

REAL ESTATE EXCISE TAX AFFIDAVIT
CHAPTER 82.45 RCW – CHAPTER 458-61A WAC

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

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.

1 SELLER GRANTOR	Name <u>Wiltse Family Trust</u> <u>Charles W. and Myrna D. Wiltse, Trustees</u>	2 BUYER GRANTEE	Name <u>Wiltse Family Trust</u> <u>Myrna D. Wiltse, Trustee</u>
	Mailing Address <u>3021 Grandview Drive</u>		Mailing Address <u>3021 Grandview Drive</u>
	City/State/Zip <u>Clarkston, WA 99403</u>		City/State/Zip <u>Clarkston, WA 99403</u>
	Phone No. (including area code) <u>509-751-5115</u>		Phone No. (including area code) <u>509-751-5115</u>
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 _____		113200272000000000 <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>451,800</u>	

Street address of property: 3021 Grandview Drive Clarkston, WA 99403

This property is located in unincorporated Asotin County OR within city of _____

Check box if any of the listed parcels are being segregated from a larger parcel.

Legal description of property (if more space is needed, you may attach a separate sheet to each page of the affidavit)

(attached)

Select Land Use Code(s): 11

enter any additional codes: _____
(See back of last page for instructions)

Is this property exempt from property tax per chapter 84.36 RCW (nonprofit organization)? 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? 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 _____

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) ASB-61A-211(2)(h)

Reason for exemption MERE CHANGE- REVOCABLE TRUST - REMOVING NAME OF ONE TRUSTEE (DECEASED)

Type of Document AMENDMENT TO TRUST

Date of Document 5-15-18

Gross Selling Price \$ _____

*Personal Property (deduct) \$ _____

Exemption Claimed (deduct) \$ _____

Taxable Selling Price \$ _____

Excise Tax : State \$ _____

Local \$ _____

*Delinquent Interest: State \$ _____

Local \$ _____

*Delinquent Penalty \$ _____

Subtotal \$ _____

*State Technology Fee \$ 5.00

*Affidavit Processing Fee \$ 5.00

Total Due \$ 10.00

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 Myrna D. Wiltse
Name (print) Myrna D. Wiltse
Date & city of signing: 03-14-2019 Asotin, WA

Signature of Grantee or Grantee's Agent Myrna D. Wiltse
Name (print) Myrna D. Wiltse
Date & city of signing: 03-14-2019 Asotin, 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)).

**FIRST AMENDMENT TO
THE WILTSE FAMILY TRUST**

THE UNDERSIGNED, Myrna D. Wiltse, as the sole Trustor and Trustee of the Wiltse Family Trust as Charles W. Wiltse as the other original Trustor and initial Co-Trustee is now deceased, the said Wiltse Family Trust being originally made February 24, 1988, and not previously amended, which trust instrument is referred to herein as the "Trust" or "Trust Agreement," or similar words to that effect, the same being attached hereto and amended by the said Myrna D. Wiltse as the surviving Trustor and accepted by her as the sole Trustee as set forth below, it being the express intent of Myrna D. Wiltse that this Amendment supersede and control as to any terms or provisions hereby added or which are inconsistent with the Trust Agreement, but which Trust Agreement is otherwise ratified and confirmed, confirms and recites as follows:

NOW, THEREFORE,

Pursuant to the power and authority reserved in Article IV of the Trust Agreement entitled Revocability, the undersigned surviving Trustor, Myrna D. Wiltse, does hereby amend the Trust in the following particulars to update and bring current certain provisions of the Trust due to the fact that the son of Trustor Myrna D. Wiltse, Mitchell B. Wisenor, is now deceased, and further to update the status of certain Trust assets as follows:

ONE. I hereby fully replace and restate Article VII entitled Disposition on Death of Both Trustors with the following:

7.1 Since established on or about February 24, 1998, the primary beneficiaries of the Trust have been Trustors Charles W. Wiltse and Myrna D. Wiltse, and further, since the death of Charles W. Wiltse in 2017, the primary beneficiary has been, and shall continue to be, Myrna D. Wiltse.

7.2 Upon the death of the surviving Trustor, Myrna D. Wiltse, all Trust assets remaining after payment of all debts and expenses related to the passing of Myrna D. Wiltse, including expenses of last illness and funeral, and expenses incurred in administering or distributing the Trust estate, shall be distributed as follows:

- a. One-sixth thereof to Deborah D. Wiltse Neve, however, if said beneficiary does not survive the surviving Trustor, then such one-sixth share shall be distributed to said beneficiary's surviving lineal descendants by right of representation, but if said beneficiary has no lineal descendants then surviving, then such share shall lapse and pass among the remaining beneficiaries of the residue of the Trust estate, pro rata.
- b. One-sixth thereof to Charles J. "Joe" Wiltse, however, if said beneficiary does not survive the surviving Trustor, then such one-sixth share shall be distributed to said beneficiary's surviving lineal descendants by right of representation, but if said beneficiary has no lineal descendants then

surviving, then such share shall lapse and pass among the remaining beneficiaries of the residue of the Trust estate, pro rata.

- c. One-sixth thereof to Paul H. Wiltse, however, if said beneficiary does not survive the surviving Trustor, then such one-sixth share shall be distributed to said beneficiary's surviving lineal descendants by right of representation, but if said beneficiary has no lineal descendants then surviving, then such share shall lapse and pass among the remaining beneficiaries of the residue of the Trust estate, pro rata.
- d. One-sixth thereof to Cheryl C. Wiltse Kohne, however, if said beneficiary does not survive the surviving Trustor, then such one-sixth share shall be distributed to said beneficiary's surviving lineal descendants by right of representation, but if said beneficiary has no lineal descendants then surviving, then such share shall lapse and pass among the remaining beneficiaries of the residue of the Trust estate, pro rata.
- e. One-sixth thereof to Michelle D. Wisenor Smith, however, if said beneficiary does not survive the surviving Trustor, then such one-sixth share shall be distributed to said beneficiary's surviving lineal descendants by right of representation, but if said beneficiary has no lineal descendants then surviving, then such share shall lapse and pass among the remaining beneficiaries of the residue of the Trust estate, pro rata.
- f. One-sixth in equal shares to the children Mitchell B. Wisenor, deceased, who are namely Brittany N. Wisenor Willman and Courtney B. Wisenor Burgess, equally, share and share alike, but if either said beneficiary has failed to survive the surviving Trustor, then her share shall pass to her lineal descendants by right of representation, if any, but if none, then such share shall pass to the other beneficiary of this share, that is, in the unlikely event that Brittany has failed to survive Myrna D. Wiltse, and Brittany has no lineal descendants, then Brittany's share shall pass to Courtney, and likewise with respect to Courtney's share, it shall pass to Brittany if Courtney should predecease Myrna D. Wiltse and have no lineal descendants surviving her.

7.3 If any named beneficiary shall fail to survive the surviving Trustor by thirty days, then such beneficiary shall be deemed to have predeceased the surviving Trustor, and the deceased beneficiary's share shall be distributed as provided in the immediately preceding Section 7.2.

7.4 Attached hereto marked "Schedule A" is an inventory of assets of the Trustors as of January 8, 2017, signed by both Trustors, which generally remains unchanged since the death of Charles W. Wiltse. Excepting however, the IRA accounts of Charles W. Wiltse described under Trust "A" have been "rolled over" to the IRA account of Myrna D. Wiltse, by operation of law, as a tax-free roll over to a surviving spouse of an inherited IRA account. This is pursuant to the intent and agreement of Trustors Charles W. Wiltse and Myrna D. Wiltse, that the surviving spouse receive the benefit of all income and principal of Trust assets so long as either Trustor is surviving. Further to said Trustors' intent, Myrna D. Wiltse has designated all children of the Trustors now surviving, as well as the contingent beneficiaries for the share of her deceased child as the beneficiaries of any such child, on the consolidated IRA account of Myrna D. Wiltse, as set forth on page 2 of said Schedule A, listing said primary beneficiaries and their contingent beneficiaries.

TWO. I hereby fully replace and restate Article VIII entitled Trustee Provisions with the following:

8.1 In the event of the death or incapacity of the current sole Trustee, Myrna D. Wiltse, then Charles Joseph "Joe" Wiltse and Michelle D. Wisenor Smith shall serve as Successor Co-Trustees; however if either Joe or Michelle is unable or unwilling to serve as a co-successor trustee, the other shall serve as sole Successor Trustee.

8.2 No bond or other undertaking shall be required by any individual Trustee of any trust.

8.3 No successor Trustees shall be liable or responsible in any way for the acts or defaults of any predecessor Trustee, for any loss or expense caused by anything done or neglected to be done by any predecessor Trustee, and such successor Trustee shall be liable only for its own acts and defaults with respect the Trust estate actually received by it as Trustee.

8.4 Any person while serving as sole Trustee or as Co-Successor Trustee, may delegate to any other person named as a Successor Trustee or as a Co-Successor Trustee, or to any third party, any of the powers, discretionary or otherwise, exercisable by a Trustee under this Trust instrument, and may revoke that delegation at any time. Such delegation may be included in a general, special or limited Power of Attorney granted or given by such Trustee, made or given with specific reference to this Trust Agreement. No third party dealing with a Trustee need inquire about the fact or the validity of a delegation under such general, special or limited Power of Attorney, and may rely upon the act of the Trustee as the exercise of properly delegated rights or powers.

8.5 **APPLICABLE LAW.** As to any matter, judicial or non-judicial, arising out of or related to this Trust, such as, but not limited to interpretation of any provision of this Trust instrument or Trust administration, the laws of the state under which the Trust is administered, which may be the situs of the Trust asset, or the state of residency of the Successor Trustee, which may be chosen by the Successor Trustee in his or her sole and absolute discretion, shall apply and control.

8.6 **INCAPACITY.** The terms "incapacity" or "incapacitated" and other words of similar effect in this agreement shall mean and refer to a person who is a minor, who is judicially determined to be incompetent, who is for any reason certified by his or her attending physician to be a person whose ability to receive and evaluate information effectively or communicate decisions is impaired to such extent that he or she presently lacks the capacity to meet the essential requirements for his or her physical health or safety or to manage financial resources. The Trustees may in good faith act upon such evidence as the Trustees deem appropriate and reliable without liability by reason thereof in determining the mental or physical condition or legal disability of any beneficiary hereunder.

THREE. As amended by this instrument, the WILTSE FAMILY TRUST dated February 24, 1998, is hereby ratified, confirmed and republished.

DATED this 15th day of May, 2018.

Myrna D. Wiltse, Trustor
MYRNA D. WILTSE, Trustor

Myrna D. Wiltse, Trustee
MYRNA D. WILTSE, Trustee

Christian Lebr 5/15/18
Witness/Dated
Witness Name: type or print
Christian Lebr

Deborah Chapple 15 May 18
Witness/Dated
Witness Name: type or print
Deborah Chapple

52022

Cover Sheet
First Amendment to
The Witse Family Trust
Myra D. Witse, Trustee
Myra & Walter, Trustees

LEGAL DESCRIPTION

EXHIBIT 'A'

PARCEL I:

That part of the South half of the Northeast Quarter of Section 5 of Township 10 North, Range 46 East of the Willamette Meridian, Asotin County, Washington, more particularly described as follows: Commencing at the North Quarter corner of said Section 5; thence South $0^{\circ}50'$ West (record bears South $0^{\circ}52'$ West) along the centerline of said Section 5 a distance of 1453.10 feet to the True Place of Beginning; thence continue South $0^{\circ}50'$ West a distance of 114.00 feet; thence North $89^{\circ}43'$ East, 1924.80 feet; thence North $1^{\circ}06'$ East, 110.04 feet; thence North $2^{\circ}02'$ West, 3.97 feet; thence South $89^{\circ}43'$ West, 1925.11 feet to the True Place of Beginning.

PARCEL II:

TOGETHER WITH but subject to the rights of others an easement for ingress, egress and utilities over and across a strip of land 50 feet in width lying 25 feet on each side of the following described centerline: Commencing at the Northeast corner of the above described tract; thence South $89^{\circ}43'$ West, 252.61 feet to the True Place of Beginning of the first centerline; thence North $13^{\circ}08'$ East, 117.18 feet to a point on the centerline of Grandview Drive, said point being the terminus of the above described centerline. ALSO, commencing at the Northeast corner of the above described tract; thence South $89^{\circ}43'$ West, 841.26 feet to the True Place of Beginning of the second centerline; thence North $29^{\circ}30'$ East, 106.30 feet to a point of curve; thence around a curve to the left with a radius of 45.43 feet for a distance of 22.77 feet to a point on the centerline of Grandview Drive, said point being the terminus of the above described centerline

TOGETHER WITH but subject to the rights of others a water line easement lying 7.50 feet on each side of the following described centerline: Commencing at the Northeast corner of the above described tract; thence South $89^{\circ}43'$ West, 542.58 feet to the True Place of Beginning; thence North $0^{\circ}17'$ West, 113.98 feet to a point on the South line of Highland Heights Third Addition, said point being the terminus of the above described centerline.

SUBJECT to a water line easement lying 7.50 feet on each side of the following described centerline: Commencing at the Northeast corner of the above described tract; thence South $89^{\circ}43'$ West, 542.58 feet to the True Place of Beginning; thence South $0^{\circ}17'$ East, 113.98 feet to the South boundary of the above described tract, said point being the terminus of the above described centerline.

SUBJECT to easements for ingress, egress and utilities over and across a strip of land 50 feet in width lying 25 feet on each side of the following described centerlines: Commencing at the Northeast corner of the above described tract; thence South $89^{\circ}43'$ West, 252.61 feet to the True Place of Beginning of the first centerline; thence South $13^{\circ}08'$ West, 117.17 feet to the terminus of the above described centerline. Also commencing at the Northeast corner of the above described tract; thence South $89^{\circ}43'$ West, 841.26 feet to the True Place of Beginning; thence South $29^{\circ}30'$ West, 131.32 feet to the terminus of the above described centerline.

52022

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-005122

DATE ISSUED: 03/07/2017
FEE NUMBER: 4603070007

FIRST AND MIDDLE NAME(S): CHARLES WILLIAM
LAST NAME(S): WILTSE JR

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: JANUARY 30, 2017
HOUR OF DEATH: 03:00 PM
SEX: MALE AGE: 83 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 3021 GRANDVIEW DRIVE
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

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

RESIDENCE STREET: 3021 GRANDVIEW DRIVE
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 13 YEARS

BIRTH DATE: MARCH 07, 1933
BIRTHPLACE: CENTRAL POINT, JACKSON COUNTY, OREGON

FATHER/PARENT: CHARLES WILLIAM WILTSE SR
MOTHER/PARENT: MATILDA MAE RUTZER

MARITAL STATUS: MARRIED
SPOUSE: MYRNA KAY DUNCAN

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: VALLEY CREMATORY

OCCUPATION: SCHOOL ADMINISTRATOR
INDUSTRY: EDUCATION
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: YES

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: FEBRUARY 02, 2017

INFORMANT: MYRNA KAY WILTSE
RELATIONSHIP: WIFE
ADDRESS: 3021 GRANDVIEW DRIVE, CLARKSTON, WASHINGTON 99403

FUNERAL FACILITY: MALCOM'S BROWER-WANN FUNERAL HOME

ADDRESS: 1711 18TH STREET
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
FUNERAL DIRECTOR: JASON M. HARWICK

- CAUSE OF DEATH:
- A: CARDIORESPIRATORY ARREST
INTERVAL: HOURS
 - B: CONGESTIVE HEART FAILURE
INTERVAL: 2 MONTHS
 - C: ISCHEMIC CARDIOMYOPATHY
INTERVAL: 6 MONTHS
 - D: CORONARY ARTERY DISEASE
INTERVAL: YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC KIDNEY DISEASE,
CHRONIC OBSTRUCTIVE PULMONARY DISEASE, ANEMIA

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: NOT APPLICABLE

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

CERTIFIER NAME: MEGHANA AWAD, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1221 HIGHLAND AVE
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
DATE SIGNED: FEBRUARY 01, 2017

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: SUNDIE HOFFMAN
DATE RECEIVED: FEBRUARY 01, 2017

52022



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

Required

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)
First Middle Last/Maiden First Middle Last/Maiden

6. Name of Person Requesting Correction: Relationship to Self Guardian Informant Hospital
Person on Record: Parent(s) Funeral Director 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 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

- 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.
- 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.
- 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

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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.
- 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



This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Christie Spice, State Registrar.

Christie Spice

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



0 1 0 0 0 8 9 5