

**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>Estate of Howard A. Powers, deceased</u>	BUYER GRANTEE	2 Name <u>William W. Cteutzberg</u>
	Mailing Address <u>c/o Marcia stankiewicz, PR</u>		<u>Christy L. Creutzberg</u>
	City/State/Zip <u>Sioux Falls MN 57104</u>		Mailing Address <u>2637 16th Street</u>
	Phone No. (including area code)		City/State/Zip <u>Clarkston WA 99403</u>
3 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>William W. Cteutzberg Christy L. Creutzberg</u>		<u>11960409300000000</u> <input type="checkbox"/>	
Mailing Address <u>2637 16th 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>174,700.00</u>	

4 Street address of property: 2637 16th Street, 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.

Lot 93 of Rankin Hills Fourth Addition, according to the recorded plat thereof, filed in Book E of Plats, Page(s) 4 Official Records of Asotin County, Washington

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

	YES	NO
Is this property designated as forest land per chapter 84.33 RCW?	<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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is this property receiving special valuation as historical property per chapter 84.26 RCW?	<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) \_\_\_\_\_

Reason for exemption \_\_\_\_\_

Type of Document Statutory Warranty Deed (SWD)

Date of Document 12/19/18

Gross Selling Price \$	<u>213,000.00</u>
*Personal Property (deduct) \$	<u>0.00</u>
Exemption Claimed (deduct) \$	<u>0.00</u>
Taxable Selling Price \$	<u>213,000.00</u>
Excise Tax : State \$	<u>2,726.40</u>
Local \$	<u>532.50</u>
*Delinquent Interest: State \$	<u>0.00</u>
Local \$	<u>0.00</u>
*Delinquent Penalty \$	<u>0.00</u>
Subtotal \$	<u>3,258.90</u>
*State Technology Fee \$	<u>5.00</u> <u>5.00</u>
*Affidavit Processing Fee \$	<u>0.00</u>
Total Due \$	<u>3,263.90</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 of Grantee or Grantee's Agent
Name (print) <u>Estate of Howard A. Powers, deceased</u>	Name (print) <u>William W. Cteutzberg</u>
Date & city of signing: <u>12-27-18, Clarkston, WA</u>	Date & city of signing: <u>12-27-18, 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)).

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

**CERTIFIED**

**FILED**  
2018 OCT -3 AM 11:22  
MCKENZIE A. KELLEY  
COUNTY CLERK  
ASOTIN COUNTY, WA

SUPERIOR COURT OF WASHINGTON FOR ASOTIN COUNTY

In re the Estate of: ) No. **18 - 4 - 00079 - 02**  
)  
HOWARD A. POWERS, ) LETTERS TESTAMENTARY  
) WITH NONINTERVENTION  
Deceased. ) POWERS

WHEREAS, the Last Will and Testament of Howard A. Powers, deceased, was on the 3rd day of October, 2018, duly exhibited, proven, and recorded in our said Superior Court;

WHEREAS, Marcia A. Stankiewicz and Janice E. Tinto are the persons nominated as Personal Representatives in said Will;

WHEREAS, Marcia A. Stankiewicz and Janice E. Tinto have petitioned this court to be appointed Personal Representatives thereof; and

WHEREAS, this court has entered an order granting nonintervention powers to the Personal Representatives,

NOW, THEREFORE, know all men by these presents, that we do hereby authorize the said Marcia A. Stankiewicz and Janice E. Tinto to execute the terms of the Will with nonintervention powers according to law.

LETTERS TESTAMENTARY WITH  
NONINTERVENTION POWERS

Law Office of  
**David A. Gittins**  
843 Seventh Street  
Clarkston, WA 99403  
(509)758-2501  
Facsimile: (509) 758-3576

51844

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

WITNESS, Thomas L. Ledgerwood,  
Commissioner of our Superior Court, and the  
seal of said Court hereto affixed this 3rd  
day of October, 2018.

*Traci Jordan, Deputy*  
Clerk of the Superior Court



STATE OF WASHINGTON )  
: ss.  
County of Asotin )

I, McKenzie A. Kelley, County Clerk of the County of Asotin, State of Washington,  
and ex-officio Clerk of the Superior Court of the State of Washington for Asotin County, do  
hereby certify that the within and foregoing is a full, true, and correct copy of the Letters  
Testamentary and of the whole thereof, as the same are now on file and of record in the above  
entitled cause in my office and custody. Said Letters have never been revoked and are still in  
Full Force and Effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said  
Superior Court this 3rd day of October, 2018.

County Clerk & Ex-Officio Clerk of  
the Superior Court

By *Traci Jordan*  
Deputy



51844



State of Washington  
 Department of Revenue  
 Special Programs Division  
 Miscellaneous Tax  
 PO Box 47477  
 Olympia WA 98504-7477

## AFFIDAVIT (LACK OF PROBATE)

Janice E. Tinto, James L. Reece, Sr. and Terry E. Reece, being first duly sworn, deposes and says:

The undersigned affiant is the rightful heir to the real property described below, and is children (daughter & sons)

(relationship to decedent) of Leah Bell Powers (decedent), who died on (date)

July 12, 2013, 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: \_\_\_\_\_

*Street*

*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)

Janice E. Tinto, daughter

1339 Spanish Bay, OR Redding, CA 96003

*Full name, age, relationship, address*

James L. Reece, Sr., son

28132 59th Ave. NE, Arlington, WA 98223

*Full name, age, relationship, address*

Terry E. Reece, son

1250 N Hgwy PMB 281, Coleville, WA 99114

*Full name, age, relationship, address*

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

(Continued on next page)

Full name, age, relationship, address

✓ Dated: 12-11-18

James L. Reece, Sr.

Affiant's full name

Telephone number

28132 59th Ave NE

Street

Arlington

WA

98223

City

State

Zip Code

✓ James L. Reece  
Signature

✓ 12-11-18  
Date

James L. Reece

✓ State of WASHINGTON County of SUWOMISH

I know or have satisfactory evidence that JAMES L. REECE, SR.  
(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: 12 11 18

✓ [Signature]  
Signature of Notary Public

(SEAL OR STAMP)



✓ Residing at: TILKUP, WA

✓ Notary Public in and for the State of WASHINGTON

My appointment expires: 8 / 2020

57844

Full name, age, relationship, address

✓ Dated : \_\_\_\_\_

Terry E. Reece

Affiant's full name

Telephone number

1250 N. Highway, PMB 281

Street

Colville

WA

99114

City

State

Zip Code

✓ Signature

✓ Date

12/10/2018

✓ State of

Arizona

✓ County of

Maricopa

I know or have satisfactory evidence that

TERRY E. REECE

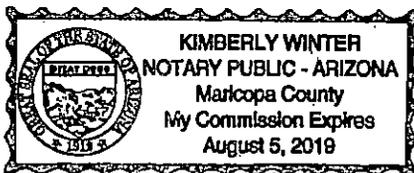
(name of person)

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:

12, 10, 18

(SEAL OR STAMP)



✓ Signature of Notary Public

✓ Residing at:

Phoenix AZ

✓ Notary Public in and for the State of

Arizona

✓ My appointment expires:

8/5/19

For tax assistance call (360) 534-1503, option 2. To request this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711.

REV 84 0017 (5/16/16)

51844

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

Dated: Dec 21, 2018

Janice E. Tinto  
\_\_\_\_\_  
Affiant's full name

530-243-2981  
\_\_\_\_\_  
Telephone number

1339 Spanish Bay Drive  
\_\_\_\_\_  
Street

Redding CA 96003  
\_\_\_\_\_  
City State Zip Code

Janice E Tinto  
\_\_\_\_\_  
Signature

Dec 21, 2018  
\_\_\_\_\_  
Date

State of \_\_\_\_\_ County of \_\_\_\_\_

I know or have satisfactory evidence that \_\_\_\_\_  
(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: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(SEAL OR STAMP)

\_\_\_\_\_  
Signature of Notary Public

Residing at: \_\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_

My appointment expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Please see attached*

51844

**CALIFORNIA JURAT WITH AFFIANT STATEMENT**

**GOVERNMENT CODE § 8202**

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

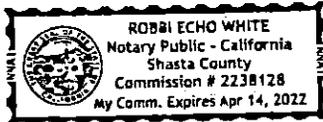
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
 County of Shasta

Subscribed and sworn to (or affirmed) before me  
 on this 21 day of Dec., 2018  
Date Month Year

by JANIE E. TINTO

(and (2) \_\_\_\_\_),  
Name(s) of Signer(s)



proved to me on the basis of satisfactory evidence  
 to be the person(s) who appeared before me.

Signature [Handwritten Signature]  
Signature of Notary Public

*Seal*  
 Place Notary Seal Above

**OPTIONAL**

*Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.*

**Description of Attached Document**  
 Title or Type of Document: Affidavit (lack of probate) Document Date: 12/21/18  
 Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_

51844

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Washington State Certificate of Death State File Number

Part 1 completed by Funeral Director. 1. Legal Name: Leah Bell Powers. 2. Death Date: July 12, 2013. 3. Sex: Female. 4a. Age: 98. 4b. Under 1 Year: 0. 4c. Under 1 Day: 0. 5. Social Security Number: [REDACTED]. 6. County of Death: Asotin. 7. Birthdate: June 15, 1915. 8a. Birthplace: Trafton, Washington. 8b. (State or Foreign Country): Washington. 8c. Decedent's Education: High School Diploma. 10. Was Decedent of Hispanic Origin? No. 11. Decedent's Race(s): White. 12. Was Decedent ever in U.S. Armed Forces? No. 13a. Residence: 2637 - 16th Street. 13b. City or Town: Clarkston. 13c. Residence: County: Asotin. 13d. Tribal Reservation Name: N/A. 13e. State or Foreign Country: Washington. 13f. Zip Code + 4: 99403. 13g. Inside City Limits? No. 14. Estimated length of time at residence: 26 Years. 15. Marital Status at Time of Death: Married. 16. Surviving Spouse's or Domestic Partner's Name: Howard A. Powers. 17. Usual Occupation: Homemaker. 18. Kind of Business/Industry: Own Home. 19. Father's Name: Henry Lane. 20. Mother's Name Before First Marriage: Blanch Holland. 21. Informant's Name: Howard Powers. 22. Relationship to Decedent: Husband. 23. Mailing Address: 2637 - 16th Street, Clarkston, Wa. 99403. 24. Place of Death: Decedent's Home. 25. Facility Name: 2637 - 16th Street. 26a. City, Town, or Location of Death: Clarkston. 26b. State: Wa. 27. Zip Code: 99403. 28. Method of Disposition: Removal/Burial. 29. Place of Final Disposition: Arlington Municipal Cemetery. 30. Location: City/Town, and State: Arlington, Washington. 31. Name and Complete Address of Funeral Facility: Merchant Funeral Home, 1000-7th Street, Clarkston, Wa. 99403. 32. Date of Disposition: July 17, 2013. 33. Funeral Director Signature: Don F. Brown.

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. IMMEDIATE CAUSE (Final disease or condition resulting in death): a. aspiration pneumonia. Due to (or as a consequence of): b. CVA. UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST: c. Due to (or as a consequence of): d. Interval between Onset & Death: 7/6/2013. Interval between Onset & Death: yrs (2013).

35. Other significant conditions contributing to death but not resulting in the underlying cause given above. 36. Autopsy? No. 37. Were autopsy findings available to complete the Cause of Death? No. 38. Manner of Death: Natural. 39. If female: Not pregnant within past year. 40. Did tobacco use contribute to death? No. 41. Date of Injury: [REDACTED]. 42. Hour of Injury: [REDACTED]. 43. Place of Injury: [REDACTED]. 44. Injury at Work? No. 45. Location of Injury: [REDACTED]. 46. Describe how injury occurred: [REDACTED]. 47. If transportation injury, specify: Driver/Operator.

48a. Certifying Physician: Frances A. Hedrick MD. 48b. Medical Examiner/Coroner: [REDACTED]. 49. Name and Address of Certifier: Frances A. Hedrick MD, 2315 - 8th Street, Lewiston, ID 83501. 50. Hour of Death: 0900. 51. Name and Title of Attending Physician: [REDACTED]. 52. Date Signed: July 12, 2013. 53. Title of Certifier: Medical Doctor. 54. License Number: M17875. 55. Certifier File Number: [REDACTED]. 56. Was case referred to ME/Coroner? No. 57. Registrar Signature: [REDACTED]. 58. Date Received: JUL 12 2013. 59. Amendments: [REDACTED].



# Affidavit for Correction

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
-------------------	------------	----------	------	------------------

Use the section below for requesting any changes on the record.

Record Type:  Birth  Death  Marriage  Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Maiden Name (For Birth): (Wife for Marriage or Dissolution)	

The Record is Incorrect or Incomplete as follows:

The Record now shows:		The True fact is:	
6.		7.	
8.		9.	
10.		11.	
12.		13.	

14. I represent the person as:  Self  Parent  Guardian  Informant  Funeral Director  Other (Specify)

Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature: \_\_\_\_\_ 16. Date: \_\_\_\_\_ 17. Address: \_\_\_\_\_

All vital records are registered as received.  
**Most changes must be established by documentary proof submitted with the affidavit**  
 Examples of documentary proof: Certificate of Naturalization, Hospital /Medical Record, Life Insurance Policy, Marriage/Divorce Record, Numident Report (Social Security Administration), Military Record (DD-214), Birth Record, Passport, School Transcripts (Official), Voter's Registration Card (if it bears an effective date), Alien Registration Card (front and back).  
 We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

**Birth Certificates:**

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
- Child (under 18)**
  - Only parent(s) or legal guardian can change the birth certificate.
  - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
  - Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
  - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
  - To correct birth date, place of birth or parent's information, one documentary proof is required.
- Adult (18 years or older)**
  - Only the adult themselves can change the birth certificate.
  - If the first or middle name is absent, three pieces of documentary proof are required.
  - If the first and/or middle name is misspelled, two pieces of documentary proof are required.
  - To correct birth date, place of birth or parent's information, one documentary proof is required.
  - Proof must be five (or more) years old or have been established within five years of birth.

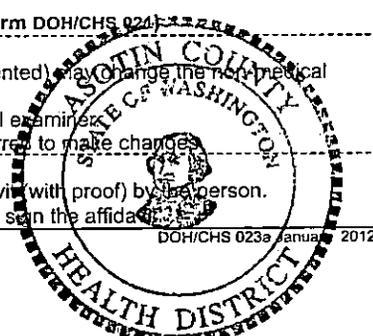
4. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)**

**Death Certificates:**

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

**Marriage/Dissolution (Divorce) Certificates:**

- Personal fact(s) (minor spelling changes in name, date, or place of birth or residence) may be changed by affidavit with proof by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.



*Lawrence M. Garges, M.D.*  
**Lawrence M. Garges, M.D.**  
 Health Officer

JUL 12 2013  
 XX00189473  
 51844