



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 and Buyer/Grantee information including names, addresses, and tax correspondence details.

Property address and location details, including county and city information.

Select Land Use Code(s) section with code 11 Household, single family units.

Was the seller receiving a property tax exemption or deferral under chapters 84.36, 84.37, or 84.38 RCW?

Is this property designated as forest land per chapter 84.33 RCW? Is this property classified as current use?

NOTICE OF CONTINUANCE (FOREST LAND OR CURRENT USE) section with instructions for the new owner.

DEPUTY ASSESSOR and DATE fields.

NOTICE OF COMPLIANCE (HISTORIC PROPERTY) section with instructions for the new owner.

OWNER(S) SIGNATURE and PRINT NAME fields.

List all personal property (tangible and intangible) included in selling price.

If claiming an exemption, list WAC number and reason for exemption.

Type of Document: Statutory Warranty Deed (SWD) and Date of Document: 01/30/19.

Table with 2 columns: Description and Amount. Includes Gross Selling Price (\$159,900.00), Excise Tax (State \$2,046.72, Local \$399.75), and Total Due (\$2,451.47).

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 and date of both Grantor and Grantee.

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).

Return Address
Karen Lehfeldt
704 Maple Ln
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. Lehfeldt, Helen Jean
 - 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.)

- 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

- 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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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-042496

DATE ISSUED: 10/02/2018
FEE NUMBER:

FIRST AND MIDDLE NAME(S): HELEN JEAN
LAST NAME(S): LEHFELDT

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: SEPTEMBER 27, 2018
HOUR OF DEATH: 05:45 PM
SEX: FEMALE AGE: 82 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: TENDER CARE HOMES
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

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

RESIDENCE STREET: 1297 LIBBY ST APT 5
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: YES COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 4 MONTHS

BIRTH DATE: MAY 15, 1936
BIRTHPLACE: WA

FATHER/PARENT: ORLE HANNAS
MOTHER/PARENT: MAUDE GRAY

MARITAL STATUS: DIVORCED
SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: MAYVIEW CEMETERY

OCCUPATION: BANKER
INDUSTRY: BANKING
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

CITY, STATE: POMEROY, WASHINGTON
DISPOSITION DATE: OCTOBER 13, 2018

INFORMANT: KAREN LEHFELDT
RELATIONSHIP: DAUGHTER
ADDRESS: 704 MAPLE LN, 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: CHRONIC OBSTRUCTIVE PULMONARY DISEASE
INTERVAL: 9 YEARS
B: INTERVAL:
C: INTERVAL:
D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: DAVID A. PETERSEN, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 2315 8TH STREET
CITY, STATE, ZIP: LEWISTON, ID 83501
DATE SIGNED: OCTOBER 01, 2018

LOCATION OF INJURY:

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

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: DAVID PETERSEN, MD

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: OCTOBER 02, 2018

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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
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: 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) First Middle Last Maiden			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last Maiden	
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: 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 2 nd 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

- 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

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

OCT 02 2018 *gw*

Glenn Houser MD

Dr. Glenn Houser
Health District Officer
Garfield County Health District

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HELEN J. LEHFELDT TRUST

This agreement ("Trust Agreement") is made December 31, 2014, between HELEN J. LEHFELDT, hereinafter referred to as the "Settlor" and HELEN J. LEHFELDT, hereinafter referred to as the "Trustee." The trust created herein shall be known as the "Helen J. Lehfeldt Trust" ("Trust").

Helen J. Lehfeldt is not married; her former husbands are deceased. Helen has two children, KAREN L. LOMBARD and MICHAEL R. KRUSE. Michael is deceased and left no descendants or adopted children. Karen has two living children, VALERIE E. HAMMACK and VANESSA M. LOMBARD, each born on July 29, 1987. Helen has no other living or deceased children or adopted children.

Helen's granddaughter Vanessa has cerebral palsy and receives public assistance on account of her disability. Helen wishes to provide for her daughter Karen to receive control of the Trust Estate (as defined below) after Helen's death and during Karen's lifetime, but to ensure that, insofar as possible, the Trust Estate remains in her blood line and that Vanessa be cared for without risking the reduction of her public assistance or the collection of the Trust Estate by governmental authorities. Helen does not necessarily intend that this particular Trust remain intact for several generations, but intends that beneficiaries and successor Trustees will make substantial withdrawals from the principal of the Trust Estate or terminate the Trust only after receiving the advice of legal and financial professionals and with the goal of achieving to a reasonable degree the purposes stated above.

ARTICLE 1

Description of Property Transferred; Trust Estate. The Settlor has or will cause to be paid over, assigned, granted, conveyed, transferred and delivered, and by this Trust Agreement does hereby pay over, assign, grant, convey, transfer and deliver unto the Trustee the property described in Schedule A. Additional property, real or personal, or any interest therein, acceptable to the Trustee, may be transferred to this trust by the Settlor or any other person. The "Trust Estate" shall include insurance policies that may be delivered to the Trustee or under which the Trustee may be designated as beneficiary, the proceeds of all such policies being payable to the Trustee, and any other property that may be received or which has been received by the Trustee, as invested and reinvested, and the proceeds of any such property. The Trust Estate shall be held, administered and distributed by the Trustee as directed herein.

ARTICLE 2

Trustee Shall Favor Current Income Beneficiaries. The primary purpose of the trusts created under this Trust Agreement is to benefit the persons who are the then-current income beneficiaries, whose rights shall be, to the fullest extent permitted by law, superior to the rights of any remainder beneficiaries.

December 31, 2014

Helen J. Lehfeldt Trust
Page 1

Clements, Brown & McNichols, P.A.

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HJL
INITIALS

needs trust and recontribute any remaining trust funds to the Trust Estate. The Trustee has the discretion to initiate judicial and/or administrative proceedings for the purpose of determining such ineligibility. All costs related to such proceedings, including reasonable attorney's fees, shall be chargeable to the trust.

(4) **Upon Vanessa's Death.** Upon Vanessa's death, the supplemental needs trust shall terminate, and the Trustee shall recontribute any remaining supplemental needs trust funds to the Trust Estate.

ARTICLE 9

Settlor's Rights to Revoke or Amend the Trust Agreement. This Trust may be revoked or amended only by an instrument in writing signed by the Settlor, acknowledged before a notary public, and delivered (in person or by postal mail) to the Trustee. After the Settlor's death, no trust established by this Trust Agreement may be revoked or amended, except as may be authorized by a power of appointment or power of withdrawal expressly conferred by the terms of the trust.

ARTICLE 10

Trustee Succession, Resignation, Accounting, and Liability. The following provisions apply to the Trustee and the administration of the Trust Estate:

(1) **Individual Trustee Succession.** If any individual Trustee should fail to qualify as Trustee hereunder, or for any reason should cease to act in such capacity, the remaining individual Trustee shall continue to serve without a successor or substitute.

(2) **Successor Trustee; Designation of Co-Trustee.** In the event that HELEN J. LEHFELDT is unwilling or unable to serve as Trustee, then her daughter KAREN L. LOMBARD shall act as successor Trustee. In the event that Karen is unwilling or unable to serve as Trustee, then Karen's daughter VALERIE E. HAMMACK shall act as successor Trustee, unless Karen shall have first named an alternative successor Trustee or Trustees in a writing delivered to such alternative Trustee(s) and to Valerie. In addition to the power specified in ARTICLE 11(25), the Trustee may at any time appoint as co-trustee any person named in this subparagraph (2), any parent or guardian of a beneficiary of a trust governed by ARTICLE 15, or any professional trustee by delivering a signed writing to such co-trustee that (a) specifically references the trust or trusts for which the co-trustee may act as co-trustee and (b) specifies whether the co-trustee has all the powers of a trustee under this Trust Agreement or whether the co-trustee's appointment is limited by time or purpose. Except as the Trustee shall indicate in such writing, such co-trustee shall have the same powers as the Trustee. Any such co-trustee shall become sole Trustee if the other co-trustee becomes unwilling or unable to serve. All trustees shall be permitted to serve without bond.

(3) **Trustee Voting Rights and Trustee Action.** Unless the writing delivered by the Trustee pursuant to subparagraph (2) above provides otherwise, if there is more than one Trustee serving, then the vote of the Trustees for any action hereunder must be by a majority of the

CERTIFIED

FILED

2017 JAN 13 P 3:26
MCKENZIE KELLEY
COUNTY CLERK
ASOTIN COUNTY, WA

Superior Court of Washington, County of Asotin

In re the marriage of:

Petitioner (person who started this case):

Scotty Eugene Lombard

And Respondent (other spouse):

Karen Lynn Lombard

No. 16-3-00116-4

- Final Divorce Order (Dissolution Decree) (DCD)
- Final Legal Separation Order (Decree) (DCLGSP)
- Invalid Marriage Order (Annulment Decree) (DCINMG)
- Valid Marriage Order (Decree) (DCVMO)
- Clerk's action required: **1, 2, 6, 13, 14, 16**

Final **Divorce Order** **Legal Separation Order**
 Invalid Marriage Order **Valid Marriage Order**

1. Money Judgment Summary

- No money judgment is ordered.
- Summarize any money judgments from sections **6** or **14** in the table below.

Judgment for	Debtor's name (person who must pay money)	Creditor's name (person who must be paid)	Amount	Interest
Money Judgment (section 6)			\$	\$
Fees and Costs (section 14)			\$	\$
Other amounts (describe):			\$	\$
Yearly Interest Rate: _____% (12% unless otherwise listed)				
Lawyer (name):		represents (name):		
Lawyer (name):		represents (name):		

2. Summary of Real Property Judgment (land or home)

- No real property judgment is ordered
- Summarize any real property judgment from section **7** in the table below.

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