

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 of property

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

| | | | |
|----------------|--|---------------|---|
| SELLER GRANTOR | 1 Name <u>Margaret A. Argiro, Personal Representative of the Estate of Henry F. Vancik</u> | BUYER GRANTEE | 2 Name <u>Dallas H. Dodd</u> <u>Dianne K. Dodd</u> |
| | Mailing Address <u>222 Wright Road</u> | | Mailing Address <u>P.O. Box 100</u> |
| | City/State/Zip <u>Salt Spring Island BC V8K 2H8</u> | | City/State/Zip <u>Anatone WA 99401</u> |
| | Phone No. (including area code) <u>250-537-0887</u> | | Phone No. (including area code) |

3 Send all property tax correspondence to: Same as Buyer/Grantee

Name Dallas H. Dodd Dianne K. Dodd

Mailing Address PO Box 100

City/State/Zip Anatone, WA 99401

Phone No. (including area code) 509-256-3347

List all real and personal property tax parcel account numbers - check box if personal property

| | | |
|--------------------------|--------------------------|------------------------|
| <u>10030701200030000</u> | <input type="checkbox"/> | List assessed value(s) |
| | <input type="checkbox"/> | <u>179,500.00</u> |
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |

4 Street address of property: 1323 7th St. - Clarkston, WA 99403

This property is located in unincorporated Asotin County OR within city of 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.

The West half of the North half of Lot 12 of Block 7 South of Clarkston according to plat recorded in Book B of Plats, page 41, in Asotin County, Washington. EXCEPTING the West 7 1/2 feet deeded to the City of Clarkston by deed # 57427 for alley purposes.

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) _____

Reason for exemption _____

Type of Document Statutory Warranty Deed (SWD)

Date of Document 10/11/17

| | | |
|-----------------------------|----|-------------------|
| Gross Selling Price | \$ | <u>203,750.00</u> |
| *Personal Property (deduct) | \$ | <u>0.00</u> |
| Exemption Claimed (deduct) | \$ | <u>0.00</u> |
| Taxable Selling Price | \$ | <u>203,750.00</u> |
| Excise Tax : State | \$ | <u>2,608.00</u> |
| Local | \$ | <u>509.38</u> |
| *Delinquent Interest: State | \$ | <u>0.00</u> |
| Local | \$ | <u>0.00</u> |
| *Delinquent Penalty | \$ | <u>0.00</u> |
| Subtotal | \$ | <u>3,117.38</u> |
| *State Technology Fee | \$ | <u>5.00</u> |
| *Affidavit Processing Fee | \$ | <u>0.00</u> |
| Total Due | \$ | <u>3,122.38</u> |

0202

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>Margaret A. Argiro</u> | Signature of Grantee or Grantee's Agent <u>Dallas H. Dodd</u> |
| Name (print) <u>Margaret A. Argiro, Personal Representative</u> | Name (print) <u>Dallas H. Dodd</u> |
| Date & city of signing: <u>Oct 16, 2017 Clarkston, WA</u> | Date & city of signing: <u>10/16/17 - 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)).

1
2 **CERTIFIED**
3

FILED

2017 MAR 19 11:01

CLERK

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7
8 SUPERIOR COURT OF WASHINGTON FOR ASOTIN COUNTY
9

10 In re the Estate of:) No. 17-4-00028-02
11)
12 HENRY F. VANCIK,) LETTERS TESTAMENTARY
13 Deceased.) WITH NONINTERVENTION
14 POWERS
15

16 WHEREAS, the Last Will and Testament of Henry F. Vancik, deceased, was on the
17 28th day of March, 2017, duly exhibited, proven, and recorded in our said Superior Court;

18 WHEREAS, Margaret A. Argiro, formerly Margaret A. Vancik, is the person
19 nominated as Personal Representative in said Will;

20 WHEREAS, Margaret A. Argiro has petitioned this court to be appointed Personal
21 Representative thereof; and
22

23 WHEREAS, this court has entered an order granting nonintervention powers to the
24 Personal Representative,

25 NOW, THEREFORE, know all men by these presents, that we do hereby authorize the
26 said Margaret A. Argiro to execute the terms of the Will with nonintervention powers
27 according to law.
28

6
CK

LETTERS TESTAMENTARY WITH
NONINTERVENTION POWERS

Law Office of
David A. Gittins
843 Seventh Street
Clarkston, WA 99403
(509)758-2501
Facsimile: (509) 758-3576

50654

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WITNESS, Thomas L. Ledgerwood,
Commissioner of our Superior Court, and the
seal of said Court hereto affixed this 28th day
of March, 2017.

Lauren J. Danner
Clerk of the Superior Court



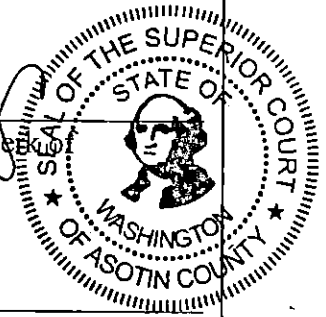
STATE OF WASHINGTON)
) : ss.
County of Asotin)

I, McKenzie A. 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, do
hereby certify that the within and foregoing is a full, true, and correct copy of the Letters
Testamentary and of the whole thereof, as the same are 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 9th day of ~~March~~, 2017.

Sept.

McKenzie Kelley
County Clerk & Ex-Officio Clerk
of the Superior Court



By _____
Deputy

LETTERS TESTAMENTARY WITH
NONINTERVENTION POWERS

Law Office of
David A. Gittins
843 Seventh Street
Clarkston, WA 99403
(509)758-2501
Facsimile: (509) 758-3576

50654

After recording, return to:

David A. Gittins
Law Offices of David A. Gittins
P.O. Box 191 (843 7th Street)
Clarkston, WA 99403

Asotin County, WA
Darla McKay Auditor

353076
03/28/2017 09:54 AM



I-15 CP
Pgs=2 Fee:\$74.00
DAVID A GITTINS

| |
|---|
| Document Title(s) or transactions contained therein: Community Property Agreement |
| Husband Vancik, Henry F. |
| Wife Vancik, Verlie M. |
| Date of Execution December 10, 1987 |

50654

1 COMMUNITY PROPERTY AGREEMENT

2 THIS AGREEMENT, made and entered into this 10 day of
3 December, 1987, by and between HENRY F. VANCIK and VERLIE M. VANCIK,
4 husband and wife, of Yakima, Yakima County, Washington, pursuant
5 to the provisions of Section 26.16.120 Revised Code of Washington,
6 providing for agreements between husband and wife for the fixing of the
7 status and disposition of community property to take effect upon
8 the death of either.

7 WITNESSETH:

8 That in consideration of the love and affection that each of
9 us has for the other and in consideration of the mutual benefits
10 to be derived by the parties hereto, IT IS HEREBY AGREED, COVENANTED
11 AND PROMISED as follows:

11 First: That all property of whatsoever nature and description,
12 whether real, personal, or mixed, and wheresoever situated, now
13 owned, or hereafter acquired by them, or either of them, shall be
14 considered and is hereby declared to be community property.

14 Second: That upon the death of either party hereto, title
15 to all community property as defined in the preceding paragraph
16 shall immediately vest in fee simple in the survivor of them.

16 IN WITNESS WHEREOF, the said HENRY F. VANCIK and VERLIE M.
17 VANCIK, husband and wife, have hereunto set their hands and seals
18 this 10 day of December, 1987.

19 [Signature]
20 Witness

[Signature]
Henry E. Vancik (husband)

21 _____
22 Witness

[Signature]
Verlie M. Vancik (wife)

23 STATE OF WASHINGTON,)
24) ss.
25 County of Yakima,)

25 This certifies that on this 10 day of December, 1987,
26 personally appeared before me HENRY F. VANCIK and VERLIE M. VANCIK,
27 husband and wife, to me known to be the individuals described in
28 and who executed the foregoing instrument, and acknowledged the
29 same as their free and voluntary act and deed for the uses and
30 purposes therein mentioned.

29 WITNESS my hand and official seal the day and year first
30 above written in this certificate.

31 [Signature]
32 NOTARY PUBLIC in and for the State of
Washington, residing at [Address]

COMMUNITY PROPERTY AGREEMENT

DANIEL R. PETERSON
ATTORNEY AND COUNSELOR AT LAW
P. O. BOX 311
SUNNYSIDE, WASHINGTON 98944
TELEPHONE (509) 837-6603

50654

Asotin County, WA
Darla McKay Auditor

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03/28/2017 09:54 AM

After recording return to:

Law Offices of David A. Gittins
P.O. Box 191
Clarkston, WA 99403



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DAVID A GITTINS

| |
|--|
| Document Title(s) or transactions contained therein: Washington State Certificate of Death |
| Decedent (Last name first, then first name and initials) Vancik, Verlie M. <input type="checkbox"/> Additional names on page _____ of document. |
| Date of Birth August 24, 1927 |
| Date of Death September 7, 2013 |

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

1. Legal Name (include AKA, suffix, First, Middle, LAST, Suffix) 2. Death Date
Verlie M. Vancik 09/07/2013

3. Sex (M/F) 4a. Age - Last Birthday 4b. Under 1 Year 4c. Under 1 Day 5. Social Security Number 6. County of Death
Female 86 Months Days Hours Minutes **ASOTIN**

7. Birthdate 8a. Birthplace (City, Town, or County) 8b. (State or Foreign Country) 9. Decedent's Education
08/24/1927 **Los Angeles** **California** **2 years of college**

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. 11. Decedent's Race(s) 12. Was Decedent ever in U.S. Armed Forces?
No **Caucasian** **No**

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (include APl No.) 13b. City or Town
1323 7th St. **Clarkston**

13c. Residence: County 13d. Tribal Reservation Name (if applicable) 13e. State or Foreign Country 13f. Zip Code *4 13g. Inside City Limits?
Asotin **Washington** **99403** Yes No Unk

14. Estimated length of time at residence. 15. Marital Status at Time of Death 16. Surviving Spouse's Name (Give name prior to first marriage)
20 years **Married** **Henry F. Vancik**

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). 18. Kind of Business/Industry (Do not use Company Name)
L.P.N. **Medical**

19. Father's Name (First, Middle, Last, Suffix) 20. Mother's Name Before First Marriage (First, Middle, Last)
Harold Corson **Julia Bolton**

21. Informant's Name 22. Relationship to Decedent 23. Mailing Address: Number and Street or RFD No. City or Town State Zip
Henry F. Vancik **Spouse** **1323 7th St. 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) 26a. City, Town, or Location of Death 26b. State 27. Zip Code
1323 7th St. **Clarkston** **WA** **99403**

28. Method of Disposition 29. Place of Final Disposition (Name of cemetery, crematory, other place) 30. Location-City/Town, and State
Burial **Lower Valley Memorial Gardens** **Sunnyside, Washington**

31. Name and Complete Address of Funeral Facility 32. Date of Disposition
Smith Funeral Home 528 S. 8th St. Sunnyside, WA 98944 **9/10/2013**

33. Funeral Director Signature X
Jerry Bartlow

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.
 Cause of Death (See instructions and examples)
 IMMEDIATE CAUSE (Final disease or condition resulting in death) → **Post-inflammatory Pulmonary Fibrosis** Interval between Onset & Death **10 years**
 Due to (or as a consequence of):
 Sequentially list conditions, if any, leading to the cause listed on line a.
 UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST
 Due to (or as a consequence of):
 Interval between Onset & Death

35. Other significant conditions contributing to death but not resulting in the underlying cause given above
 36. Autopsy? Yes No
 37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death 39. If female 40. Did tobacco use contribute to death?
 Natural Homicide Not pregnant within past year Not pregnant, but pregnant within 42 days before death Yes Probably
 Accident Undetermined Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death No Unknown
 Suicide Pending Unknown if pregnant within the past year 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 *[Signature]* 48b. Medical Examiner/Coroner *[Signature]*

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner 50. Hour of Death (24hrs)
1267 Belmont Way Clarkston WA 99403 **1300**

51. Name and Title of Attending Physician if other than Certifier. (Type or Print) 52. Date Signed (mm/dd/yyyy)
James MacKay MD **Sept. 09, 2013**

53. Title of Certifier 54. License Number 55. File Number 56. Was case referred to ME/Coroner?
MD **MD00085944** **SEP 09 2013** Yes No

57. Registrar Signature *[Signature]* 58. Date Received (mm/dd/yyyy)
SEP 09 2013

59. Amendments



50654



Affidavit for Correction

Center for Health Statistics
P.O. Box 47314
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 | Form 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) (Ex-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 foregoing is true and correct.

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

All vital records are registered at _____.

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

Examples of documentary proof: Certificates of Naturalization, National Report (Social Security Administration), School Transcripts (Original), Voter's Registration Card (if it bears an effective date), Foreign Birth Record (State), 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

- Only a parent, legal guardian (if child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the associated birth fact. 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. Ann Doe are not appropriate; the name is Mary Ann Doe.
- Child (under 18)**
 - Only parent(s) or legal guardian(s) 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 a middle name by completing this affidavit of correction. No proof is required.
 - 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.

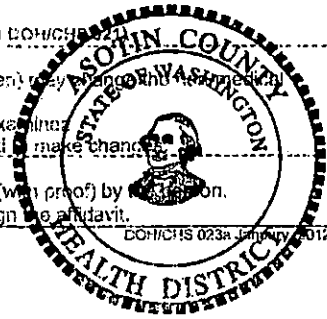
4. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOHCHS 023a.)

Death Certificates

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

- 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 (pastor) or clerk of court (dissolution) must sign the affidavit.



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

SEP 09 2013
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