

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)

List percentage of ownership acquired next to each name.

1 SELLER GRANTOR	Name <u>ESTATE OF ATANACIO H. ESTRADA</u>	2 BUYER GRANTEE	Name <u>MARIA ELENA ESTRADA</u>
	by <u>MARIA ESTRADA, Personal Representative</u>		
	Mailing Address <u>232 W. Larkspur Lane</u>		Mailing Address <u>232 W. Larkspur Lane</u>
	City/State/Zip <u>Lewiston, ID 83501</u>		City/State/Zip <u>Lewiston, ID 83501</u>
	Phone No. (including area code) <u>(208) 305-1240</u>		Phone No. (including area code) <u>(208) 305-1240</u>

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	List assessed value(s)
Name _____	<u>1-004-23-004-0003-0000</u> <input type="checkbox"/>	<u>153,000</u>
Mailing Address _____	<u>5-004-23-004-0003-0000</u> <input checked="" type="checkbox"/>	<u>6,800</u>
City/State/Zip _____	_____ <input type="checkbox"/>	_____
Phone No. (including area code) _____	_____ <input type="checkbox"/>	_____

Street address of property: 1338 Sycamore

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)

The South 1/2 of Lot 4 in Block "HH" of Vineland according to the official plat thereof, filed in Book A of Plat at Page(s) 20, records of Asotin County, Washington.

Select Land Use Code(s):
09 - Land with mobile home
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

Is this property designated as forest land per chapter 84.33 RCW?
YES NO

Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW?
YES NO

Is this property receiving special valuation as historical property per chapter 84.26 RCW?
YES NO

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 Maria Elena Estrada
Name (print) MARIA ESTRADA
Date & city of signing: 7/27/17 - Clarkston

Signature of Grantee or Grantee's Agent Maria Elena Estrada
Name (print) MARIA ELENA ESTRADA
Date & city of signing: 7/27/17 - Clarkston

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 (04/21/17) THIS SPACE **PAID** TREASURER'S USE ONLY COUNTY TREASURER

maria estrada Clk# 1205
JP

JUL 31 2017
ASOTIN COUNTY
TREASURER

50449

RECORD AND RETURN TO

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

PERSONAL REPRESENTATIVE'S DEED

THE GRANTOR, MARIA ESTRADA, as Personal Representative of THE ESTATE OF ATANACIO H. ESTRADA, for and in consideration of WAC 458-61A-202(c) - INHERITANCE, and other good and valuable consideration, conveys and warrants to MARIA ELENA ESTRADA, a single woman, the GRANTEE, the following described real estate, situated in the County of Asotin, State of Washington;


The South ½ of Lot 4 in Block "HH" of Vineland according to the official plat thereof, filed in Book A of Plat at Page(s) 20, records of Asotin County, Washington.

TAX PARCEL NO: 1-004-23-004-0003-0000 & ~~5-004-23-004-0003-0010~~

DATED this 27th day of July, 2017.

GRANTOR:

THE ESTATE OF ATANACIO H. ESTRADA



MARIA ESTRADA, Personal Representative

PERSONAL REPRESENTATIVE'S DEED

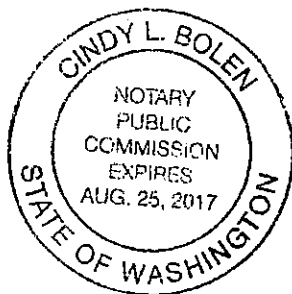
*Broyles & Eifert, PLLC
901 Sixth Street
Clarkston, WA 99403
(509) 758-1636*

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State of Washington)
) ss.
County of Asotin)

I certify that I know or have satisfactory evidence that MARIA ESTRADA 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 ATANACIO H. ESTRADA, 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: Kewiston, WA
My Commission expires: 8/25/17

FILED

2017 APR -5 P 4: 58

MCKENZIE KELLEY
COUNTY CLERK
ASOTIN COUNTY, WA

CERTIFICATE

SUPERIOR COURT OF WASHINGTON
COUNTY OF ASOTIN

In re the Estate of:

ATANACIO H. ESTRADA,

Deceased.

NO. 17 - 4 - 00030 - 02

LETTERS OF ADMINISTRATION

WHEREAS, ANTANACIO H. ESTRADA, late of Lewiston, Nez Perce County, Idaho, on or about the 9th day of February, 2017, died intestate, leaving at the time of his death, property in this state subject to administration:

NOW, THEREFORE,

KNOW ALL MEN BY THESE PRESENTS, that we do hereby appoint MARIA ESTRADA Administrator upon said estate, and whereas said Administrator has duly qualified, hereby authorizes her to administer the same according to law.

WITNESS my hand and seal of said court this 5th day of April, 2017.


CLERK OF THE SUPERIOR COURT

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

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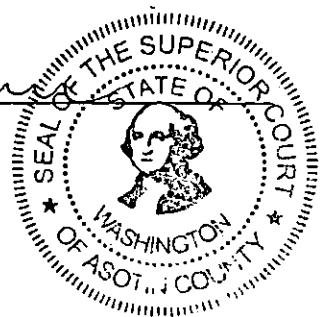
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STATE OF WASHINGTON)
) ss
County of Asotin)

I, McKENZIE KELLEY, County Clerk of the County of Asotin, State of Washington, and ex-officio Clerk of the Superior Court of the State of Washington for Asotin County, does hereby certify that the within and foregoing is a full, true and correct copy of the original Letters of Administration and of the whole thereof, as the same is now on file and of record in the above entitled cause in my office and custody, said letters have never been revoked and are still in Full Force and Effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Superior Court, this 5th day of April, 2017.

McKenzie Kelley
County Clerk and ex-officio Clerk
of the Superior Court



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

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-007371

LOCAL FILE NUMBER: 0653

DATE ISSUED: 02/21/2017

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ATANACIO H
LAST NAME(S): ESTRADA

COUNTY OF DEATH: SPOKANE
DATE OF DEATH: FEBRUARY 09, 2017
HOUR OF DEATH: 08:55 PM

SEX: MALE AGE: 73 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: YES, MEXICAN, MEXICAN AMERICAN, CHICANO
RACE: WHITE

BIRTH DATE: APRIL 17, 1943
BIRTHPLACE: GUANAJUATO MEXICO

MARITAL STATUS: MARRIED
SPOUSE: MARIA ELENA VARGAS

OCCUPATION: MANAGER
INDUSTRY: EKO SYSTEMS
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

INFORMANT: MARIA ESTRADA
RELATIONSHIP: WIFE
ADDRESS: 232 W LARKSPUR LN, LEWISTON, ID, 83501

CAUSE OF DEATH:
A. ACUTE RESPIRATORY FAILURE WITH HYPOXIA
INTERVAL: HOURS
B. INTRACRANIAL HEMORRHAGE
INTERVAL: DAYS
C. UNCONTROLLED HYPERTENSION
INTERVAL: YEARS
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: PROVIDENCE SACRED HEART MEDICAL CENTER
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99204

RESIDENCE STREET: 232 W LARKSPUR LN
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
INSIDE CITY LIMITS: YES COUNTY: NEZ PERCE
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 3 YEARS

FATHER/PARENT: PABLO ESTRADA
MOTHER/PARENT: EPIFANIA HERNANDEZ

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: FEBRUARY 15, 2017

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME

ADDRESS: 3521 7TH ST
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
FUNERAL DIRECTOR: RICHARD LASSITER

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

CERTIFIER NAME: DAWIT GEBREKIDAN, MD.
TITLE: PHYSICIAN
CERTIFIER ADDRESS: PO BOX 2555
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99220
DATE SIGNED: FEBRUARY 14, 2017

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

LOCAL DEPUTY REGISTRAR: JULIBETH HERNANDEZ
DATE RECEIVED: FEBRUARY 15, 2017

50449



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) _____

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:

The record now shows:	The true fact is:
1. _____	9. _____
0. _____	11. _____
2. _____	13. _____
4. _____	15. _____

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

6a. Signature: _____ 16b. Signature of 2nd parent (if required): _____

Printed name: _____ 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

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, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or date of birth, documentary proof is required

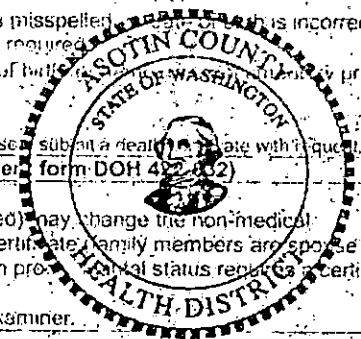
To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with the request. This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the 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). 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, M.D., MPH, MS
Health Officer



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