Department of Revenue Washington State

# REAL ESTATE EXCISE TAX AFFIDAVIT

CHAPTER 82.45 RCW – CHAPTER 458-61A WAC

PLEASE TYPE OR PRINT

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 of property

If multiple owners, list percentage of ownership next to name.

**1 SELLER GRANTOR**

Name: June Leeper

Mailing Address: 2740 Mayfair Drive Apt 4

City/State/Zip: Lewiston ID 83501

Phone No. (including area code):

**2 BUYER GRANTEE**

Name: Craig Martinson

Jenell Martinson

Mailing Address: 2133 Valleyview Drive

City/State/Zip: Clarkston WA 99403

Phone No. (including area code):

**3**

Send all property tax correspondence to: ☒ Same as Buyer/Grantee

Name: Craig Martinson and Jenell Martinson

Mailing Address: 2133 Valleyview Drive

City/State/Zip: Clarkston WA 99403

Phone No. (including area code):

| List all real and personal property tax parcel account numbers – check box if personal property | | List assessed value(s) |
|---|---|---|
| 12520000200000000 | ☐ | 59,200.00 |
| | ☐ | |
| | ☐ | |
| | ☐ | |

**4** Street address of property: 2131 Valleyview Drive

This property is located in ☐ unincorporated Asotin County OR within ☒ city of 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.

Lot 2 of Liedkie's Second Addition according to the official plat thereof, filed in Book E of Plats at Page(s) 59, records of Asotin County, Washington The land described in this commitment/policy shall not be deemed to include any house trailer or mobile home standing on the premises.

**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)? | ☐ | ☒ |

**6**

| | YES | NO |
|---|---|---|
| Is this property designated as forest land per chapter 84.33 RCW? | ☐ | ☒ |
| Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW? | ☐ | ☒ |
| Is this property receiving special valuation as historical property per chapter 84.26 RCW? | ☐ | ☒ |

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: Statutory Warranty Deed (SWD)

Date of Document: 04/17/19

| | | |
|---|---|---|
| Gross Selling Price | $ 56,000.00 | |
| *Personal Property (deduct) | $ 0.00 | |
| Exemption Claimed (deduct) | $ 0.00 | |
| Taxable Selling Price | $ 56,000.00 | |
| Excise Tax : State | $ 716.80 | |
| Local | $ 140.00 | |
| *Delinquent Interest: State | $ 0.00 | |
| Local | $ 0.00 | |
| *Delinquent Penalty | $ 0.00 | |
| Subtotal | $ 856.80 | |
| *State Technology Fee | $ 5.00 | 5.00 |
| *Affidavit Processing Fee | $ 0.00 | |
| Total Due | $ 861.80 | |

0200

**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: June Leeper

Name (print): June Leeper

Date & city of signing: 4-19-19 Clarkston

Signature of Grantee or Grantee's Agent: Craig Martinson

Name (print): Craig Martinson

Date & city of signing: 4-19-19 Clarkston

**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 (6/26/14)

THIS SPACE - TREASURER'S USE ONLY

COUNTY TREASURER

ATGC CC#273667

PAID

APR 19 2019

ASOTIN COUNTY TREASURER

052108

# STATE OF WASHINGTON
# DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2018-014646

DATE ISSUED: 04/03/2018
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DAVID EMMETT
LAST NAME(S): LEEPER

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: MARCH 29, 2018
HOUR OF DEATH: 12:45 PM
SEX: MALE AGE: 79 YEARS
SOCIAL SECURITY NUMBER: [redacted]

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

BIRTH DATE: AUGUST 20, 1938
BIRTHPLACE: OROFINO, ID

MARITAL STATUS: MARRIED
SPOUSE: JOSEPHINE JUNE PURCELL

OCCUPATION: LOGGER
INDUSTRY: LOGGING
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE
US ARMED FORCES: YES

INFORMANT: J JUNE LEEPER
RELATIONSHIP: SPOUSE
ADDRESS: 2131 VALLEYVIEW DR, CLARKSTON WA, 99403

CAUSE OF DEATH:
A: ANEURYSM OF THE ABDOMINAL AORTA
INTERVAL: MONTHS
B: ANTICOAGULATION THERAPY
INTERVAL: YEARS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: DIABETES, HYPERTENSION, CORONARY ARTERY DISEASE

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: HOME
FACILITY OR ADDRESS: 2131 VALLEYVIEW DR
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 2131 VALLEYVIEW DR
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 1 YEAR

FATHER/PARENT: WILLIAM E LEEPER
MOTHER/PARENT: REVA TUMELSON

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

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: APRIL 02, 2018

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME

ADDRESS: 3521 7TH STREET
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
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: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: JESSICA R. SIX, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 1522 17TH STREET
CITY, STATE, ZIP: LEWISTON, ID 83501
DATE SIGNED: APRIL 02, 2018

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA
ATTENDING PHYSICIAN: JESSICA SIX

LOCAL DEPUTY REGISTRAR: SUNDIE HOFFMAN
DATE RECEIVED: APRIL 02, 2018

DOH 422-132 (4/16)

NOT VALID IF PHOTOCOPIED OR ALTERED

52108

Washington State Department of Health

# Affidavit for Correction

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

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

**STATE OFFICE USE ONLY**

| State File Number | Fee Number | Initials | Date | Affidavit Number |
|---|---|---|---|---|
| | | | | |

**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): 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: ☐ 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.

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 422-033)**

**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

ASOTIN COUNTY HEALTH DISTRICT STATE OF WASHINGTON

Bob Lutz, M.D., MPH
Health Officer

APR 03 2018

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