk: 45 L/I: Mortgage#: T/S:
Bank:

Desc 1: W 1/2 SW SEC 10 Desc 2:

Desc 3: Desc 4:

Acres:	80.00	Impr:	0.00	Unimpr:	80.00			Impr:	Unimpr:
Acre Values:	Market - ->Impr:		0	Unimpr:	5,200	Open/Sp- >Impr:		0	1,200
Curr Value:	Market - ->Land:		5,200	Impr:	0	5,200	Tax Information:		
	Open/Sp ->Land:		1,200	Impr:	0	1,200	Tax Levied:		18.68
	Sen/Cit ->Land:		0	Impr:	0	0	Exempt:		0.00
Prev Value:	Market - ->Land:		5,200	Impr:	0	5,200	Weed:		6.40
	Open/Sp ->Land:		1,200	Impr:	0	1,200			
	Sen/Cit ->Land:		0	Impr:	0	0			

SUMMARY TOTAL mmddyy 03/31/16

YR	Tax Amnt	Paid	Balance	Half 1	Half 2	Penalty	Interest	Total
12	18.97	18.97-	0.00	0.00	0.00	0.00	0.00	0.00
13	18.99	18.99-	0.00	0.00	0.00	0.00	0.00	0.00
14	18.91	18.91-	0.00	0.00	0.00	0.00	0.00	0.00
15	18.95	18.95-	0.00	0.00	0.00	0.00	0.00	0.00
16	18.68	0.00	18.68	18.68	0.00	0.00	0.00	18.68

49204
~~4970~~

Report Date: 03/31/2016 Asotin County Assessor PrintParcelInfo Report Time: 9:35 AM Page 1

ID: 1 042 00 007 0001 0000

Subd: 1420 TCd: 27P St: Typ: 10 SC: R: R3 Z: D: 1 ID NO: 566900

Property Name: RIEDINGER, JANNETTE
Address: RIEDINGER, CHESTER
3445 CLEMANS RD
CLARKSTON, WA 99403

Mailing Name: RIEDINGER, JANNETTE
Address: RIEDINGER, CHESTER
3455 CLEMANS RD
CLARKSTON, WA 99403

Legal: Sec/Blk: Twn/Lot: 7 Rg/Blk: L/I: Mortgage#: T/S:
Bank:

Desc 1: CLEMANS ADDITION Desc 2: NW PT LOT 6& SML PT LOT 7
Desc 3: Desc 4:

Acres:	0.32	Impr:	0.32	Unimpr:	0.00		Impr:	Unimpr:
Acre Values:	Market - ->Impr:		0	Unimpr:	0	Open/Sp- >Impr:	0	0
Curr Value:	Market - ->Land:		30,000	Impr:	0	30,000	Tax Information:	
	Open/Sp ->Land:		0	Impr:	0	0	Tax Levied:	349.97
	Sen/Cit ->Land:		0	Impr:	0	0	Exempt:	0.00
Prev Value:	Market - ->Land:		30,000	Impr:	0	30,000	Weed:	6.40
	Open/Sp ->Land:		0	Impr:	0	0		
	Sen/Cit ->Land:		0	Impr:	0	0		

SUMMARY TOTAL mmddyy 03/31/16

YR	Tax Amnt	Paid	Balance	Half 1	Half 2	Penalty	Interest	Total
12	357.60	357.60-	0.00	0.00	0.00	0.00	0.00	0.00
13	358.04	358.04-	0.00	0.00	0.00	0.00	0.00	0.00
14	356.30	356.30-	0.00	0.00	0.00	0.00	0.00	0.00
15	356.77	356.77-	0.00	0.00	0.00	0.00	0.00	0.00
16	349.97	0.00	349.97	174.99	174.98	0.00	0.00	349.97

49204

Report Date: 03/31/2016 Asotin County Assessor PrintParcelInfo Report Time: 9:35 AM Page 1

ID: 1.042 00 005 0001 0000

Subd: 1420 TCd: 27P St: Typ: 10 SC: R: R3 Z: D: 1 ID NO: 566900

Property Name: RIEDINGER, JANNETTE
Address: RIEDINGER, CHESTER

Mailing Name: RIEDINGER, JANNETTE
Address: RIEDINGER, CHESTER
3455 CLEMANS RD
CLARKSTON, WA 99403

Legal: Sec/Blk: Twn/Lot: 5 Rg/Blk: L/I: Mortgage#: T/S:
Bank:

Desc 1: CLEMANS ADDITION Desc 2: SML PT LT 3 & W PT LOT 5

Desc 3: Desc 4:

Acres:	0.57	Impr:	0.57	Unimpr:	0.00			Impr:	Unimpr:
Acre Values:	Market - ->Impr:		0	Unimpr:	0	Open/Sp- >Impr:		0	0
Curr Value:	Market - ->Land:		1,000	Impr:	0	1,000	Tax Information:		
	Open/Sp ->Land:		0	Impr:	0	0	Tax Levied:		2,147.97
	Sen/Cit ->Land:		0	Impr:	0	0	Exempt:		0.00
Prev Value:	Market - ->Land:		1,000	Impr:	186,000	187,000	Weed:		6.40
	Open/Sp ->Land:		0	Impr:	0	0			
	Sen/Cit ->Land:		0	Impr:	0	0			

SUMMARY TOTAL mmddyy 03/31/16

YR	Tax Amnt	Paid	Balance	Half 1	Half 2	Penalty	Interest	Total
12	18.11	18.11-	0.00	0.00	0.00	0.00	0.00	0.00
13	18.12	18.12-	0.00	0.00	0.00	0.00	0.00	0.00
14	18.06	18.06-	0.00	0.00	0.00	0.00	0.00	0.00
15	18.08	18.08-	0.00	0.00	0.00	0.00	0.00	0.00
16	17.85	0.00	17.85	17.85	0.00	0.00	0.00	17.85

49204

Report Date: 03/31/2016 Asotin County Assessor PrintParcelInfo Report Time: 9:36 AM Page 1

ID: 7 007 45 010 2390 0000

Subd: 9700 TCd: 30 St: Typ: SC: R: R9 Z: D: * ID NO: 566900

Property Name: RIEDINGER, JANNETTE
Address: RIEDINGER, CHESTER

Mailing Name: RIEDINGER, JANNETTE
Address: RIEDINGER, CHESTER
3455 CLEMANS RD
CLARKSTON, WA 99403

Legal: Sec/Blk: 10 Twn/Lot: 7 Rg/Blk: 45 L/I: Mortgage#: T/S:
Bank:

Desc 1: W1/2 SW SW NE Desc 2:
Desc 3: Desc 4:

Acres:	120.00	Impr:	120.00	Unimpr:	0.00			Impr:	Unimpr:
Acre Values:	Market - ->Impr:		0	Unimpr:	0	Open/Sp- >Impr:	0	0	
Curr Value:	Market - ->Land:		0	Impr:	0	0	Tax Information:		
	Open/Sp ->Land:		0	Impr:	0	0	Tax Levied:	38.00	
	Sen/Cit ->Land:		0	Impr:	0	0	Exempt:	0.00	
Prev Value:	Market - ->Land:		0	Impr:	0	0	Weed:	0.00	
	Open/Sp ->Land:		0	Impr:	0	0			
	Sen/Cit ->Land:		0	Impr:	0	0			

SUMMARY TOTAL mmddyy 03/31/16

YR	Tax Amnt	Paid	Balance	Half 1	Half 2	Penalty	Interest	Total
12	38.00	38.00-	0.00	0.00	0.00	0.00	0.00	0.00
13	38.00	38.00-	0.00	0.00	0.00	0.00	0.00	0.00
14	38.00	38.00-	0.00	0.00	0.00	0.00	0.00	0.00
15	38.00	38.00-	0.00	0.00	0.00	0.00	0.00	0.00
16	38.00	0.00	38.00	38.00	0.00	0.00	0.00	38.00

49204

Asotin County, WA
Darla McKay Auditor

339607
02/13/2014 03:16 PM

0000035020140339607003003 8

I-131 DC
Pgs=3 Fee:$34.00
ALLIANCE TITLE & ESCROW

Return Address
Alliance Title & Escrow
735 5th St.
Clarkston, WA 99403

Please print or type information

Document Title(s) (or transactions contained therein):
1. Death Certificate
2.
3.
4.

Grantor(s) (Last name first, then first name and initials):
1. Chester T. Riedinger
2.
3.
4.
☐ Additional names on page __ of document.

Grantee(s) (Last name first, then first name and initials):
1.
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
1-001-14-015-0000-0000

☐ 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.

49204

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Washington State Certificate of Death

Local File Number | State File Number

RECEIVED 2013 DEC 20 AM 7:35 IDPC-1-09

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First / Middle / LAST / Suffix: Chester T. Riedinger
2. Death Date: Nov. 19, 2013
3. Sex (M/F): Male
4a. Age – Last Birthday: 88
4b. Under 1 Year (Months / Days)
4c. Under 1 Day (Hours / Minutes)
5. Social Security Number: [redacted]
6. County of Death: Asotin
7. Birthdate: July 3, 1925
8a. Birthplace (City, Town, or County): Ferdinand
8b. (State or Foreign Country): Idaho
9. Decedent's Education: 1 Year College
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No
11. Decedent's Race(s): White
12. Was Decedent ever in U.S. Armed Forces? Yes
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): 3455 Clemans Road
13b. City or Town: Clarkston
13c. Residence: County: Asotin
13d. Tribal Reservation Name (if applicable): N/A
13e. State or Foreign Country: Washington
13f. Zip Code + 4: 99403
13g. Inside City Limits? ☐ Yes ☒ No ☐ Unk
14. Estimated length of time at residence: 33 Years
15. Marital Status at Time of Death: Married
16. Surviving Spouse's Name (Give name prior to first marriage): Jannette R. Ward
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED): Owner/Operator
18. Kind of Business/Industry (Do not use Company Name): Grocery Store
19. Father's Name (First, Middle, Last, Suffix): Fredrick S. Riedinger
20. Mother's Name Before First Marriage (First, Middle, Last): Rose R. Nau
21. Informant's Name: Jannette Riedinger
22. Relationship to Decedent: Wife
23. Mailing Address: Number and Street or RFD No. / City or Town / State / Zip: 3455 Clemans Road, Clarkston, Wa. 99403
24. Place of Death, if Death Occurred in a Hospital: | Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Home
25. Facility Name (If not a facility, give number & street or location): 3455 Clemans Road
26a. City, Town, or Location of Death: Clarkston
26b. State: Wa.
27. Zip Code: 99403
28. Method of Disposition: Burial
29. Place of Final Disposition (Name of cemetery, crematory, other place): Vineland Cemetery
30. Location-City/Town, and State: Clarkston, Washington
31. Name and Complete Address of Funeral Facility: Merchant Funeral Home, 1000-7th Street, Clarkston, Wa. 99403
32. Date of Disposition: November 23, 2013
33. Funeral Director Signature X: Jerry Bartlow

Part 2 completed by Certifier

Cause of Death (See instructions and examples)

34. Enter the chain of events – diseases, injuries, or complications – 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. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) →
a. Prostate Cancer — Interval between Onset & Death: unknown
Due to (or as a consequence of):
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST
b. Due to (or as a consequence of): Interval between Onset & Death
c. Due to (or as a consequence of): Interval between Onset & Death
d.

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: Cardiomyopathy, congestive heart failure, CKD stage IV
36. Autopsy? ☐ Yes ☒ No
37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☐ No
38. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending
39. If female: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
40. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☐ No ☒ Unknown
41. Date of Injury (MM/DD/YYYY)
42. Hour of Injury (24hrs)
43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)
44. Injury at Work? ☐ Yes ☐ No ☐ Unk
45. Location of Injury: Number & Street: | Apt No: | City or Town: | County: | State: | Zip Code+ 4:
46. Describe how injury occurred
47. If transportation injury, specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)
48a. Certifying Physician: X Richard J. MD
48b. Medical Examiner/Coroner
49. Name and Address of Certifier – Physician, Medical Examiner or Coroner (Type or Print): Weiland, Richard J. MD. 1207 Evergreen Ct. Clarkston, Wa. 99403
50. Hour of Death (24hrs): 0300
51. Name and Title of Attending Physician if other than Certifier (Type or Print)
52. Date Signed (MM/DD/YYYY): November 19, 2013
53. Title of Certifier: Medical Doctor
54. License Number: WA 15988
55. Coroner File Number
56. Was case referred to ME/Coroner? ☐ Yes ☒ No
57. Registrar Signature X: [signature]
58. Date Received (MM/DD/YYYY): NOV 20 2013
59. Amendments

THE SEAL OF THE STATE OF WASHINGTON 1889

DOH 01-003 (12/11)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

49204

Washington State Department of Health

Affidavit for Correction

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

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

Use the section below for requesting any changes on the record.

Record Type: ☐ **Birth** ☐ **Death** ☐ **Marriage** ☐ **Dissolution**

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Maiden Name (For Birth): (Wife for Marriage or Dissolution)

The Record is Incorrect or Incomplete as follows:

The Record now shows:	**The True fact is:**
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: ☐ **Self** ☐ **Parent** ☐ **Guardian** ☐ **Informant** ☐ **Funeral Director** ☐ **Other (Specify)** Telephone Number:

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

15. Signature:	16. Date:	17. Address:

All vital records are registered as received.

Most changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:

- Certificate of Naturalization
- Hospital /Medical Record
- Life Insurance Policy
- Marriage/Divorce Record
- Numident Report (Social Security Administration)
- Military Record (DD-214)
- Birth Record
- Passport
- School Transcripts (Official)
- Voter's Registration Card (if it bears an effective date)
- Alien Registration Card (front and back)
- We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

Birth Certificates:

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
3. **Child (under 18)**
   - Only parent(s) or legal guardian can change the birth certificate.
   - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
   - Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
   - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
   - To correct birth date, place of birth or parent's information, one documentary proof is required.

   Adult (18 years or older)
   - Only the adult themselves can change the birth certificate.
   - If the first or middle name is absent, three pieces of documentary proof are required.
   - If the first and/or middle name is misspelled, two pieces of documentary proof are required.
   - To correct birth date, place of birth or parent's information, one documentary proof is required.
   - Proof must be five (or more) years old or have been established within five years of birth.
4. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)**

Death Certificates:

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

1. Personal fact(s) (minor spelling changes in name, date, or place of birth or residence) may be changed by affidavit (with proof) by the person.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023a January 2012

ASOTIN COUNTY STATE OF WASHINGTON HEALTH DISTRICT

Lawrence M. Garges, M.D
Health Officer

NOV 20 2013

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Affidavit of Surviving Spouse or Domestic Partner for Claiming an Exemption Based on Inheritance of Real Estate

State of Washington

County of ASOTIN

Name of deceased Chester T. Riedinger

I, (survivor's name) Jannette R. Riedinger affirm that I am the sole and rightful heir to the property described as:

Parcel number(s)
1-042-00-005-0001
1-042-00-007-0001
2-007-45-010-1300
2-007-45-010-3600
7-007-45-010-2390

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed this 1st day of April (month), 2016 (year) at Clarkston (city), WA (state)

Jannette R. Riedinger
(Signature of surviving spouse or registered domestic partner)

Jannene R. Riedinger
(Printed name of surviving spouse or registered domestic partner)

3455 Clemans Rd	Clarkston	WA	99403
(Address of surviving spouse or domestic partner)	***(City)***	***(State)***	***(Zip)***

Note: *See Senate Bill (SB) 6851 on page 2 for statutory requirements.*

REV 84 0015 (6/05/08)

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