

**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, indicate % sold.

List percentage of ownership acquired next to each name.

<b>1</b> SELLER GRANTOR	Name <u>ESTATE OF MERRILL A. HUGHES</u>	<b>2</b> BUYER GRANTEE	Name <u>DAWN ANN HUGHES</u>
	Mailing Address <u>1245 BOSTON STREET</u>		Mailing Address <u>1245 BOSTON STREET</u>
	City/State/Zip <u>CLARKSTON, WA 99403</u>		City/State/Zip <u>CLARKSTON, WA 99403</u>
	Phone No. (including area code) _____		Phone No. (including area code) _____
<b>3</b> Send all property tax correspondence to: <input checked="" type="checkbox"/> Same as Buyer/Grantee		List all real and personal property tax parcel account numbers – check box if personal property	
Name _____		1-004-25-002-0018-0000 <input type="checkbox"/>	
Mailing Address _____		_____ <input type="checkbox"/>	
City/State/Zip _____		_____ <input type="checkbox"/>	
Phone No. (including area code) _____		_____ <input type="checkbox"/>	
		List assessed value(s) <u>141600</u>	

**4** Street address of property: 1245 BOSTON STREET, CLARKSTON, WA 99403  
 This property is located in \_\_\_\_\_ Select Location  
 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 LEGAL DESCRIPTION**

**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.

If claiming an exemption, list WAC number and reason for exemption:  
 WAC No. (Section/Subsection) 458-61A-202(8)(G)  
 Reason for exemption Lack of Probate (Affidavit)  
 Type of Document Affidavit  
 Date of Document 12-21-2016

Gross Selling Price \$	0.00
*Personal Property (deduct) \$	_____
Exemption Claimed (deduct) \$	_____
Taxable Selling Price \$	0.00
Excise Tax : State \$	0.00
<u>0.0000</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>Dawn A. Hughes</u>	Signature of Grantee or Grantee's Agent <u>Dawn A. Hughes</u>
Name (print) <u>Dawn A. Hughes</u>	Name (print) <u>Dawn A. Hughes</u>
Date & city of signing: <u>12/21/16, Clarkston, WA</u>	Date & city of signing: <u>12/21/16, Clarkston, WA</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)).

REV 84 0001a (09/14/16)  
 Ledgerwood & Basore  
 CK # 6981 (Ya)

THIS SPACE - TREASURER'S USE ONLY COUNTY TREASURER

PAID  
 DEC 22 2016  
 ASOTIN COUNTY TREASURER  
 15923

AFTER RECORDING RETURN TO:

Brooke J. Burns  
Ledgerwood and Burns, PLLC  
922 6<sup>th</sup> Street  
Clarkston, WA 99403

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GRANTOR: ESTATE OF MERRILL A. HUGHES  
GRANTEE: DAWN ANN HUGHES  
LEGAL: S75' N642' W1/2 LOT 2 OF BLK JJ OF VINELAND, RECORDS OF  
ASOTIN COUNTY, WASHINGTON  
PARCEL NO: 1-004-25-002-0018-0000

AFFIDAVIT (LACK OF PROBATE)

DAWN ANN HUGHES, being first duly sworn, deposes and says:

The undersigned affiant/grantee, DAWN ANN HUGHES, is the rightful heir, as listed on heirs at law, to the real property described below, and is the lawful surviving spouse of MERRILL A. HUGHES, who died on September 20, 2016, at Clarkston, Asotin County, Washington.

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Part of Lot 2 of Block "JJ" of Vineland according to the recorded plat thereof, records of Asotin County, Washington, more particularly described as follows:

From the intersection of the centerlines of Libby and 13<sup>th</sup> Streets, run West on centerline of Libby Street a distance of 495.0 feet to a centerline of Lot 2 of Block "JJ" of Vineland; thence deflect left 90°00 a distance of 567.0 feet to the Place of Beginning; thence continue on the same course a distance of 75 feet; thence deflect right 90°00 a distance of 165.0 feet; thence deflect right 90°00 a distance of 75 feet; thence deflect right 90° a distance of 165 feet to the place of beginning.

Less and excepting: the West 25 feet thereof, and the East 10 feet thereof.

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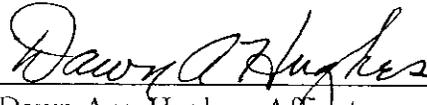
Assessor's property tax Parcel No: 1-004-25-002-0018-0000

Decedent left no Last Will and Testament.

Heirs at law includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent:

<u>Name and Address</u>	<u>Relationship</u>
Dawn Hughes 1245 Boston Street Clarkston, WA 99403	Spouse
AnnaLee M. Hughes 631 7 <sup>th</sup> Avenue Lewiston, ID 83501	Daughter
Jessica Erin Greggain 411 South Virgil Apt. 214 T Los Angeles, CA 90020	Daughter

DATED this 21st day of December, 2016.



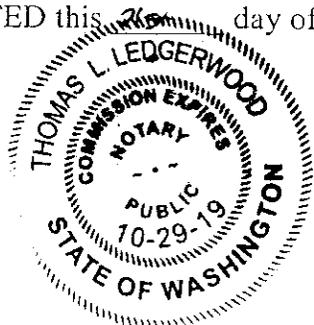
Dawn Ann Hughes, Affiant  
509-552-1553  
1245 Boston Street  
Clarkston, WA 99403

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STATE OF Washington                    }  
  } ss.  
County of Asotin                            }

I certify that I know or have satisfactory evidence that Dawn Ann Hughes is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 26~~th~~ day of December, 2016.



Thomas L. Ledgerwood  
Notary Public in and for the State of Washington,  
residing at Clarkston  
My appointment expires: 10/29/19

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CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-038449

DATE ISSUED: 09/27/2016

FEE NUMBER: 0000046750

GIVEN NAMES: MERRILL A  
LAST NAME: HUGHES

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: SEPTEMBER 20, 2016  
HOUR OF DEATH: 08:48 A.M.  
SEX: MALE  
AGE: 62 YEARS

PLACE OF DEATH: EMERGENCY ROOM  
FACILITY OR ADDRESS: TRI-STATE MEMORIAL HOSPITAL, INC.  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 1245 BOSTON ST  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403  
INSIDE CITY LIMITS? YES  
COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 16 YEARS

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

FATHER/PARENT: PAT J HUGHES  
MOTHER/PARENT: STELLA MARY ERICKSON

BIRTHDATE: OCTOBER 21, 1953  
BIRTHPLACE: DICKENSON, NORTH DAKOTA

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNTAIN VIEW FUNERAL HOME  
CITY, STATE, ZIP: LEWISTON, ID  
DISPOSITION DATE: SEPTEMBER 23, 2016

MARITAL STATUS: MARRIED  
SPOUSE: DAWN ANN PHILLIPS

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

OCCUPATION: COORDINATING QUALITY TECH  
INDUSTRY: PAPER MILL  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? NO

INFORMANT: DAWN HUGHES  
RELATIONSHIP: WIFE  
ADDRESS: 1245 BOSTON ST, CLARKSTON WA, 99403

CAUSE OF DEATH:  
A. ACUTE MYOCARDIAL INFARCTION  
INTERVAL: UNKNOWN

B. INTERVAL:

C. INTERVAL:

D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

CERTIFIER NAME: DONALD CHIN, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 1221 HIGHLAND AVE  
CITY, STATE, ZIP: CLARKSTON WA 99403  
DATE SIGNED: SEPTEMBER 22, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

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

ITEM(S) AMENDED: NONE

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



LOCAL DEPUTY REGISTRAR:  
BRADY WOODBURY  
DATE RECEIVED: SEPTEMBER 23, 2016

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DOH 01-003 (10/15)



# Affidavit for Correction

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

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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**Required information must match current information on record**

Record Type:  Birth  Death  Marriage  Dissolution (Divorce)

1. Name on Record: \_\_\_\_\_ 2. Date of Event: \_\_\_\_\_ 3. Place of Event: \_\_\_\_\_

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

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

7. Return Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

8. The record now shows:	9. The true fact is:
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 2<sup>nd</sup> parent (if required): \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS – go to [www.doh.wa.gov](http://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**

- 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.
- 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.
- 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, one documentary proof is required

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

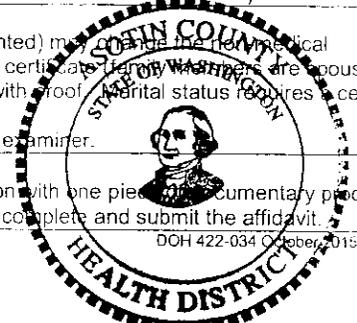
**This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)**

**Death Certificates**

- 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 (e.g. spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. 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 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.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



*Joel McCullough*  
Joel McCullough, M.D., MPH, MS  
Health Officer

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SEP 29 2016

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