



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: Marilyn K. Schoenwald, 5015 S. Regal St. E 1038, Spokane WA 99223. Buyer/Grantee: Matthew Dangerfield, Shannon Dangerfield, 1664 Ashley Dr., Clarkston WA 99403.

Street address of property: 2418 Shaun Dr. - Clarkston, WA 99403. This property is located in unincorporated Asotin County OR within city of Unincorp.

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 [ ] [X]

Is this property designated as forest land per chapter 84.33 RCW? YES NO [ ] [X]. Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW? YES NO [ ] [X].

(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.

(2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY) NEW OWNER(S): To continue special valuation as historic property, sign (3) below. (3) OWNER(S) SIGNATURE PRINT NAME

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

Table with columns for item, amount, and tax. Includes rows for Gross Selling Price (\$251,000.00), Taxable Selling Price (\$251,000.00), Excise Tax (State \$3,212.80, Local \$627.50), and Total Due (\$3,845.30).

A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX \*SEE INSTRUCTIONS

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. Signature of Grantor or Grantor's Agent Marilyn K. Schoenwald, Date & city of signing: 11-5-18, Clarkston, WA. Signature of Grantee or Grantee's Agent Matthew Dangerfield, Date & city of signing: 11/2/2018 - Clarkston, WA.

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).



**AFFIDAVIT (LACK OF PROBATE)**

Marilyn K. Schoenwald, being first duly sworn, deposes and says:  
 The undersigned affiant is the rightful heir to the real property described below, and is wife  
 (relationship to decedent) of Richard A. Schoenwald (decedent), who died on (date)  
October 24, 2017, at  
Clarkston Asotin Washington  
City County State

\*\*\* A CERTIFIED COPY OF THE DEATH CERTIFICATE MUST BE PRESENTED. PLEASE NOTE: A copy may be used for recording at the discretion of the county.

**REGARDING DISPOSITION OF REAL PROPERTY:**

Attach the full legal description of the property with county and parcel number being transferred which is located at a commonly recognized address of: 2418 Shaun Drive  
Clarkston Washington 99403  
City State Zip Code

- Decedent left no Last Will and Testament and/or Community Property Agreement; OR Decedent left a Community Property Agreement in favor of surviving spouse (A COPY OF WHICH IS ATTACHED for review), or has been recorded under \_\_\_\_\_ County recording number \_\_\_\_\_ ; OR
- Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked (A COPY OF WHICH IS ATTACHED for review)

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

Marilyn K. Schoenwald - 72 - surviving spouse  
2418 Shaun Drive, Clarkston WA  
 Full name, age, relationship, address

Angela K. Schoenwald Jones - 43 - daughter  
8601 E. Bridgeport Ave. Spokane Valley WA  
 Full name, age, relationship, address

~~\_\_\_\_\_  
 Full name, age, relationship, address~~

~~\_\_\_\_\_  
 Full name, age, relationship, address~~

(Continued on next page)

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Full name, age, relationship, address

Dated:

11/05/2018

Marilyn K. Schoenwald  
Affiant's full name

Telephone number

509-758-8766

5015 S. Regal St. # E1038  
Street

Spokane  
City

WA  
State

99223  
Zip Code

Marilyn K. Schoenwald  
Signature

Nov 5 2018  
Date

State of

Washington

County of

Asotin

I know or have satisfactory evidence that

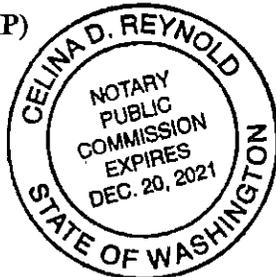
Marilyn K. Schoenwald  
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her free and voluntary act for the uses and purposes mentioned in this affidavit)

Dated:

11/05/18

(SEAL OR STAMP)



[Signature of Notary Public]

Residing at:

Lewiston, ID

Notary Public in and for the State of

WA

My appointment expires:

12/20/21

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STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-046414

DATE ISSUED: 10/31/2017  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): RICHARD ALLEN  
LAST NAME(S): SCHOENWALD

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: OCTOBER 24, 2017  
HOUR OF DEATH: 08:24 PM  
SEX: MALE AGE: 73 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 2418 SHAUN DRIVE  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

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

RESIDENCE STREET: 2418 SHAUN DRIVE  
CITY, STATE, ZIP: CLARKSTON, WA 99403  
INSIDE CITY LIMITS: NO COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 30 YEARS

BIRTH DATE: DECEMBER 06, 1943  
BIRTHPLACE: MINOT, ND

FATHER/PARENT: MELVIN HERBERT SCHOENWALD  
MOTHER/PARENT: DOROTHY EVELYN HARSHBERGER

MARITAL STATUS: MARRIED  
SPOUSE: MARILYN KAY NICHOLS

METHOD OF DISPOSITION: OTHER  
PLACE OF DISPOSITION: VALLEY CREMATORY

OCCUPATION: POWER PLANT MECHANIC  
INDUSTRY: FEDERAL GOVERNMENT  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: YES

CITY, STATE: LEWISTON, IDAHO  
DISPOSITION DATE: OCTOBER 30, 2017

INFORMANT: MARILYN KAY SCHOENWALD  
RELATIONSHIP: WIFE  
ADDRESS: 2418 SHAUN DRIVE, CLARKSTON, WASHINGTON, 99403

FUNERAL FACILITY: VASSAR-RAWLS FUNERAL HOME

ADDRESS: 920 21ST AVENUE  
CITY, STATE, ZIP: LEWISTON, IDAHO 83501  
FUNERAL DIRECTOR: DENNIS W. HASTINGS

CAUSE OF DEATH:  
A: CONGESTIVE HEART FAILURE  
INTERVAL: 1 WEEK  
B: END STAGE RENAL FAILURE  
INTERVAL: 3 YEARS  
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: NO  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: AJITH KUMAR, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 222 SOUTHWAY STE. A  
CITY, STATE, ZIP: LEWISTON, IDAHO 83501  
DATE SIGNED: OCTOBER 27, 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: SUNDJE HOFFMAN  
DATE RECEIVED: OCTOBER 30, 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

<b>Required</b>	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:
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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:
3.	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, and date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name on the certificate, 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)

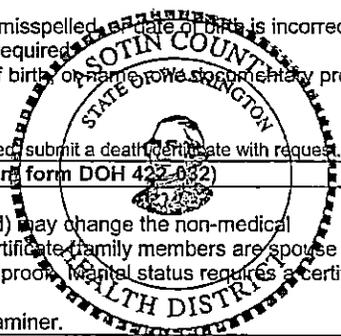
#### Death Certificates

- 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.

Joel McCullough, M.D., MPH, MS  
Health Officer



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OCT 30 2017



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