

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.

SELLER GRANTOR	1 Name Matthew & Kathryn Smith	BUYER GRANTEE	2 Name Matthew Smith
	Mailing Address 2725 Laurel Drive		Mailing Address 2725 Laurel Drive
	City/State/Zip Clarkston, WA 99403		City/State/Zip Clarkston, WA 99403
	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 account numbers – check box if personal property	
Name _____		1-083-01-008-0001 <input type="checkbox"/>	
Mailing Address _____		0000 <input type="checkbox"/>	
City/State/Zip _____		<input type="checkbox"/>	
Phone No. (including area code) _____		<input type="checkbox"/>	
		List assessed value(s)	
		192,100.00	

4 Street address of property: **2725 Laurel Dr., Clarkston, WA, 99403**

This property is located in Select Location

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)

The North 10 feet of Lot 7 and the South 85 feet of Lot 8 in Block 1 of Highland Heights First Addition, according to the official Plat thereof, filed in Book C of Plats at Page(s) 98 Official Records of Asotin County, Washington

5 Select Land Use Code(s):
Select Land Use Codes **11, Household**
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

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 84.33.140 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) **458-61A-202(6)(a)**
Reason for exemption **Transfer is to spouse pursuant to Community Property after death of spouse.**
Type of Document **Aff. of Survivorship**
Date of Document **March 19, 2019**

Gross Selling Price \$	_____
*Personal Property (deduct) \$	_____
Exemption Claimed (deduct) \$	_____
Taxable Selling Price \$	0.00
Excise Tax : State \$	0.00
0.0000 Local \$	0.00
*Delinquent Interest: State \$	_____
Local \$	_____
*Delinquent Penalty \$	_____
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 *Matthew N. Smith*
Name (print) **Matthew N. Smith**
Date & city of signing: **3-19-19**

Signature of Grantee or Grantee's Agent *Matthew N. Smith*
Name (print) **Matthew N. Smith**
Date & city of signing: **3-19-2019**

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)).

REV 84 0001a (09/06/17) THIS SPACE - TREASURER'S USE ONLY COUNTY TREASURER

Ledgerwood & Burns CK 8051 BDF MAR 28 2019 ASOTIN COUNTY 052060

HEIRS AT LAW

<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Age</u>
MATTHEW SMITH	2725 Laurel Drive Clarkston, WA 99403	Spouse	Legal
ALEXIE TAYLOR SMITH	1037 Northeast D, Apt. 7 Pullman, WA 99163	Step-daughter	Legal
BROOKLYN DANIELLE SMITH	2725 Laurel Drive Clarkston, WA 99403	Step-daughter	Legal

4. All the debts of the decedent and/or the marital community, including but not limited to all expenses of decedent's last illness, funeral and burial, and all applicable federal and state succession or inheritance taxes, have been fully paid or provided for, except as follows:

None.

5. A true copy of Community Property Agreement dated January 30, 2019, and recorded March 15, 2019, under Asotin County Auditor's Receiving No. 361096 is attached. The parties to the agreement were legally competent at the time of the agreement and executed no subsequent wills or agreements which would have the effect of abrogating or nullifying the agreement.

6. As of the date of death, the value of all of our community property was approximately TWO HUNDRED THIRTY-THREE THOUSAND DOLLARS (\$233,000.00), decedent's half being approximately ONE HUNDRED SIXTEEN THOUSAND FIVE HUNDRED DOLLARS (\$116,500.00). The decedent left no separate property.

052060

7. Under the terms of the Community Property Agreement, title to all real property of the community vests immediately in the survivor upon the death of either party to the agreement. Among other items of community property was the following described real estate:

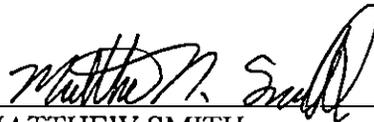
The North 10 feet of Lot 7 and the South 85 feet of Lot 8 in Block 1 of Highland Heights First Addition, according to the official plat thereof, filed in Book C of Plats at Page(s) 98 Official Records of Asotin County, Washington

Parcel No.:1-083-01-008-0001-0000

commonly known as 2725 Laurel Drive, Clarkston, Asotin County, Washington.

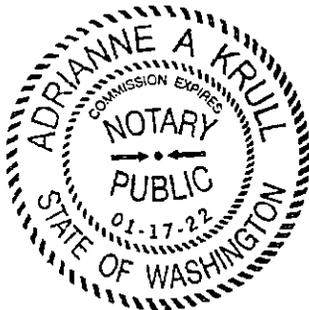
8. This affidavit is made to induce title insurance companies to issue their policies of title insurance on real property passing to the undersigned surviving spouse by virtue of the Community Property Survivorship Agreement in reliance upon the representations set forth above.

DATED: 19th day of March, 2019.



MATTHEW SMITH

SIGNED AND SWORN to before me this 19th day of March, 2019, by MATTHEW SMITH.





Notary Public in and for the State of Washington,
residing at Clarkston. Expires: 1/17/2022

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 02/26/2019
FEE NUMBER:

CERTIFICATE NUMBER: 2019-008475

FIRST AND MIDDLE NAME(S): KATHRYN MAEDEAN
LAST NAME(S): SMITH

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: FEBRUARY 23, 2019
HOUR OF DEATH: 10:30 AM
SEX: FEMALE AGE: 44 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 2725 LAUREL DR
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

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

RESIDENCE STREET: 2725 LAUREL DR
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 3 YEARS

BIRTH DATE: MARCH 29, 1974
BIRTHPLACE: LA MESA, CA

FATHER/PARENT: EDWARD DEAN ARMSTRONG
MOTHER/PARENT: SHEILA MARIE FEND

MARITAL STATUS: MARRIED
SPOUSE: MATTHEW SMITH

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

OCCUPATION: SOCIAL WORKER
INDUSTRY: WASHINGTON STATE
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: FEBRUARY 25, 2019

INFORMANT: MATTHEW SMITH
RELATIONSHIP: HUSBAND
ADDRESS: 2725 LAUREL DR, CLARKSTON WA, 99403

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME

CAUSE OF DEATH:
A: ADENOCARCINOMA OF ENDOMETRIUM
INTERVAL: 3 YEARS

ADDRESS: 3521 7TH STREET
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
FUNERAL DIRECTOR: RICHARD LASSITER

B: INTERVAL:
C: INTERVAL:
D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: END STAGE RENAL DISEASE

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

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

CERTIFIER NAME: ELIZABETH N. BLACK, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1271 HIGHLAND AVE STE B
CITY, STATE, ZIP: CLARKSTON, WA 99403
DATE SIGNED: FEBRUARY 25, 2019

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 25, 2019

052060



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: _____ 2. Date of Event: _____ 3. Place of Event: _____

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: _____

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	Adult (18 years or older)
<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 	<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

*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

CERTIFIED

FEB 26 2019

Glenn Houser MD

Dr. Glenn Houser
Health District Officer
Garfield County Health District

052060



0 1 2 2 0 2 2 4



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



I-15 CP
Pgs=2 Fee:\$100.00
LEDGERWOOD & BURNS, PLLC

After Recording Return to:
Ledgerwood & Burns, PLLC
Brooke J. Burns
922 6th Street
Clarkston, WA 99403

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, Made and entered into this 30th day of January, 2019, by and between MATTHEW SMITH and KATHRYN SMITH, husband and wife,

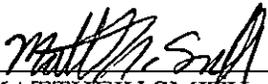
WITNESSETH:

WHEREAS, The parties are husband and wife and residents of Asotin County, Washington; and it is the intention of the parties that all of the property now owned or hereafter acquired by them, or either of them, shall be community property and shall vest in the survivor upon the death of one of them,

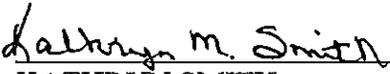
NOW, THEREFORE, for and in consideration of the covenants herein contained and the mutual benefits to be derived therefrom, the parties hereto covenant and agree that every piece, parcel and item of property, whatever its nature and wherever situate, be and have the status of community property, and all of such property is hereby conveyed by each and both to themselves as a marital community, and upon the death of either party, title to such property shall immediately pass to, and become vested in, the survivor as his or her sole and separate property.

THIS AGREEMENT will be automatically revoked by a decree of legal separation or dissolution, unless otherwise provided in such decree. This agreement will not control the division of property in any such proceeding.

IN WITNESS WHEREOF, the parties hereunto have set their hands and seals the day and year first above-written.

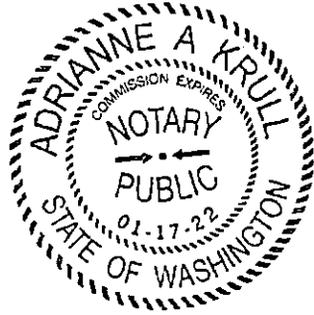


MATTHEW SMITH



KATHRYN SMITH

SIGNED AND SWORN to before me this 30th day of January, 2019, by MATTHEW SMITH and KATHRYN SMITH.



Adrienne A. Krull
NOTARY PUBLIC in and for the State of
Washington, residing at Clarkston.
Commission expires: 1/17/2022