

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>Pamela Riffle</u>	BUYER GRANTEE	2 Name <u>Joseph M. Morgan</u> <u>Veenus J. Morgan</u>
	Mailing Address <u>813 SE Clark Ave.</u>		Mailing Address <u>2061 Jacobson Court</u>
	City/State/Zip <u>Battle Ground, WA 98604</u>		City/State/Zip <u>Clarkston WA 99403</u>
	Phone No. (including area code)		Phone No. (including area code)
3 Send all property tax correspondence to: <input checked="" type="checkbox"/> Same as Buyer/Grantee		List all real and personal property tax parcel numbers - check box if personal property	
Name <u>Joseph M. Morgan Veenus J. Morgan</u>		10910000200010000 <input type="checkbox"/>	
Mailing Address <u>2061 Jacobson Court</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>154,900.00</u>	

4 Street address of property: 2061 Jacobson Court, 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

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	<u>Statutory Warranty Deed (SWD)</u>	
Date of Document	<u>02/14/19</u>	
Gross Selling Price \$	<u>193,000.00</u>	
*Personal Property (deduct) \$	<u>0.00</u>	
Exemption Claimed (deduct) \$	<u>0.00</u>	
Taxable Selling Price \$	<u>193,000.00</u>	
Excise Tax : State \$	<u>2,470.40</u>	
Local \$	<u>482.50</u>	
*Delinquent Interest: State \$	<u>0.00</u>	
Local \$	<u>0.00</u>	
*Delinquent Penalty \$	<u>0.00</u>	
Subtotal \$	<u>2,952.90</u>	
*State Technology Fee \$	<u>5.00</u>	<u>5.00</u>
*Affidavit Processing Fee \$	<u>0.00</u>	
Total Due \$	<u>2,957.90</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 <u>Pamela Riffle POA</u>	Signature of Grantee or Grantee's Agent <u>Joseph B Morgan</u>
Name (print) <u>Pamela Riffle</u>	Name (print) <u>Joseph M. Morgan</u>
Date & city of signing: <u>2/14/2019 - Clarkston, WA</u>	Date & city of signing: <u>2/14/2019 - 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"

421693

Lot 1 and the West 30 feet of Lot 2 of Jacobson's Addition according to the official plat thereof, filed in Book C of Plats at Page(s) 105, records of Asotin County, Washington, EXCEPT that part of Lot 2 more particularly describes as follows:

Commencing at the Northwest corner of said Lot 2; thence North 89°58' East along the North line of said Lot 2 a distance of 27.00 feet to the True Place of Beginning; thence continue North 89°58' East a distance of 3.00 feet; thence South 17°16' West a distance of 136.00 feet; thence North 15°59' East a distance of 33.12 feet; thence North 4°17' East a distance of 29.20 feet; thence North 12°01' East a distance of 19.07 feet; thence North 23°44' East a distance of 54.91 feet to the True Point of Beginning.

ALSO EXCEPT

All that portion of the above described Parcel lying Northwesterly of a line described beginning at a point opposite Station 62+53.39 on Appleside Boulevard line survey of the Appleside Boulevard Project and 30 feet Southeasterly therefrom, said point being on the Southeasterly right-of-way of Appleside Boulevard; thence Northeasterly to a point opposite Station 62+73.62 on said Appleside Boulevard line survey and 41.82 feet Southeasterly therefrom, said point being on the South right-of-way of Jacobson Court and end of this line description.

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. Affidavit of Lack of Probate 2. 3. 4.
Grantor(s) (Last name first, then first name and initials): 1. Riffle, Richard Harrison 2. 3. 4. <input type="checkbox"/> Additional names on page ___ of document.
Grantee(s) (Last name first, then first name and initials): 1. 2. 3. 4. <input type="checkbox"/> Additional names on page ___ of document.
Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.) Pt of Lots 1 and 2, Jacobson's Addition <input type="checkbox"/> Additional legal is on page ___ of document.
Reference Number(s) of Documents assigned or released: <input type="checkbox"/> Additional numbers on page ___ of document.
Assessor's Property Tax Parcel/Account Number 1-091-00-002-0001-0000 <input type="checkbox"/> Property Tax Parcel ID is not yet assigned <input type="checkbox"/> 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.

51964



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

AFFIDAVIT (LACK OF PROBATE)

Pamela Riffle, 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 Richard Harrison Riffle (decedent), who died on (date)
8/8/2018, 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: 2061 Jacobson Court

Clarkston Washington Asotin
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)

Pamela Riffle - Spouse - 813 SE CLARK AVE, BATTLE GROUND WA 98604

 Full name, age, relationship, address

(Continued on next page)

Full name, age, relationship, address

Dated : _____

Pamela Riffle

Affiant's full name

Telephone number

813 SE CLARK AVE

Street

BATTLE GROUND

City

WA
State

98604

Zip Code

Brian Peters PJA

Signature

Pamela Riffle by Brian Peters, Attorney-in-Fact

2/14/19

Date

State of Washington County of Asotin

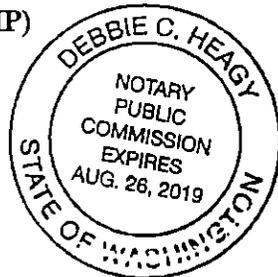
I know or have satisfactory evidence that Brian Peters as Attorney-in-Fact for Pamela Riffle
(name of person)

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: 2/14/2019

Debbie C. Heagy
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Clarkston, WA

Notary Public in and for the State of Washington

My appointment expires: 08/26/2019

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-035317

DATE ISSUED: 01/07/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): RICHARD HARRISON
LAST NAME(S): RIFFLE

COUNTY OF DEATH: ASOTIN

DATE OF DEATH: AUGUST 08, 2018

HOUR OF DEATH: 01:18 PM

SEX: MALE

AGE: 100 YEARS

SOCIAL SECURITY NUMBER: ██████████

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: MAY 09, 1918

BIRTHPLACE: LINDLEY, NY

MARITAL STATUS: MARRIED

SPOUSE: PAMELA THANE

OCCUPATION: PASTOR

INDUSTRY: CHURCH PASTOR

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

INFORMANT: PAM RIFFLE

RELATIONSHIP: SPOUSE

ADDRESS: 1215 EVERGREEN CT, APT#131, CLARKSTON, WA 99403

CAUSE OF DEATH:

A: UNDETERMINED NATURAL CAUSES

INTERVAL: IMMEDIATE

B: CORONARY ARTERY DISEASE

INTERVAL: UNKNOWN

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: LATE ONSET ALZHEIMERS

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

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

RESIDENCE STREET: 1215 EVERGREEN CT

CITY, STATE, ZIP: CLARKSTON, WA 99403-2861

INSIDE CITY LIMITS: YES

COUNTY: ASOTIN

TRIBAL RESERVATION: NOT APPLICABLE

FATHER/PARENT: GEORGE RIFFLE

MOTHER/PARENT: JENNIE WRIGHT

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: SUNSET MEMORIAL GARDENS

CITY, STATE: RICHLAND, WASHINGTON

DISPOSITION DATE: AUGUST 14, 2018

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME

ADDRESS: 3521 7TH STREET

CITY, STATE, ZIP: LEWISTON, IDAHO 83501

FUNERAL DIRECTOR: GERALD E. BARTLOW

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

CERTIFIER NAME: DAVID B. MARTIN, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1119 HIGHLAND AVE STE 3

CITY, STATE, ZIP: CLARKSTON, WA 99403

DATE SIGNED: AUGUST 11, 2018

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON

DATE RECEIVED: AUGUST 14, 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 or 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:	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

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.

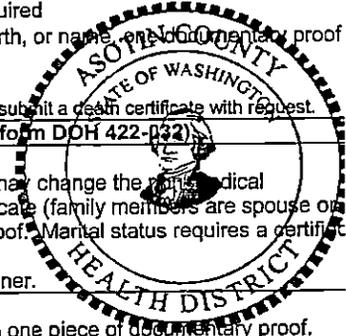
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the 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.



Bob Lutz, M.D., MPH
Health Officer
JAN 07 2019

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