

REAL ESTATE EXCISE TAX AFFIDAVIT

PLEASE TYPE OR PRINT

CHAPTER 82.45 RCW -- CHAPTER 458-61A WAC

This form is your receipt when stamped by cashier.

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, indicate % sold. List percentage of ownership acquired next to each name.

SELER GRANTOR	1. Name <u>Kathleen V. Yochum</u>	BUYER GRANTEE	2. Name <u>Kathleen V. Yochum</u>
	Mailing Address <u>1637 7th Avenue</u>		Mailing Address <u>1637 7th Avenue</u>
	City/State/Zip <u>Clarkston, WA 99403</u>		City/State/Zip <u>Clarkston, WA 99403</u>
	Phone No. (including area code) <u>(509) 758-2617</u>		Phone No. (including area code) <u>(509) 758-2617</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 _____		List assessed value(s)	
Mailing Address _____		<u>1-380-00-002-0000</u> <input type="checkbox"/> <u>\$127,900</u>	
City/State/Zip _____		_____ <input type="checkbox"/>	
Phone No. (including area code) _____		_____ <input type="checkbox"/>	

4. Street address of property: 1637 7th Avenue
 This property is located in Asotin County
 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.
 Legal description of property (if more space is needed, you may attach a separate sheet to each page of the affidavit)
Lot 2 of Benschung Addition according to plat recorded November 13, 2001 under Instrument No. 256392, EXCEPT the West 4.00 feet thereof, records of Asotin County, Wahsington.

5. 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 84.16, 84.17, or 84.18 RCW (nonprofit organization, senior citizen, or disabled person, homeowner with limited income)? YES NO

6. 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(1)(a) or RCW 84.34(1)(b)). 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) 458-61A-202(f)(i)
 Reason for exemption Inheritance per Affidavit (Lack of Probate) with death certificate attached.

Type of Document Affidavit (Lack of Probate)

Date of Document 3-15-19

Gross Selling Price \$	0.00
*Personal Property (deduct) \$	0.00
Exemption Claimed (deduct) \$	0.00
Taxable Selling Price \$	0.00
Excise Tax : State \$	0.00
<input type="checkbox"/> Local \$	0.00
*Delinquent Interest: State \$	0.00
Local \$	0.00
*Delinquent Penalty \$	0.00
Subtotal \$	0.00
*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 Kathleen V. Yochum
 Name (print) Kathleen V. Yochum
 Date & city of signing: 3-15-19

Signature of Grantee or Grantee's Agent Kathleen V. Yochum
 Name (print) Kathleen V. Yochum
 Date & city of signing: 3-15-19

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).

GUTINS & DUKE
 CK # 16109 z

PAID
 MAR 19 2019
 ASOTIN COUNTY
 TREASURER

052033

After recording return to:

David A. Gittins
P.O. Box 191
Clarkston, WA 99403

<p>Document Title(s) or transactions contained therein:</p> <p>1. Affidavit (Lack of Probate)</p>
<p>Grantor (Last name first, then first name and initials)</p> <p>1. Yochum, George A.</p> <p><input type="checkbox"/> Additional names on page ____ of document.</p>
<p>Grantee (Last name first, then first name and initials)</p> <p>1. Yochum, Kathleen V.</p> <p><input type="checkbox"/> Additional names on page 1 of document.</p>
<p>Legal Description (abbreviated: i.e. lot, block, plat or section, township, range)</p> <p>Lot 2, Benschung Addition</p> <p><input type="checkbox"/> Additional legal is on page 1-2 of document.</p>
<p>Assessor's Property Tax Parcel/Account Number</p> <p>1-380-00-002-0000</p> <p><input type="checkbox"/> Additional legal is on page ____ of document.</p>

52033

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 01/02/2019
FEE NUMBER:

CERTIFICATE NUMBER: 2018-057484

FIRST AND MIDDLE NAME(S): GEORGE A
LAST NAME(S): YOCHUM

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: DECEMBER 28, 2018
HOUR OF DEATH: 10:10 PM
SEX: MALE AGE: 91 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: MAY 29, 1927
BIRTHPLACE: PEOLA, WA

MARITAL STATUS: MARRIED
SPOUSE: KATHLEEN V JONES

OCCUPATION: LABORER
INDUSTRY: LUMBER MILL
EDUCATION: 8TH GRADE OR LESS
US ARMED FORCES: YES

INFORMANT: KATHLEEN YOCHUM
RELATIONSHIP: WIFE
ADDRESS: 1637 7TH AVE, CLARKSTON WA, 99403

CAUSE OF DEATH:
A: CEREBRAL ANOXIA
INTERVAL: 24 HOURS
B: CHRONIC OBSTRUCTIVE PULMONARY DISEASE
INTERVAL: 20 YEARS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: AGE RELATED FRAILTY

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: 1637 7TH AVE
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 13 YEARS

FATHER/PARENT: EDWARD J YOCHUM
MOTHER/PARENT: NELLIA AULINE DAVIS

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: JANUARY 02, 2019

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES
LLC
ADDRESS: PO. BOX 107
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
FUNERAL DIRECTOR: RICHARD LASSITER

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
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: DECEMBER 31, 2018

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: JANUARY 02, 2019



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 Person on Record: Self Guardian Informant Hospital 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

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.

<p>Child under 18</p> <ul style="list-style-type: none"> • 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 	<p>Adult (18 years or older)</p> <ul style="list-style-type: none"> • 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
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*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

JAN 02 2019 82

Glenn Houser MD
 Dr. Glenn Houser
 Health District Officer
 Garfield County Health District



0 1 2 2 0 1 4 5



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