



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.

1 Name Denise A. Easttum
2 Name Joel Douglas Turner
Mailing Address, City/State/Zip, 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
List assessed value(s)

4 Street address of property: 1005 24th Avenue, Clarkston, WA
This property is located in unincorporated Asotin County OR within city of Unincorp
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.
see attached legal description

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)?

6 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 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 11/06/18

Table with columns for item, amount, and tax. Includes Gross Selling Price \$150,000.00, Excise Tax: State \$1,920.00, Local \$375.00, Total Due \$2,300.00.

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 Denise A. Easttum
Signature of Grantee or Grantee's Agent Joel Douglas Turner
Name (print) Denise A. Easttum Joel Douglas Turner
Date & city of signing: 11.13.18, Clarkston, WA 11.14.18, 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), 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 CL# 25877
KPM

PAID
NOV 15 2018
ASOTIN COUNTY TREASURER

5740

EXHIBIT "A"

A parcel of land located in part of Lot 2 Block "R" of Vineland according to the official plat thereof, filed in Book B of Plats at Page(s) 45, records of Asotin County, Washington described as follows:

Commencing at the Northeast corner of said Lot 2, being a point on the centerline of Twenty-Fourth Avenue; thence Southwesterly along said centerline a distance of 126.30 feet to a steel-bar monument set in concrete; thence deflect 20°01' right further along said centerline a distance of 73.58 feet to the Point of Beginning; thence deflect 90°00' left a distance of 90.84 feet; thence deflect 50°56'05" right a distance of 5.96 feet; thence deflect 42°29'34" right a distance of 15.30 feet; thence deflect 93°25'39" left a distance of 97.68 feet; thence deflect 67°20' right a distance of 43.41 feet; thence deflect 39°34' right a distance 38.74 feet; thence deflect 73°06' right a distance of 196.83 feet to a point on the centerline of 24th Avenue; thence deflect 90°00' right a distance of 97.00 feet to the point of beginning. EXCEPTING THEREFROM any portion lying within 24th Avenue.

AND

That part of Lot 2 in Block 'R' of Vineland, according to the official plat thereof, filed in Book B of Plats at Page(s) 45 Official Records of Asotin County, Washington, more particularly described as follows: Commencing at the Northeast corner of Lot 2, Block "R" of Vineland, said point being on the centerline of the County Road; thence Southwesterly along said centerline a distance of 126.3 feet; thence deflect right 20°01' along said centerline 170.58 feet to THE POINT OF BEGINNING; thence continue Westerly along said centerline 90 feet; thence deflect left 90° a distance of 169.49 feet; thence left 73°06' a distance of 92.34 feet; thence left to a point on the centerline of 24th Avenue which point is THE POINT OF BEGINNING and which lies 90 feet Easterly of the Westerly line of the herein described property.

Agreement as to Status of Community Property

After Death of One of the Spouses

Know All Men by These Presents:

That this agreement, made and entered into this 25 day of January 1979 by and between Verlie Hughie Eastum and DENISE ANN EASTUM, wife of CLARKSTON ASATIAN, County, State of Washington, with intent...

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, ratified, and promised:

I.

That all property of whatever nature or description whether real, personal or mixed and wherever situated now or hereafter acquired by them or either of them shall be considered and is hereby declared to be community property

II

That upon the death of either of the aforementioned parties title to all community property as herein defined shall be held in fee simple in the survivor of them.

IN WITNESS WHEREOF, we the said Verlie Hughie Eastum and DENISE ANN EASTUM have hereunto set their hands and signatures this 25th day of January 1979

Verlie H. Eastum (seal) Denise Eastum (seal)

STATE OF WASHINGTON

County of Clark

SS.

This is to certify that on the 25 day of January 1979, I, Harold W. Conroy, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally came to Verlie Hughie Eastum and DENISE ANN EASTUM, husband and wife, to me known to be the persons described in and who executed the within instrument, and acknowledged to me that they executed and sealed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

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

51740

Harold W. Conroy

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

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-009742

DATE ISSUED: 03/11/2016

FEE NUMBER: 000000029

GIVEN NAMES: VERLIE HUGHIE
LAST NAME: EASTTUM

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: MARCH 01, 2016
HOUR OF DEATH: 04:35 P.M.
SEX: MALE
AGE: 64 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE/FILIPINO

BIRTHDATE: SEPTEMBER 07, 1951
BIRTHPLACE: DAYTON, COLUMBIA CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: DENISE CRAWFORD

OCCUPATION: JOURNEYMAN PIPEFITTER
INDUSTRY: PAPER-MILL
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

INFORMANT: DENISE EASTTUM
RELATIONSHIP: WIFE
ADDRESS: 1005 24TH AVE., CLARKSTON, WA 99403

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1005 24TH AVE
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 1005 24TH AVE
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 994033211
INSIDE CITY LIMITS? NO
COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 10 YEARS

FATHER/PARENT: ELIVIE HUGHIE EASTTUM
MOTHER/PARENT: TERESITA BAUTISTA

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CREMATION SERVICES
CITY, STATE: KENT, WA
DISPOSITION DATE: MARCH 09, 2016

FUNERAL FACILITY: FUNERAL & CREMATION CARE
ADDRESS: 1030 N. CENTER PARKWAY
CITY, STATE, ZIP: KENNEWICK WA 99336
FUNERAL DIRECTOR: MICHAEL GALAVIZ

CAUSE OF DEATH:
A. LIVER CANCER / HEP. B
INTERVAL: TWO YEARS
B.
INTERVAL:
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

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

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: SCOTT OSBORN MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 222 SOUTHWAY AVE
CITY, STATE, ZIP: LEWISTON ID 83501
DATE SIGNED: MARCH 08, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE
NUMBER(S): NONE
DATE(S): NONE



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

LOCAL DEPUTY REGISTRAR:
BRADY WOODBURY
DATE RECEIVED: MARCH 09, 2016

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DOH 01-003 (10/15)



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

Required	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 nd parent (if required):
Printed name:	Printed name:
Date:	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.

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

MAR 11 2016

Howard Leibrand
 Skagit County Health Department
 Howard Leibrand M.D., Health Officer

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