



REAL ESTATE EXCISE TAX AFFIDAVIT

PLEASE TYPE OR PRINT

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 Name RICHARD Q. ISAAC, Personal Representative of the Estate of Richard S. Isaac, deceased
2 Name RICHARD Q. ISAAC, a married man, as his sole and separate property
Mailing Address 112 Orchard Way
City/State/Zip Richland, WA 99352
Phone No. (including area code) (509) 301-6639

3 Send all property tax correspondence to: [X] Same as Buyer/Grantee
Name Richard Q. Isaac
Mailing Address 112 Orchard Way
City/State/Zip Richland, WA 99352
Phone No. (including area code) (509) 301-6639
List all real and personal property tax parcel account numbers - check box if personal property
1-154-02-019-0000-0000
List assessed value(s) 200,900

4 Street address of property: 1765 8th Avenue, Clarkston, WA
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)
Lot 19, Block 2 of Swallow's Glen Addition according to plat recorded in Book D of Plats, page 40, in Asotin County, Washington.

5 Select Land Use Code(s):
11 - Household, single family units
enter any additional codes:
(See back of last page for instructions)
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)? YES NO [X]

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

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 [X] 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.
If claiming an exemption, list WAC number and reason for exemption:
WAC No. (Section/Subsection) 458-61A-202
Reason for exemption Inheritance
Type of Document Personal Representative's Deed
Date of Document July 27, 2016
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
0.0025 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 [Signature]
Name (print) Richard Q. Isaac, Personal Representative
Date & city of signing: July 27, 2016; Richland, WA
Signature of Grantee or Grantee's Agent [Signature]
Name (print) Richard Q. Isaac
Date & city of signing: July 27, 2016; Richland, 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 (01/04/16) THIS SPACE - TREASURER'S USE ONLY COUNTY TREASURER

COX & Wagner CK# 4925
PLC

PAID
SEP 06 2016
ASOTIN COUNTY
TREAS Jhd

48624

CERTIFIED

REC'D & FILED  
OFFICE OF CO. CLERK  
ASOTIN COUNTY WA  
JUL 06 2009  
CLERK DEPUTY

SUPERIOR COURT OF WASHINGTON FOR ASOTIN COUNTY

In re the Estate of:	)	
	)	No. <b>09-4-00042-8</b>
RICHARD S. ISAAC,	)	LETTERS TESTAMENTARY
	)	
Deceased.	)	

WHEREAS, the Last Will of the above named decedent having been proven and recorded in this Court on July *6th*, 2009.

NOW THEREFORE, know all men by these presents: That RICHARD Q. ISAAC is hereby appointed and qualified as Personal Representative of said estate, and that we do hereby authorize the above named to execute said Will according to law.

DATED this *6th* day of July, 2009.

*Linda K. Hough*  
\_\_\_\_\_  
Superior Court Clerk

LETTERS TESTAMENTARY  
PAGE 1

Steve R. Cox WSB # 32613  
Randall, Blake & Cox, P.A.  
ATTORNEYS AT LAW  
P.O. Box 446  
Lewiston, ID 83501

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**CERTIFICATE**

I, LINDA HOUGH, Clerk of the Asotin County Superior Court, certify that the above and foregoing is a true and correct copy of the Letters Testamentary in the above-named case and were entered on July 16th, 2009.

I further certify that these Letters are now in full force and effect.

DATED this 16th day July, 2009.

Clerk of the Superior Court

By Linda Hough  
Clerk/Deputy

LETTERS TESTAMENTARY  
PAGE 2

Steve R. Cox WSB # 32613  
Randall, Blake & Cox, P.A.  
ATTORNEYS AT LAW  
P.O. Box 446  
Lewiston, ID 83501

49624

**STATE OF WASHINGTON  
DEPARTMENT OF HEALTH**

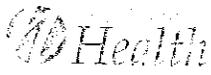
1. Legal Name (include AKA's if any): First Middle LAST <b>Richard Stephen Isaac</b>		2. Death Date <b>April 20, 2009</b>	
3. Sex (M/F) <b>Male</b>	4a. Age - Last Birthday <b>63</b>	4b. Under 1 Year Months Days <b>0 0</b>	4c. Under 1 Day Hours Minutes <b>0 0</b>
5. Social Security Number [REDACTED]		6. County of Death <b>Asotin</b>	
7. Birthdate <b>May 28, 1945</b>	8a. Birthplace (City, Town, or County) <b>Vanport</b>	8b. (State or Foreign Country) <b>Washington</b>	9. Decedent's Education <b>Completed one year of college</b>
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>		11. Decedent's Race(s) <b>White</b>	
12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>		13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>1765 8th Avenue</b>	
13b. City or Town <b>Clarkston</b>	13c. Residence: County <b>Asotin</b>	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country <b>Washington</b>
13f. Zip Code + 4 <b>99403</b>	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk		
14. Estimated length of time at residence. <b>35 Years</b>	15. Marital Status at Time of Death <b>Married</b>	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <b>Doreen Ivy</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) <b>Electrician</b>		18. Kind of Business/Industry (Do not use Company Name) <b>Industrial</b>	
19. Father's Name (First, Middle, Last, Suffix) <b>Richard Burton Isaac</b>		20. Mother's Name Before First Marriage (First, Middle, Last) <b>Opal Robolene Benbow</b>	
21. Informant's Name <b>Doreen Isaac</b>	22. Relationship to Decedent <b>Spouse</b>	23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>1765 8th Avenue Clarkston WA 99403</b>	
24. Place of Death, if Death Occurred in a Hospital: <b>Decedent's Home</b>			
25. Facility Name (If not a facility, give number & street or location) <b>1765 8th Avenue</b>		26a. City, Town, or Location of Death <b>Clarkston</b>	26b. State <b>WA</b>
26c. Zip Code <b>99403</b>		27. Zip Code <b>99403</b>	
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Mountain View Crematory</b>	
30. Location-City/Town, and State <b>Lewiston, Idaho</b>		31. Name and Complete Address of Funeral Facility <b>Merchant Funeral Home 1000 7th Street Clarkston, WA 99403</b>	
32. Date of Disposition <b>April 27, 2009</b>		33. Funeral Director Signature X <i>James D. [Signature]</i>	

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. <b>Sudden Cardiac Death</b>	Interval between Onset & Death <b>One Day</b>	
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. <b>Ischemic Cardiomyopathy</b>	Interval between Onset & Death <b>10 yrs</b>	
	c. <b>Peripheral Vascular Disease</b>	Interval between Onset & Death <b>10-20 yrs</b>	
	d. <b>Type II Diabetes Mellitus</b>	Interval between Onset & Death <b>30 yrs</b>	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <b>Medication Non Adherence</b>		36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending	39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. <i>Elizabeth + Bill</i>		48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Elizabeth L. Black, M.D. 1267 Belmont Way, Clarkston WA 99403</b>		50. Hour of Death (24hrs) <b>1645</b>	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)		52. Date Signed (MM/DD/YYYY) <b>04/27/2009</b>	
53. Title of Certifier <b>Medical Doctor</b>	54. License Number <b>MD 00045393</b>	55. ME/Coroner File Number	56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature <i>[Signature]</i>	58. Date Received (MM/DD/YYYY) <b>APR 27 2009</b>		
59. Amendments			

**49624**

Part 1 completed by Funeral Director

Part 2 completed by Certifier



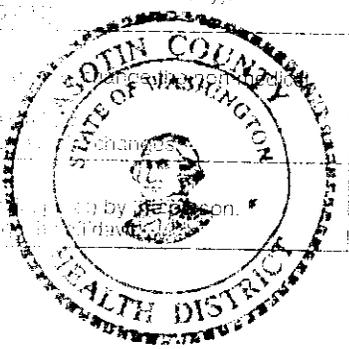
# Affidavit for Correction

Center for Health Statistics  
P.O. Box 9709  
Olympia, WA 98507-9709  
(360) 369-4500

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												
Please check the appropriate box(es) on the record.																
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution																
1. Name on record:		2. Date of Event:		3. Place of Event: (City or County)												
4. Father's Full Name (For Death): (Husband for Marriage or Dissolution)			5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)													
The Record is incorrect or incomplete as follows:																
A. How the record shows:		B. The True fact is:														
1.		7.														
2.		8.														
3.		9.														
4.		10.														
5.		11.														
6.		12.														
I represent this as true and correct.		I represent this as true and correct.		Telephone Number:												
I declare under penalty of perjury that the above is true and correct.		I declare under penalty of perjury that the foregoing is true and correct.														
A. Signature:		B. Date:		C. Address:												
<p>1. All corrections are subject to the provisions of the state constitution and the laws of the State of Washington. Changes must be made by court order. The incorrect information on the record may be corrected by affidavit only if the change is a clerical error or a change of name. Changes must be made by court order. The incorrect information on the record may be corrected by affidavit only if the change is a clerical error or a change of name.</p> <p>2. Changes must be supported by documentary proof which must be filed with the affidavit.</p> <p>3. Examples of acceptable proof:</p> <table border="0"> <tr> <td>Birth Records</td> <td>Marriage Records</td> <td>Divorce Records</td> <td>Death Records</td> <td>Marriage Records</td> <td>Military Discharge (DD-4)</td> <td>Birth Records</td> <td>Death Records</td> <td>School Records</td> <td>Voters Registration Card (if it bears an effective date)</td> <td>Alien Registration Card (front and back)</td> </tr> </table>					Birth Records	Marriage Records	Divorce Records	Death Records	Marriage Records	Military Discharge (DD-4)	Birth Records	Death Records	School Records	Voters Registration Card (if it bears an effective date)	Alien Registration Card (front and back)	
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<p>4. Certificates:</p> <table border="0"> <tr> <td> <p>Change of name: The proof of a name change must be filed with the affidavit. Up to one name change is allowed. This is a one-time change. The new name must be used on all future documents. After age 18, a name change must be made with an affidavit and a court order.</p> </td> <td> <p>Change of child's name: The child's name must be changed on a birth certificate. If the child has been adopted, the name change must be made on the adoption certificate. After age 18, a name change must be made with an affidavit and a court order.</p> </td> <td> <p>Change of date of birth: The date of birth must be corrected on the birth certificate. The proof must show the child's true date of birth. If the child's name is Mary Ann Doe, the proof must show the child's true date of birth.</p> </td> <td> <p>Change of sex: The sex must be corrected on the birth certificate. The proof must show the child's true sex. 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*C. Spitters M.D.*  
C. Spitters, M.D.  
Health Officer

APR 27 2009  
PP00521166