

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>Billy M. Holloway, Trustee</u>	BUYER GRANTEE	Name <u>Todd Johnson</u>
	<u>Holloway Living Trust dated</u>		<u>Keesha Johnson</u>
	Mailing Address <u>2319 12th Ave.</u>		Mailing Address <u>3403 Quailwood Ct</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) _____	
Send all property tax correspondence to: <input type="checkbox"/> Same as Buyer/Grantee		List all real and personal property tax parcel account numbers – check box if personal property	
Name <u>Todd Johnson Keesha Johnson</u>		10041300200080000 <input type="checkbox"/>	
Mailing Address <u>3403 Quailwood Ct.</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) 171,300.00	

Street address of property: 1131-1133 18th Ave. - Clarkston, WA 99403

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.

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

Is this property designated as forest land per chapter 84.33 RCW? YES NO

Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW? YES NO

Is this property receiving special valuation as historical property per chapter 84.26 RCW? YES NO

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 Statutory Warranty Deed (SWD)

Date of Document 01/15/19

Gross Selling Price \$	<u>165,000.00</u>
*Personal Property (deduct) \$	<u>0.00</u>
Exemption Claimed (deduct) \$	<u>0.00</u>
Taxable Selling Price \$	<u>165,000.00</u>
Excise Tax : State \$	<u>2,112.00</u>
Local \$	<u>412.50</u>
*Delinquent Interest: State \$	<u>0.00</u>
Local \$	<u>0.00</u>
*Delinquent Penalty \$	<u>0.00</u>
Subtotal \$	<u>2,524.50</u>
*State Technology Fee \$	<u>5.00</u> <u>5.00</u>
*Affidavit Processing Fee \$	<u>0.00</u>
Total Due \$	<u>2,529.50</u>

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 <u>Billy M. Holloway</u>	Signature of Grantee or Grantee's Agent <u>Todd Johnson</u>
Name (print) <u>Billy M. Holloway, Trustee</u>	Name (print) <u>Todd Johnson</u>
Date & city of signing: <u>1/15/2019 - Clarkston, WA</u>	Date & city of signing: <u>1/18/2019 - 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)).

EXHIBIT "A"

419407

A part of Lot 2 in Block "T" of Vineland, according to the official plat thereof, filed in Book A of Plats at Page(s) 25, records of Asotin County, Washington, bounded and described as follows:

From the Northwest corner of said Lot 2 of Block "T" of Vineland, said point being on the centerline of County Road; thence South 75°08' East a distance of 247.5 feet along said centerline of County Road; thence South 0°02' West a distance of 336.2 feet to the True Point of Beginning; thence continue South 0°02' West a distance of 290.3 feet to a point on the South boundary line of said Lot 2; thence South 70°58' East a distance of 147.2 feet along the South boundary line of said Lot 2 to the Southeast corner of said Lot 2; thence North 0°02' East a distance of 325.4 feet along the East line of said Lot 2; thence North 84°40' West a distance of 139.8 feet to the True Point of Beginning.

Also a part of said Lot 2 of Block "T" of Vineland, according to the official plat thereof, filed in Book A of Plats at Page(s) 25, records of Asotin County, Washington, bounded and described as follows: From the Northwest corner of Lot 2 Block "T" of Vineland, said point being the centerline of County Road; run South 75°08' East along said centerline a distance of 247.5 feet and thence South 0°02' West a distance of 336.2 feet to the True Place of Beginning; thence North 75°08' West a distance of 51.7 feet to a point on the West line of the East half of said Lot 2; thence South 0°02' West on the West line of the East Half of said Lot 2 to a point on the South line of said Lot 2; thence South 70°56' East along the South line of said Lot 2 a distance of 52.9 feet; thence North 0°02' East 290.3 feet to the True Place of Beginning.

EXCEPT that part of Lot 2 of Block "T" of Vineland, according to plat recorded in Book A of Plats, page 25, in Asotin County, Washington, more particularly described as follows:

From the Northeast corner of said Lot 2, said point being on the centerline of the County Road; thence South 0°02' West along the East line of said Lot 2 for a distance of 312.20 feet to the True Place of Beginning; thence North 84°40' West a distance of 130.80 feet; thence South 0°02' West for a distance of 132 feet; thence Easterly to a point on the East line of said Lot 2, said point being South 0°02' West a distance of 128 feet from the Place of Beginning; thence North 0°02' East along said East line a distance of 128 feet to the Place of Beginning.

Return Address

Alliance Title & Escrow Corp.
735 5th St.
Clarkston, WA 99403

Please print or type information

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

1. Death Certificate
- 2.
- 3.
- 4.

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

1. Holloway, Margarette Mae
- 2.
- 3.
4. Additional names on page ___ of document.

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

- 1.
- 2.
- 3.
4. Additional names on page ___ of document.

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

Pt Lt 2 Blk T of Vineland

- 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

1-004-13-002-0008-0000

- 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.

51894

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-012834

DATE ISSUED: 03/22/2018
FEE NUMBER:

FIRST AND MIDDLE NAME(S): MARGARETTE MAE
LAST NAME(S): HOLLOWAY

AKA: PEGGY HOLLOWAY

AKA:

AKA:

COUNTY OF DEATH: ASOTIN

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY

DATE OF DEATH: MARCH 19, 2018

FACILITY OR ADDRESS: PREFERRED CARE

HOUR OF DEATH: 02:10 AM

CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

SEX: FEMALE

AGE: 104 YEARS

SOCIAL SECURITY NUMBER: ~~5-5-5-5-5-5~~

RESIDENCE STREET: 2341 12 AVE

CITY, STATE, ZIP: CLARKSTON, WA

INSIDE CITY LIMITS: NO

COUNTY: ASOTIN

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

TRIBAL RESERVATION: NOT APPLICABLE

RACE: WHITE

LENGTH OF TIME AT RESIDENCE: 2 YEARS

BIRTH DATE: MARCH 14, 1914

BIRTH PLACE: ENTERPRISE, OR

FATHER/PARENT: WALTER TEEL

MOTHER/PARENT: IDA WORTMAN

MARITAL STATUS: WIDOWED

SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: LEWIS CLARK MEORIAL GARDENS

OCCUPATION: LAUNDROMAT MANAGER

INDUSTRY: SELF-SERVICE LAUNDRY

EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE

US ARMED FORCES: NO

CITY, STATE: LEWISTON, IDAHO

DISPOSITION DATE: MARCH 24, 2018

INFORMANT: BILL HOLLOWAY

RELATIONSHIP: SON

ADDRESS: 2319 12 AVE, CLARKSTON WA, 99403

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES LLC

ADDRESS: PO. BOX 107

CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

FUNERAL DIRECTOR: RICHARD LASSITER

CAUSE OF DEATH:

A. RESPIRATORY FAILURE

INTERVAL: 2 WEEKS

B. PNEUMONIA

INTERVAL: 2 WEEKS

C. NATURAL CAUSES RELATED TO AGE

INTERVAL: 104 YEARS

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: DONALD GREGGAIN, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1221 HIGHLAND AVE

CITY, STATE, ZIP: CLARKSTON, WA 99403

DATE SIGNED: MARCH 19, 2018

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: BRADY WOODBURY

DATE RECEIVED: MARCH 21, 2018

51896



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

Record Type: Birth Death Marriage Dissolution (Divorce)

1. Name on Record: First Middle Last 2. Date of Event: MM/DD/YYYY 3. Place of Event: City or County

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: Self Guardian Informant Hospital Parent(s) Funeral Director Other (specify)

7. Return Mailing Address: P.O. Box - Street Address City State Zip

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 2nd parent (if required):

Printed name: Date: Printed name: 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

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.

Child under 18 Adult (18 years or older)

- 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
- 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.

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



CERTIFIED

MAR 22 2018 SW

Timothy Moody MD

Dr. Timothy Moody
Health District Officer
Garfield County Health District

51896



0 1 2 1 9 6 4 2

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

Trustee shall identify the Successor Trustee appointed pursuant to the other provisions of this Article.

d. Transfer of Trust Property

The Trustee so removed shall promptly transfer and deliver to the Successor Trustee all property of my Trust under the removed Trustee's possession and control.

Section 4. Designated Successor Trustees

Subject to the provisions of Section 3 of this Article, whenever a Trustee is removed, dies, resigns, becomes incapacitated, or is otherwise unable or unwilling to serve, the vacant Trustee position shall be filled as follows:

a. Vacancy in Position of Trustee While I Am Alive and Competent

I may serve as the only Trustee or I may name any number of Trustees to serve with me. If any of these other Trustees subsequently fails or ceases to serve as a Trustee for any reason, I may or may not appoint another to fill the vacancy.

b. Incapacity Trustees of MARGARETTE M. HOLLOWAY

If MARGARETTE M. HOLLOWAY becomes incapacitated while serving as an Initial Trustee, she shall be replaced by the following Incapacity Trustee(s) to serve in the priority listed until the list has been exhausted. Unless otherwise specified, if Co-Incapacity Trustees are serving, the next following named Successor Incapacity Trustee(s) shall serve only after all of the Co-Incapacity Trustees initially fail or thereafter cease to act as Trustees:

- (1) BILLY M. HOLLOWAY
- (2) VIRGINIA EARL

c. Death Trustees of MARGARETTE M. HOLLOWAY

Upon the death of MARGARETTE M. HOLLOWAY, she or her Incapacity Trustee, if either is then serving as Trustee, shall be replaced by the following Death Trustee(s) to serve in the priority listed until the list has been exhausted. Unless otherwise specified, if Co-Death Trustees are serving, the next following named Successor Death Trustee(s) shall serve only after all of the Co-Death Trustees initially fail or thereafter cease to act as Trustees:

- (1) BILLY M. HOLLOWAY
- (2) VIRGINIA EARL