

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>Floyd Cavender</u>	BUYER GRANTEE	2 Name <u>Jerry Lee DeForest</u>
	Mailing Address <u>100 E. Coeur D' Alene, Apt. 840</u>		Mailing Address <u>1206 5th Street</u>
	City/State/Zip <u>Coeur D' Alene ID 83814</u>		City/State/Zip <u>Clarkston WA 99403</u>
	Phone No. (including area code)		Phone No. (including area code)
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 <u>Jerry Lee DeForest</u>		<u>11010202300000000</u> <input type="checkbox"/>	
Mailing Address <u>1206 5th Street</u>		<input type="checkbox"/>	
City/State/Zip <u>Clarkston WA 99403</u>		<input type="checkbox"/>	
Phone No. (including area code)		<input type="checkbox"/>	
		List assessed value(s) <u>138,900.00</u>	

Street address of property: 1206 5th 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 23 in Block 2 of Blocks 1 - 2, 5 6 of Parkway Addition to the City of Clarkston according to the official plat thereof, filed in Book C of Plats at Page(s) 57, records of Asotin County, Washington

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

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.

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 10/05/18

Gross Selling Price \$	<u>205,900.00</u>
*Personal Property (deduct) \$	<u>0.00</u>
Exemption Claimed (deduct) \$	<u>0.00</u>
Taxable Selling Price \$	<u>205,900.00</u>
Excise Tax : State \$	<u>2,635.52</u>
Local \$	<u>514.75</u>
*Delinquent Interest: State \$	<u>0.00</u>
Local \$	<u>0.00</u>
*Delinquent Penalty \$	<u>0.00</u>
Subtotal \$	<u>3,150.27</u>
*State Technology Fee \$	<u>5.00</u> <u>5.00</u>
*Affidavit Processing Fee \$	<u>0.00</u>
Total Due \$	<u>3,155.27</u>

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) Floyd Cavender
Date & city of signing: 10/9/2018 CDA

Signature of Grantee or Grantee's Agent [Signature]
Name (print) Jerry Lee DeForest
Date & city of signing: 10-10-18 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)).

ATEC CU#25387

PAID

OCT 10 2018

ASOTIN COUNTY TREASURER

51648

~~51647~~

Return Address
Floyd Cavender
100 E. Coeur D' Alene, Apt. 840
Coeur D' Alene, ID 83814

Please print or type information

Document Title(s) (or transactions contained therein): 1. Death Certificate 2. 3. 4.
Grantor(s) (Last name first, then first name and initials): 1. Cavender, Geraldine Ann 2. 3. 4. <input type="checkbox"/> Additional names on page __ of document.
Grantee(s) (Last name first, then first name and initials): 1. To The Public 2. 3. 4. <input type="checkbox"/> Additional names on page __ of document.
Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.) <input type="checkbox"/> Additional legal is on page __ of document.
Reference Number(s) of Documents assigned or released: <input type="checkbox"/> Additional numbers on page __ of document.
Assessor's Property Tax Parcel/Account Number <input type="checkbox"/> Property Tax Parcel ID is not yet assigned <input type="checkbox"/> Additional parcel numbers on page __ of document
The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 09/27/2018

FEE NUMBER:

CERTIFICATE NUMBER: 2017-026975

FIRST AND MIDDLE NAME(S): GERALDINE ANN

LAST NAME(S): CAVENDER

COUNTY OF DEATH: ASOTIN

DATE OF DEATH: JUNE 11, 2017

HOUR OF DEATH: 04:30 AM

SEX: FEMALE

AGE: 75 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 1206 5TH ST.

CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 1206 5TH ST.

CITY, STATE, ZIP: CLARKSTON, WA 99403

INSIDE CITY LIMITS: YES

COUNTY: ASOTIN

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 6 YEARS

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: AUGUST 30, 1941

BIRTHPLACE: CHICAGO, IL

FATHER/PARENT: GEORGE S FISCHER

MOTHER/PARENT: DELPHIA OLSON

MARITAL STATUS: MARRIED

SPOUSE: FLOYD WAYNE CAVENDER

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNTAIN VIEW FUNERAL HOME AND CEMETERY

CITY, STATE: LEWISTON, IDAHO

DISPOSITION DATE: JUNE 19, 2017

OCCUPATION: OFFICE WORKER

INDUSTRY: HOUSING

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

FUNERAL FACILITY: NEPTUNE SOCIETY - SPOKANE

INFORMANT: FLOYD CAVENDER

RELATIONSHIP: HUSBAND

ADDRESS: 1206 5TH ST., CLARKSTON, WA 99403

ADDRESS: 222 EAST FRANCIS AVENUE

CITY, STATE, ZIP: SPOKANE, WASHINGTON 99208

FUNERAL DIRECTOR: FELICIA A GAINERY

CAUSE OF DEATH:

A: LARGE CELL NEUROENDOCRINE CARCINOMA OF LUNGS

INTERVAL: 1 YEAR

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: YES

PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

CERTIFIER NAME: GERARDO MIDENCE, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1250 IDAHO STREET

CITY, STATE, ZIP: LEWISTON, IDAHO 83501

DATE SIGNED: JUNE 16, 2017

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BRADY WOODBURY

DATE RECEIVED: JUNE 19, 2017

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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: 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) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)

First Middle Last/Maiden First Middle Last/Maiden

6. Name of Person Requesting Correction: Relationship to Self Guardian Informant Hospital Person on Record: 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 foregoing 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

- 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.

<p>Child under 18</p> <ul style="list-style-type: none"> • 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 	<p>Adult (18 years or older)</p> <ul style="list-style-type: none"> • 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
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*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 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.

DOH 422-034 October 2015

CERTIFIED

SEP 27 2018

Glenn Houser MD
Dr. Glenn Houser

Health District Officer
Garfield County Health District

51048



0 1 2 1 9 9 2 7

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

Asotin County Auditor

COMMUNITY PROPERTY AGREEMENT
(Transfer at Death Agreement)

This agreement ("Agreement") is made on August 16, 2013, between FLOYD WAYNE CAVENDER ("Husband") and ANN CAVENDER ("Wife"), husband and wife, both of whom are domiciled in the State of Washington. In this Agreement, the word "Spouse" refers to either Husband or Wife, as the context requires; and "Spouses" refers collectively to Husband and Wife.

WHEREAS, the Spouses desire to provide for the classification and disposition of their separate and community property at the time one of them dies; and

WHEREAS, the Spouses wish to preserve their ability to exclude certain property from the vesting upon death intended by this Agreement;

NOW THEREFORE, in consideration of the mutual agreements set forth below, the parties agree as follows:

1. **Definitions.** In this Agreement, the following definitions apply:

a. "Deceased Spouse" means the first Spouse to die, if the order of death of the Spouses can be ascertained.

b. "Surviving Spouse" means the Spouse who survives the Deceased Spouse.

c. "Excluded Property" means (i) separate property of a Spouse for which a beneficiary designation has been or is hereafter made other than by will, and/or (ii) community property for which a beneficiary designation has been or is hereafter made other than by will, if such designation is approved by the Spouse not making the designation (for example, by writing his or her initials or signature next to the other Spouse's designation). For purposes of this Agreement, a beneficiary designation made other than by will includes, but is not limited to, one made by a written disposition of tangible personal property permitted by a Spouse's will.

d. "Described Community Property" means: (i) all community property now owned or hereafter acquired by the Spouses (regardless of whether such property was, is, may have been, or may be purchased, registered, or acquired by one or the other or both of Spouses), including, but not limited to, the real property more particularly described on the attached Exhibit A, but not including any Excluded Property; and (ii) any separate property that Deceased Spouse owns at the time of his or her death and that is not Excluded Property.

2. **Vesting At Death of Deceased Spouse.** At the moment of the Deceased Spouse's death: (a) any separate property that Deceased Spouse owns at the time of his or her death and that is not Excluded Property shall become and be considered community property vested as of the moment of the Deceased Spouse's death, and (b) all of the Described Community Property shall vest in the Surviving Spouse; provided, however, that this paragraph 2 shall have no effect

August 16, 2013

Community Property Agreement of Floyd and Ann Cavender
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if the Surviving Spouse does not survive the Deceased Spouse by the statutory minimum period applicable under governing law at the time of Deceased Spouse's death.

3. **Disclaimer.** The Surviving Spouse may disclaim any interest passing under this Agreement in whole or in part, or with reference to specific parts, shares or assets thereof, in which event the interest disclaimed shall pass as if the provisions of paragraph 2 had been revoked as to such interest with the Surviving Spouse entitled to the benefits provided by any alternate disposition.

4. **Automatic Revocation.** This Agreement shall be automatically revoked (a) upon the filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce; or (b) immediately prior to death, if the order of death of the Spouses cannot be ascertained.

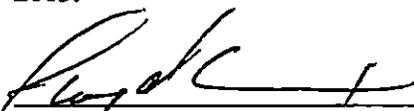
5. **Revocation By One Party.** This agreement may be unilaterally revoked by either Spouse prior to the death of either Spouse by delivering written notice of revocation to the other Spouse and to the guardian(s), if any, of the person and of the estate of the other Spouse.

6. **Powers of Appointment.** This Agreement shall not affect any power of appointment now held by or hereafter given to Husband or Wife or both of them, nor shall it obligate Husband or Wife or both of them, to exercise any such power of appointment in any way.

7. **Revocation of Inconsistent Agreements.** To the extent this Agreement is inconsistent with any provisions of any community property agreement or other arrangement previously made by the Spouses that affects the Described Community Property, this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

8. **Governing Law.** This agreement shall be interpreted in accordance with the laws of the State of Washington.

IN WITNESS WHEREOF, the Spouses have hereunto set their signatures on August 16, 2013.



FLOYD WAYNE CAVENDER
Husband



ANN CAVENDER
Wife

August 16, 2013

Community Property Agreement of Floyd and Ann Cavender
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Exhibit A

Parcel 1: Real Property situate in Asotin County, Washington, to-wit:

Lot 23 in Block 2 of Parkway Addition according to the official plat thereof, filed in Book C of Plats at Page(s) 61, records of Asotin County, Washington

Subject to: Current Year Taxes, conditions, covenants, restrictions, reservations, easements, rights and rights of way, apparent or of record.

Tax Parcel Number(s): L-101-02-023-0000-0000

Parcel 2: Real Property situate in Whitman County, State of Washington, to-wit:

Lots 11 and 12, Block 2, AMENDED PLAT OF MCDONALD'S ADDITION TO TEKOA, according to plat thereof recorded in Book B of Plats, Page 43, records of Whitman County, Washington.

Parcel No.: 1-1775-00-02-12-0000

SUBJECT TO: (1) Restrictive covenants, easements and encumbrances of record; (2) taxes not yet due or payable; and (3) visible easements and underground easements of records. (4) Exceptions disclosed by the Commitment for Title Insurance issued by Pioneer Title Order No. 74648, which Purchasers have reviewed, and approve and accept the exceptions therein contained.

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