Department of Revenue
Washington State

REAL ESTATE EXCISE TAX AFFIDAVIT

CHAPTER 82.45 RCW – CHAPTER 458-61A WAC

PLEASE TYPE OR PRINT

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. SELLER GRANTOR

Name: William James Frye, Personal Rep.
Estate of Norman George Frye &Emogean E. Frye
Mailing Address: 1120 4th Street
City/State/Zip: Clarkston WA 99403
Phone No. (including area code):

2. BUYER GRANTEE

Name: Kimberly Copper
Mailing Address: 918 3rd Street
City/State/Zip: Clarkston WA 99403
Phone No. (including area code):

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

Name: Kimberly Copper
Mailing Address: 918 3rd Street
City/State/Zip: Clarkston WA 99403
Phone No. (including area code):

List all real and personal property tax parcel account numbers – check box if personal property		List assessed value(s)
10010300800000000	☐	89,400.00
	☐	
	☐	
	☐	

4. Street address of property: 918 3rd Street, Clarkston, WA

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.

Lot 8 in Block 3 of Clarkston according to the official plat thereof, filed in Book A of Plats at Page(s) 18, records of 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)

	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)?	☐	☒

6.

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

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: 10/03/18

Gross Selling Price	$ 148,000.00	
*Personal Property (deduct)	$ 0.00	
Exemption Claimed (deduct)	$ 0.00	
Taxable Selling Price	$ 148,000.00	
Excise Tax : State	$ 1,894.40	
Local	$ 370.00	
*Delinquent Interest: State	$ 0.00	
Local	$ 0.00	
*Delinquent Penalty	$ 0.00	
Subtotal	$ 2,264.40	
*State Technology Fee	$ 5.00	5.00
*Affidavit Processing Fee	$ 0.00	
Total Due	$ 2,269.40	

0200

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: William James Frye
Name (print): William James Frye, Personal Rep.
Date & city of signing: 10-5-18, Clarkston, WA

Signature of Grantee or Grantee's Agent:
Name (print): Kimberly Copper
Date & city of signing: 10-5-18, Clarkston, WA

Perjury: Perjury is a class C felony which is punishable by imprisonment in the state correctional institution for a maximum tenn 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 (6/26/14)

THIS SPACE - TREASURER'S USE ONLY

COUNTY TREASURER

ATEC CK# 25355
JAM

PAID
OCT - 5 2018
ASOTIN COUNTY TREASURER

51645

CERTIFIED

FILED
2018 APR 25 PM 3:59
MCKENZIE A. KELLEY
COUNTY CLERK
ASOTIN COUNTY, WA

SUPERIOR COURT OF WASHINGTON FOR ASOTIN COUNTY

IN THE MATTER OF THE ESTATE OF	)	
	)	NO. 18-4-00044-02
	)	
NORMAN GEORGE FRYE,	)	LETTERS TESTAMENTARY
Deceased.	)	
	)	

WHEREAS, WILLIAM JAMES FRYE was duly appointed personal representative of the estate of NORMAN GEORGE FRYE, deceased, conditioned upon William James Frye filing his oath herein.

Now, therefore, know all men by these presents, that we do hereby authorize the said WILLIAM JAMES FRYE has duly qualified as such personal representative and is authorized to administer upon said estate according to law.

WITNESS, my hand and seal of this court affixed this 25th April 2018.

Clerk of Superior Court

Deputy Clerk

SEAL OF THE SUPERIOR COURT STATE OF WASHINGTON OF ASOTIN COUNTY

JANE E. RICHARDS, Attorney at Law
130 Second Street, P.O. Box 8
Asotin, WA 99402
509-243-1616

51645

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, do hereby certify that the within and foregoing is a full, true and correct copy of the original Letters of Testamentary 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 16th day of ~~April~~ June 2018.

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

SEAL OF THE SUPERIOR COURT STATE OF WASHINGTON OF ASOTIN COUNTY

BY:_____
Deputy

JANE E. RICHARDS, Attorney at Law
130 Second Street, P.O. Box 8
Asotin, WA 99402
509-243-1616

51645

107862

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this 17th day of November, 1970, between NORMAN G. FRYE and EMOGEAN E. FRYE, husband and 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 is 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 NORMAN G. FRYE and EMOGEAN E. FRYE have hereunto set their hands and seals this 17th day of November, 1970.

Norman G. Frye

Emogean E. Frye

Nov 17, 1970 at 3:50 P.M.

Charles T. Sharp

ASOTIN COUNTY AUDITOR

51645

CHARLES T. SHARP
ATTORNEY AT LAW
POST OFFICE BOX 209
500 SYCAMORE STREET
CLARKSTON, WASHINGTON
PHONE 758-2231

STATE OF WASHINGTON)
: ss.
COUNTY OF ASOTIN)

This certifies that on this 17 day of November, 1970, personally appeared before me NORMAN G. FRYE and EMOGEAN E. FRYE, husband and wife, to me known to be the individuals who executed the foregoing instrument, and acknowledged to me that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal this 17th day of November, 1970.

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

51645

CHARLES T. SHARP
ATTORNEY AT LAW
POST OFFICE BOX 209
800 SYCAMORE STREET
CLARKSTON, WASHINGTON
PHONE 758-2231

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number: 994

Washington State Certificate of Death

State File Number: **2013 45820**

1. Legal Name (Include AKA if Any) First: Emogean Middle: E. LAST: Frye Suffix:
2. Death Date: March 21, 2013
3. Sex (M/F): Female
4a. Age – Last Birthday: 80
4b. Under 1 Year: Months Days
4c. Under 1 Day: Hours Minutes
5. Social Security Number: [redacted]
6. County of Death: Asotin
7. Birthdate: Sept. 30, 1932
8a. Birthplace (City, Town, or County): Stites
8b. (State or Foreign Country): Idaho
9. Decedent's Education: 10th Grade
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.: No
11. Decedent's Race(s): White
12. Was Decedent ever in U.S. Armed Forces?: No
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): 918 - 3rd Street
13b. City or Town: Clarkston
13c. Residence: County: Asotin
13d. Tribal Reservation Name (If applicable): N/A
13e. State or Foreign Country: Washington
13f. Zip Code + 4: 99403
13g. Inside City Limits? ☒ Yes ☐ No ☐ Unk
14. Estimated length of time at residence: 20 Years
15. Marital Status at Time of Death: Married
16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): Norman Frye
17. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE RETIRED): Home Maker
18. Kind of Business/Industry (Do not use Company Name): Own Home
19. Father's Name (First, Middle, Last, Suffix): Newell Stubbefield
20. Mother's Name Before First Marriage (First, Middle, Last): Emma Ellen Allison
21. Informant's Name: Norman Frye
22. Relationship to Decedent: Husband
23. Mailing Address: Number and Street or RFD No., City or Town, State, Zip: 918 - 3rd Street, Clarkston, Wa. 99403
24. Place of Death, If Death Occurred in a Hospital:
Place of Death, If Death Occurred Somewhere Other than a Hospital: Long Term Care Facility
25. Facility Name (If not a facility, give number & street or location): Prestige Care & Rehab. Center
26a. City, Town, or Location of Death: Clarkston
26b. State: Wa.
27. Zip Code: 99403
28. Method of Disposition: Burial
29. Place of Final Disposition (Name of cemetery, crematory, other place): Vineland Cemetery
30. Location-City/Town, and State: Clarkston, Washington
31. Name and Complete Address of Funeral Facility: Merchant Funeral Home, 1000-7th Street, Clarkston, Wa. 99403
32. Date of Disposition: March 26, 2013
33. Funeral Director Signature X: Don F. Brown

Cause of Death (See instructions and examples)

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. Pneumonia — Interval between Onset & Death: DAYS

Due to (or as a consequence of):

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. Due to (or as a consequence of): Interval between Onset & Death

c. Due to (or as a consequence of): Interval between Onset & Death

d. 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: DIABETES MELLITUS, DEMENTIA
36. Autopsy? ☐ Yes ☒ No
37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☐ No
38. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☒ Undetermined ☐ Suicide ☐ Pending
39. If female: ☒ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
40. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☒ 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-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
X

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.
X

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Mountjoy, Dennis, MD. 1271 Highland Ave. Ste. A. Clarkston, Wa. 99403
50. Hour of Death (24hrs): 1920
51. Name and Title of Attending Physician if other than Certifier (Type or Print):
52. Date Signed (MM/DD/YYYY): 03/22/2013
53. Title of Certifier: Medical Doctor
54. License Number: MD 31842
55. ME/Coroner File Number:
56. Was case referred to ME/Coroner? ☐ Yes ☒ No
57. Registrar Signature X
58. Date Received (MM/DD/YYYY): MAR 25 2013
59. Amendments: #5 DA: 61967 SS 4/30/13

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DOH/CHS-003 March 2012

DOH 422-132 (4/16)

NOT VALID IF PHOTOCOPIED OR ALTERED

Washington State Department of Health

Affidavit for Correction

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

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

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number

Required information must match current information on record

Record Type: ☐ **Birth** ☐ **Death** ☐ **Marriage** ☐ **Dissolution (Divorce)**

1. Name on Record: First Middle Last
2. Date of Event: MM/DD/YYYY
3. Place of Event: City or County
4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution): First Middle Last/Maiden
5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution): First Middle Last/Maiden
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: P.O. Box or Street Address City State Zip

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:
8.	9.
10.	11.
12.	13.
14.	15.

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

16a. 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

1. 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.
2. **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.
3. 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

1. 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.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. 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.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Christie Spice, State Registrar.

Christie Spice

ISSUED
AUG 10 2018

Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

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0 2 6 3 5 3 4 1