

**REAL ESTATE EXCISE TAX AFFIDAVIT**

PLEASE TYPE OR PRINT

CHAPTER 82.45 RCW – CHAPTER 458-61A WAC

This form is your receipt when stamped by cashier.

**THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED**

Check box if partial sale, indicate % sold. (See back of last page for instructions) List percentage of ownership acquired next to each name.

SELLER GRANTOR	1 Name <u>The Estate of Kenneth J. LeBlanc</u>	BUYER GRANTEE	2 Name <u>Deborah K. LeBlanc</u>
	Mailing Address <u>1660 Palmer Court</u>		Mailing Address <u>1660 Palmer Court</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) _____

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

Name \_\_\_\_\_ Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Phone No. (including area code) \_\_\_\_\_

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

1257000100000	<input type="checkbox"/>	List assessed value(s)
_____	<input type="checkbox"/>	\$265,000.00
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

4 Street address of property: 1660 Palmer Court, Clarkston, WA 99403

This property is located in Asotin County

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)  
Lot 10, Block 2, of Swallows Crest Addition, According to the Official Plat thereof, filed in Book E of Plats, at page 63, records of Asotin County.

5 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
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

6

Is this property designated as forest land per chapter 84.33 RCW?	YES	NO
<input type="checkbox"/>	<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?	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is this property receiving special valuation as historical property per chapter 84.26 RCW?	YES	NO
<input type="checkbox"/>	<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 (a)  
Reason for exemption Transfer of real property to surviving spouse in accordance with Affidavit of Survivorship.

Type of Document Affidavit of Survivorship  
Date of Document 10/17/18

Gross Selling Price	\$ _____
*Personal Property (deduct)	\$ _____
Exemption Claimed (deduct)	\$ _____
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	\$ _____ 5.00
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>Deborah LeBlanc</u>	Signature of Grantee or Grantee's Agent <u>Deborah LeBlanc</u>
Name (print) <u>Estate of Kenneth LeBlanc</u>	Name (print) <u>Deborah LeBlanc</u>
Date & city of signing: <u>10/17/18 Clarkston, WA</u>	Date & city of signing: <u>10/17/18 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)).

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-042029

LOCAL FILE NUMBER: 3841

DATE ISSUED: 09/28/2018  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): KENNETH JAMES  
LAST NAME(S): LEBLANC

COUNTY OF DEATH: SPOKANE  
DATE OF DEATH: SEPTEMBER 26, 2018  
HOUR OF DEATH: 01:41 AM  
SEX: MALE AGE: 73 YEARS  
SOCIAL SECURITY NUMBER: ██████████

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

BIRTH DATE: JUNE 28, 1945  
BIRTHPLACE: NEW ORLEANS, LA

MARITAL STATUS: MARRIED  
SPOUSE: DEBORAH BONIN

OCCUPATION: PRINCIPAL  
INDUSTRY: EDUCATION  
EDUCATION: MASTER'S DEGREE  
US ARMED FORCES: YES

INFORMANT: DEBORAH LEBLANC  
RELATIONSHIP: SPOUSE  
ADDRESS: 1660 PALMER CT, CLARKSTON, WA 99403

CAUSE OF DEATH:  
A: ACUTE ON CHRONIC SYSTOLIC HEART FAILURE WITH REDUCED EJECTION FRACTION  
INTERVAL: YEARS  
B: ISCHEMIC CARDIOMYOPATHY  
INTERVAL: YEARS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC KIDNEY DISEASE,  
CARDIORENAL SYNDROME, DIABETES, PERIPHERAL VASCULAR DISEASE,  
CORONARY ARTERY DISEASE, ATRIAL FIBRILLATION

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

LOCATION OF INJURY:

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

IF 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: 1660 PALMER CT  
CITY, STATE, ZIP: CLARKSTON, WA 99403  
INSIDE CITY LIMITS: YES COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 10 YEARS

FATHER/PARENT: MORGAN WYATT  
MOTHER/PARENT: MILDRED PERRY

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: FOOTHILLS CREMATORY

CITY, STATE: SPOKANE, WASHINGTON  
DISPOSITION DATE: SEPTEMBER 28, 2018

FUNERAL FACILITY: SPOKANE CREMATION & FUNERAL SERVICE

ADDRESS: 2832 N RUBY  
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99207  
FUNERAL DIRECTOR: WILLIAM D ROSSEY

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

CERTIFIER NAME: MOLLY K. HOWLETT, DO  
TITLE: DO  
CERTIFIER ADDRESS: 104 W. 8TH AVENUE, 2 NORTH  
CITY, STATE, ZIP: SPOKANE, WA 99204  
DATE SIGNED: SEPTEMBER 28, 2018

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

LOCAL DEPUTY REGISTRAR: HEIDI LIVINGSTON  
DATE RECEIVED: SEPTEMBER 28, 2018

57681

health

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

Olympia, WA 98504-7819  
360-236-4300

STATE OFFICE USE ONLY

Case File Number	Fee Number	Initials	Date	Affidavit Number
Required information must match current information on record				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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:

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 2 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	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 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

SPOKANE REGIONAL HEALTH DISTRICT

SEP 28 2018



Paula L. Maxwell  
Paula L. Maxwell  
CHIEF DEPUTY REGISTRAR



0 2 0 4 0 5 2 1

51681

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