

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

SELLER GRANTOR	1 Name <u>Estate of David W. Beuke aka David Beuke</u>	BUYER GRANTEE	2 Name <u>Roberta J. Beuke aka Roberta Beuke</u>
	Mailing Address <u>1426 8th Avenue Blvd.</u>		Mailing Address <u>1426 8th Avenue Blvd.</u>
	City/State/Zip <u>Lewiston, ID 83501</u>		City/State/Zip <u>Lewiston, ID 83501</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 account numbers – check box if personal property	
Name _____		List assessed value(s)	
Mailing Address _____		<u>1001370200000000</u> <input type="checkbox"/> <u>\$155,200.00</u>	
City/State/Zip _____		<u>1001370160000000</u> <input type="checkbox"/> <u>\$162,600.00</u>	
Phone No. (including area code) _____		_____ <input type="checkbox"/> _____	

4 Street address of property: 522 Third Street and 300 Diagonal Street, Clarkston, WA 99403

This property is located in Clarkston

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)

Lots 10, 11, 12, 13, 14, 15, 16, 17, 18, 19 and 20, Block 37 in Clarkston, Asotin County, Washington according to the recorded plat thereof.

5 Select Land Use Code(s):

65 - Retail trade - automotive, marine craft, aircraft, and accessories

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"/>

6

	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.

None

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

WAC No. (Section/Subsection) 458-61A-202(6)(a)

Reason for exemption _____
Inheritance. See attached death certificate, Instrument No. 349860 and Community Property Agreement, Instrument No. 349859

Type of Document Death Certificate and CPA

Date of Document 6/17/16

Gross Selling Price \$	0.00
*Personal Property (deduct) \$	_____
Exemption Claimed (deduct) \$	_____
Taxable Selling Price \$	0.00
Excise Tax : State \$	0.00
<u>0.0025</u> Local \$	0.00
*Delinquent Interest: State \$	_____
Local \$	_____
*Delinquent Penalty \$	_____
Subtotal \$	0.00
*State Technology Fee \$	5.00
*Affidavit Processing Fee \$	_____
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 Roberta Beuke Signature of Grantee or Grantee's Agent Roberta Beuke

Name (print) Roberta J. Beuke Name (print) Roberta J. Beuke

Date & city of signing: Lewiston, ID April 15, 2019 Date & city of signing: Lewiston, ID 4/15/19

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)).

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

CREASON, MOORE,
DOLLEN & GETDL
CL# 12769

APR 17 2019
ASOTIN COUNTY

052098

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT entered into on this 28th day of June, 2007, between DAVID W. BEUKE and ROBERTA J. BEUKE, husband and wife, for the purposes contained herein:

In consideration of the love and affection that each party has for the other, and in consideration of the mutual benefits to be derived hereunder, the parties agree as follows:

I

All property of whatever nature or description whether real, personal or mixed and wherever situated, irrespective of the source, now owned or hereafter acquired by either or both parties, shall be considered and is hereby declared to be community property from this day forward.

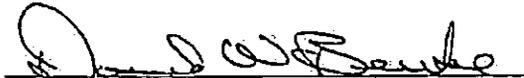
II

Upon the death of either party, title to all community property shall immediately vest in fee simple in the surviving party.

III

The parties hereto are executing contemporaneously with this Agreement Last Wills and Testaments. The purpose of each such Last Will and Testament is to supplement this agreement and to effectuate the complete transfer of each party's property. However, nothing contained herein shall be construed to be a contract to make mutual wills.

IN WITNESS WHEREOF, parties have signed this agreement on the date first written above.


DAVID W. BEUKE


ROBERTA J. BEUKE

Asotin County, WA
Darla McKay Auditor

349859
06/17/2016 04:33 PM



I-15 CP
Pgs=2 Fee:574.00
ROBERTA BEUKE

Broyles & Laws, PLLC
901 Sixth Street
Clarkston, Washington 99403
(509) 758-1636

52098

STATE OF WASHINGTON)
) ss
County of Asotin)

This is to certify that on this 28th day of June, 2007, personally appeared DAVID W. BEUKE and ROBERTA J. BEUKE, husband and wife, to me known to be the individuals described in and who executed the within instrument, and acknowledged to me that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have set my hand and seal this 28th day of June, 2007.



Cindy L Bolen
NOTARY PUBLIC in and for the State of Washington;
residing at LEWISTON, ID
My appointment expires: 8/25/09

Asotin County, WA
Darla McKay Auditor

349860
06/17/2016 04:33 PM



00012169201603498600030035

I-131 DC
Pgs=3 Fee:\$35.00
ROBERTA BEUKE

RECORD AND RETURN TO:

SCOTT C. BROYLES
ATTORNEY AT LAW
P.O. BOX 208
CLARKSTON WA 99403

DOCUMENT TITLE:	CERTIFICATE OF DEATH
NUMBER OF PAGES:	3 (including cover)
DATE CERTIFICATE ISSUED:	05/17/2016
CERTIFICATE NUMBER:	0000046549
NAME OF DECEASED:	DAVID W. BEUKE
DATE OF DEATH:	05/08/2016

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-019697

DATE ISSUED: 05/17/2016

FEE NUMBER: 0000046549

GIVEN NAMES: DAVID W
LAST NAME: BEUKE

COUNTY OF DEATH: KING
DATE OF DEATH: MAY 08, 2016
HOUR OF DEATH: 08:40 A.M.
SEX: MALE
AGE: 75 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: MAY 29, 1940
BIRTHPLACE: WASHINGTON, MISSOURI

MARITAL STATUS: MARRIED
SPOUSE: ROBERTA J. HEINEN

OCCUPATION: OWNER OPERATOR
INDUSTRY: AUTO BODY REPAIR
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? NO

INFORMANT: ROBERTA J. BEUKE
RELATIONSHIP: WIFE
ADDRESS: 1426 8TH AVE BLVD, LEWISTON, IDAHO, 83501

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: UNIVERSITY OF WASHINGTON MEDICAL CENTER
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98195

RESIDENCE STREET: 1426 8TH AVE BLVD
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
INSIDE CITY LIMITS? YES
COUNTY: NEZ PERCE
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 50 YEARS

FATHER/PARENT: VINCENT C BEUKE
MOTHER/PARENT: EVELYN L VOGT

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CREMATION SERVICES
CITY, STATE: KENT, WA
DISPOSITION DATE: MAY 12, 2016

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

CAUSE OF DEATH:
A. RESPIRATORY FAILURE
INTERVAL: DAYS
B. ACUTE LIVER FAILURE
INTERVAL: DAYS
C. CHOLANGIOCARCINOMA
INTERVAL: MONTHS
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

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

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: TZEVAN POON, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1959 NE-PACIFIC ST (BOX 356100)
CITY, STATE, ZIP: SEATTLE WA 98195
DATE SIGNED: MAY 09, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER? NO
FILE NUMBER: NJA16-2953
ATTENDING PHYSICIAN:
NOT APPLICABLE

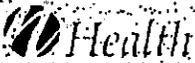
ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

LOCAL DEPUTY REGISTRAR:
RUTH ROBERSON
DATE RECEIVED: MAY 12, 2016

DOM 01-003 (10/15)

52098



Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-238-4300

This is a legal document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	File 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. Individual's 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. Reason Requested: _____

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 foregoing is true and correct.

16a. Signature: _____ 16b. Signature of 2nd parent (if required): _____

Printed Name: _____ Date: _____

INSTRUCTIONS - go to www.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
- US Passport or Naturalization
- Hospital medical record
- Passport
- Green/Permanent Resident card (I-551)

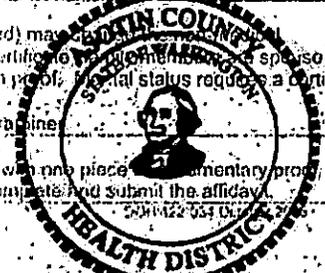
Birth Certificates

1. Only parent(s) who appear on the birth certificate or the named individual (if 18 or older) may change the birth certificate.
2. The proof(s) must match the current fact. 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. Affidavits for birth date corrections must be submitted within two years of birth.
4. Affidavits for name corrections must be submitted within two years of age.
5. Affidavits for name corrections can be changed only by either parent's name or by the legally responsible combination of first, middle, or last names.
6. Affidavits for name corrections must include the correct name.
7. Affidavits for name corrections must include the correct date of birth.
8. Affidavits for name corrections must include the correct place of birth.
9. Affidavits for name corrections must include the correct sex.
10. Affidavits for name corrections must include the correct race.
11. Affidavits for name corrections must include the correct religion.
12. Affidavits for name corrections must include the correct occupation.
13. Affidavits for name corrections must include the correct marital status.
14. Affidavits for name corrections must include the correct education.
15. Affidavits for name corrections must include the correct height.
16. Affidavits for name corrections must include the correct weight.
17. Affidavits for name corrections must include the correct eye color.
18. Affidavits for name corrections must include the correct hair color.
19. Affidavits for name corrections must include the correct skin color.
20. Affidavits for name corrections must include the correct fingerprints.

For death certificates, 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).

For birth certificates, if the parent(s) listed on the certificate are deceased (proof of such position is presented) may be changed only by the surviving spouse or legal guardian. If the parent(s) listed on the certificate are not listed as the informant on the certificate, the informant may change marital status with proof. The informant may change marital status with proof. The informant's reporting the change.

For marriage/divorce certificates, the date of the event may be changed only by the coroner/medical examiner. The date of the event may be changed only by the coroner/medical examiner. The date of the event may be changed only by the coroner/medical examiner.



Joel McCullough, M.D., MPH, MS
Health Officer

MAY 17 2016

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