



PLEASE TYPE OR PRINT

REAL ESTATE EXCISE TAX AFFIDAVIT

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)

This form is your receipt when stamped by cashier.

Check box if partial sale of property

If multiple owners, list percentage of ownership next to name.

Form sections 1 and 2: Seller/Grantor and Buyer/Grantee information including names, addresses, and phone numbers.

Form sections 3 and 4: Property tax correspondence and parcel account information.

Form section 4: Street address, location, and legal description of property.

Form sections 5, 6, and 7: Land use codes, exemptions, and tax calculations.

Form section 8: Signature and date of signing for both 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...

ASOTIN COUNTY TREASURER MAY 24 2016 49336

B.L. Wirsig DR CL# 8151

Exhibit A

11366

143913

WARRANTY DEED

July 9, 1979 2:22 P  
Attest: *Alberdine M. Quay*  
County Clerk, ASOTIN COUNTY, WASHINGTON

1 The Grantors, ORVILLE P. SILER and LOIS C. SILER,  
2 husband and wife, for and in consideration of ONE HUNDRED FIVE  
3 THOUSAND (\$105,000.00) DOLLARS in hand paid, convey and warrant  
4 to EUGENE F. WIRSIG and BETTY L. WIRSIG, husband and wife, the  
5 Grantees, the following described real estate,

6 That part of Lot 9, Block "H" of Vineland, Asotin County,  
7 Washington, according to recorded plat thereof, more  
8 particularly described as follows:

9 Commencing at the Southeast corner of Lot 6 of Block "H"  
10 said corner being on the West lot line of said Lot 9; thence  
11 North 20°40' East along said lot line for a distance of 40.2  
12 feet to the True Place of Beginning; thence South 80°30'  
13 East for a distance of 266.60 feet to a point on the Govern-  
14 ment Take Line; thence North 16°21'04" East (Grid North)  
15 along said take line for a distance of 112.90 feet; thence  
16 West for a distance of 119.99 feet; thence South 23°09' West  
17 for a distance of 18.06 feet to a point of curve; thence  
18 around a curve to the right with a radius of 80.0 feet for  
19 a distance of 95.64 feet; thence North 88°30' West for a  
20 distance of 96.78 feet to the true place of beginning.

21 ALSO:

22 Commencing at the Southeast corner of Lot 6 of said Block  
23 "H" said point being on the West lot line of said Lot 9;  
24 thence North 20°40' East along said lot line for a distance  
25 of 40.2 feet to the True Place of Beginning; thence South  
26 88°30' East a distance of 96.78 feet to a point of curve;  
27 thence around a curve to the left with a radius of 80.0  
28 feet for a distance of 65.02 feet; thence North 88°30'  
29 West for a distance of 146.28 feet to a point on the West  
30 lot line of said Lot 9; thence South 20°40' West along said  
31 lot line for a distance of 26.47 feet to the true place of  
32 beginning.

33 AND ALSO:

34 A part of land lying in Lot 9 of Block "H" of Vineland  
(according to duly recorded plat thereof), in Section 28,  
Township 11 North, Range 46 East W.M., Asotin County,  
Washington, more particularly described as follows:

Beginning at a point on the Washington Coordinate System,  
South Zone, the northing being North 407,860.67 feet, and  
the easting being 2,872,192.89 feet, said point being  
referred to as 1152-18-1B of the Lower Granite Project  
Boundary; thence South 01°32'01" East, 79.59 feet; thence  
South 37°59'38" West, 60.35 feet; thence North 16°21'04"  
East 132 feet, more or less to the point of beginning.

WARRANTY DEED

-1-

JOHN M. LYDEN  
LINFORD C. SMITH  
ATTORNEYS AT LAW  
824 FIFTH STREET  
CLARKSTON, WA 99403  
(509) 756-1626

49336

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-001203

DATE ISSUED: 01/16/2015

FEE NUMBER: 0000243217

GIVEN NAMES: EUGENE FINLEY  
LAST NAME: WIRSIG

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: JANUARY 13, 2015  
HOUR OF DEATH: 08:48 P.M.  
SEX: MALE  
AGE: 81 YEARS

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY  
FACILITY OR ADDRESS: AVALON PROGRESSIVE CARE  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 1563 WILLIAMS LANE  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403  
INSIDE CITY LIMITS? NO  
COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 34 YEARS

FATHER: LEONARD ARTHUR WIRSIG  
MOTHER: EULA LEONA FINLEY

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY  
CITY, STATE, ZIP: LEWISTON, ID  
DISPOSITION DATE: JANUARY 15, 2015

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME  
ADDRESS: 3521 7TH STREET  
CITY, STATE, ZIP: LEWISTON ID 83501  
FUNERAL DIRECTOR: RICHARD LASSITER

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: NOVEMBER 05, 1933  
BIRTHPLACE: COUNCIL BLUFFS, POTTAWATTAMIE CNTY, IOWA

MARITAL STATUS: MARRIED  
SPOUSE: BETTY WIERTZ

OCCUPATION: FORESTRY  
INDUSTRY: FOREST MANAGEMENT  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES? YES

INFORMANT: BETTY WIRSIG  
RELATIONSHIP: WIFE  
ADDRESS: 1563 WILLIAMS LANE, CLARKSTON WA, 99403

- CAUSE OF DEATH:
- A. COMPLICATIONS OF PROGRESSIVE DEMENTIA  
INTERVAL: 2 YEARS
  - B. LEWY BODY DEMENTIA  
INTERVAL: 8 YEARS
  - C. INTERVAL:
  - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
ISCHEMIC CEREBROVASCULAR DISEASE

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? NO  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: DONALD GREGGAIN, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 1221 HIGHLAND AVE  
CITY, STATE, ZIP: CLARKSTON WA 99403  
DATE SIGNED: JANUARY 14, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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



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

LOCAL DEPUTY REGISTRAR:  
DIANE ROUSSEAU  
DATE RECEIVED: JANUARY 15, 2015

49336



# Affidavit for Correction

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

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

### STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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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: \_\_\_\_\_

4. Father/Parent Full Birth Name \_\_\_\_\_ 5. Mother/Parent Full Birth Name \_\_\_\_\_

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: \_\_\_\_\_  
(Printed Name)

All vital records are registered as received. Most changes must be established by documentary proof submitted with the affidavit. We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.

Examples of acceptable documentary proof:

Birth Record	Numident Report (Social Security Administration)	School Transcripts (Official)
Certificate of Naturalization	Marriage/Divorce Record	Alien Registration (front and back)
Military Record (DD-214)	Life Insurance Policy	
Passport	Hospital /Medical Record	

**Birth Certificates**

- Only a parent, legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
- 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.
- 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/parent full birth name, father/parent full birth 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 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.
- 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, 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, one documentary proof is required.
  - Proof must be five (or more) years old or have been established within five years of birth.

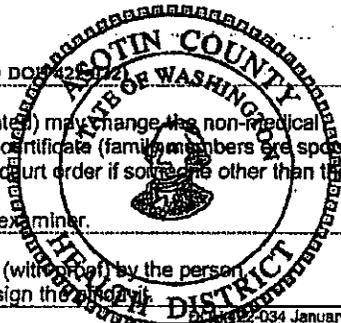
4. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form DOH 4250-02)

**Death Certificates**

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

**Marriage/Dissolution (Divorce) Certificates**

- 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.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.



*Lawrence M. Garges, M.D.*  
Lawrence M. Garges, M.D.  
Health Officer

JAN 16 2015  
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COMMUNITY PROPERTY AGREEMENT

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THIS AGREEMENT, made and entered into this 26<sup>th</sup> day of January, 1990, between EUGENE F. WIRSIG, husband, and BETTY L. WIRSIG, wife, of Clarkston, Asotin County, Washington, pursuant to the provisions of Section 26.16.120, Revised Code of Washington providing for agreements between husband and wife for the fixing of the status and disposition of community property to take effect upon the death of either,

W I T N E S S E T H:

That, in consideration of the love and affection that each of said parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted and promised as follows:

FIRST: That all property of whatsoever nature or description, whether real or personal, or mixed, and wheresoever situated, now owned or hereafter acquired by them or either of them, including any separate property, shall be considered and hereby declared to be community property, and each hereby conveys and quitclaims to the other his or her interest in any separate property he or she may now own or hereafter acquire so as to convert the same to community property.

SECOND: That upon the death of either of the parties hereto, title to all community property as defined in the preceding paragraph shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF, the said EUGENE F. WIRSIG and BETTY L.

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///   
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///

Community Property Agreement -1-

RECORDED Feb 2, 1990  
INDEXED C.T. Sharp

CHARLES T. SHARP  
ATTORNEY AT LAW  
POST OFFICE BOX 288  
CLARKSTON, WASHINGTON  
PHONE 509 758-8881

49336

1 WIRSIG have hereunto set their hands this 20 day of January,  
2 1990.

3  
4 Eugene F. Wirsig

5 Betty L. Wirsig

6 STATE OF WASHINGTON )  
7 ) ss.  
8 County of Asotin )

9 On this day personally appeared before me EUGENE F. WIRSIG  
10 and BETTY L. WIRSIG, to me known to be the individuals described  
11 in and who executed the within and foregoing instrument, and  
12 acknowledged that they signed the same as their free and voluntary  
13 act and deed, for the uses and purposes therein mentioned.

14 GIVEN under my hand and official seal this 20 day of  
15 January, 1990.

16  
17 Notary Public in and for the State of  
18 Washington, residing at Clarkston.

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Community Property Agreement

-2-

CHARLES T. SHARP  
ATTORNEY AT LAW  
POST OFFICE BOX 344  
CLARKSTON, WASHINGTON  
PHONE 509-758-8881

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