

**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	Name <u>Regina T. Holstein</u>	BUYER GRANTEE	Name <u>Ksandra Hund</u>
	Mailing Address <u>PO Box 375</u>		Mailing Address <u>2119 10th Ave.</u>
	City/State/Zip <u>Chewelah WA 99109</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>Ksandra Hund Bryan K. Hund and Jami J. Hund</u>		<u>11220203900010000</u> <input type="checkbox"/>	
Mailing Address _____		_____ <input type="checkbox"/>	
City/State/Zip _____		_____ <input type="checkbox"/>	
Phone No. (including area code) _____		_____ <input type="checkbox"/>	
List assessed value(s) <u>156,900.00</u>			

Street address of property: 2119 10th Ave, 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.

The West 16 feet of the North 125 feet of Lot 38 and the East 74.0 feet of the North 125.0 feet of Lot 39 in Block Two of Town Country Estates Addition according to the official plat thereof, filed in Book C of Plats at Page(s) 126, 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)

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)?

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 \_\_\_\_\_

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	<u>Statutory Warranty Deed (SWD)</u>	
Date of Document	<u>11/14/18</u>	
Gross Selling Price	\$	<u>230,000.00</u>
*Personal Property (deduct)	\$	<u>0.00</u>
Exemption Claimed (deduct)	\$	<u>0.00</u>
Taxable Selling Price	\$	<u>230,000.00</u>
Excise Tax : State	\$	<u>2,944.00</u>
Local	\$	<u>575.00</u>
*Delinquent Interest: State	\$	<u>0.00</u>
Local	\$	<u>0.00</u>
*Delinquent Penalty	\$	<u>0.00</u>
Subtotal	\$	<u>3,519.00</u>
*State Technology Fee	\$	<u>5.00</u> <u>5.00</u>
*Affidavit Processing Fee	\$	<u>0.00</u>
Total Due	\$	<u>3,524.00</u>

0200

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 [Signature] Signature of Grantee or Grantee's Agent Ksandra Hund

Name (print) Regina T. Holstein Name (print) Ksandra Hund

Date & city of signing: 11/15/18, Clarkston, WA Date & city of signing: 11/15/18, 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 CW# 23812

**PAID**  
NOV 16 2018  
ASOTIN COUNTY  
TREASURER

51753

Return Address  
Regina Holstein  
PO Box 375  
Chewelah, WA 99109

Please print or type information

Document Title(s) (or transactions contained therein):

1. Affidavit of Lack of Probate
- 2.
- 3.
- 4.

Grantor(s) (Last name first, then first name and initials):

1. Holstein, Willis M.
- 2.
- 3.
4.  Additional names on page \_\_ of document.

Grantee(s) (Last name first, then first name and initials):

1. To The Public
- 2.
- 3.
4.  Additional names on page \_\_ of document.

Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.)

The West 16 feet of the North 125 feet of Lot 38 and the East 74.0 feet of the North 125.0 feet of Lot 39 in Block Two of Town & Country Estates Addition according to the official plat thereof, filed in Book C of Plats at Page(s) 126, records of Asotin County, Washington

- Additional legal is on page \_\_ of document.

Reference Number(s) of Documents assigned or released:

- Additional numbers on page \_\_ of document.

Assessor's Property Tax Parcel/Account Number

1-122-02-039-0001-0000

- Property Tax Parcel ID is not yet assigned  
 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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## AFFIDAVIT (LACK OF PROBATE)

Gina Holstem (Regina), being first duly sworn, deposes and says:  
 The undersigned affiant is the rightful heir to the real property described below, and is Spouse  
 (relationship to decedent) of Willis M. Holstein (decedent), who died on (date)  
9/2/16, at  
Spokane Spokane Wa.  
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: 2119 10th Ave  
Cloniston Wa. 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)

REGINA T. HOLSTEIN 74, Spouse  
2119 10th Ave. Cloniston Wa 99403  
 Full name, age, relationship, address

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

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

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

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 (Continued on next page)

Full name, age, relationship, address

Dated : 10/23/18

Affiant's full name

REGINA T. HOLSTEIN 509-758-8933

Telephone number

2119 10th Ave.

Charleston Wa 99403  
City State Zip Code

Regina T. Holstein  
Signature

10/23/18  
Date

State of Washington County of Asotin

I know or have satisfactory evidence that Regina T. Holstein  
(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: 10/23/18

[Signature]  
Signature of Notary Public

Residing at: Charleston WA

Notary Public in and for the State of Washington

My appointment expires: 7/17/19

(SEAL OR STAMP)



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-036230

LOCAL FILE NUMBER: 3324

DATE ISSUED: 09/27/2016

FEE NUMBER: 4609175837

GIVEN NAMES: WILLIS MIKEL  
LAST NAME: HOLSTEIN

COUNTY OF DEATH: SPOKANE  
DATE OF DEATH: SEPTEMBER 02, 2016  
HOUR OF DEATH: 10:38 A.M.  
SEX: MALE  
AGE: 69 YEARS

SOCIAL SECURITY NUMBER: ~~XXXXXXXXXX~~

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: AUGUST 30, 1947  
BIRTHPLACE: CHARLESTON, KANAWHA CNTY, WEST VIRGINIA

MARITAL STATUS: MARRIED  
SPOUSE: REGINA TERESA DAVIS

OCCUPATION: CORRECTIONS OFFICER  
INDUSTRY: LAW ENFORCEMENT  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? YES

INFORMANT: REGINA TERESA HOLSTEIN  
RELATIONSHIP: WIFE  
ADDRESS: 2119 10TH AVE, CLARKSTON, WA 99403

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: DEACONESS MEDICAL CENTER  
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99204

RESIDENCE STREET: 2119 10TH AVE  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 994031710  
INSIDE CITY LIMITS? NO

COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 15 YEARS

FATHER/PARENT: RATTIS HOLSTEIN  
MOTHER/PARENT: MABLE MARIE KIRK

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: FIRST CREMATION SERVICES  
CITY, STATE: KENT, WA  
DISPOSITION DATE: SEPTEMBER 08, 2016

FUNERAL FACILITY: SIMPLE CREMATION OF SPOKANE  
ADDRESS: 1312 N MONROE  
CITY, STATE, ZIP: SPOKANE WA 99201  
FUNERAL DIRECTOR: MICHAEL GALAVIZ

- CAUSE OF DEATH:
- A. COLITIS WITH DIARRHEA  
INTERVAL: 1 WEEK
  - B. SEPSIS  
INTERVAL: 1 WEEK
  - C. RENAL FAILURE  
INTERVAL: DAYS, 1 WEEK
  - 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: GLENN BANEGURA MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 808 W. 5TH AVE  
CITY, STATE, ZIP: SPOKANE WA 99204  
DATE SIGNED: SEPTEMBER 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: YES  
FILE NUMBER: NOT REPORTED  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
DIANNA SCHROEDER  
DATE RECEIVED: SEPTEMBER 08, 2016

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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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<b>Required</b>	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"/> Parent(s)	<input type="checkbox"/> Guardian <input type="checkbox"/> Funeral Director	<input type="checkbox"/> Informant <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Hospital

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:      Date:      Printed name:      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**

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.

<p><b>Child under 18</b></p> <ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship</li> <li>• 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)*</li> <li>• After age one, a court order is required to change the last name</li> <li>• No proof is required to change the first or middle name*</li> <li>• To correct parent's information, one documentary proof is required.</li> <li>• To correct the sex of the child, one documentary proof from a medical provider is required</li> </ul>	<p><b>Adult (18 years or older)</b></p> <ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate</li> <li>• If the first or middle name is missing, three pieces of documentary proof are required</li> <li>• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required</li> <li>• To correct parent's birth date, place of birth, or name, one documentary proof is required</li> </ul>
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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)

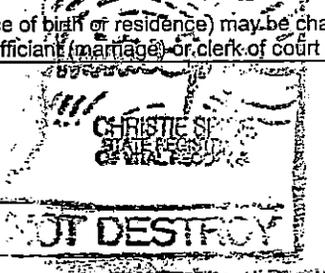
**Death Certificates**

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



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SEP 28 2015

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