



REAL ESTATE EXCISE TAX AFFIDAVIT

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

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.

Form sections 1-3: Seller/Grantor (Betty Haworth Miller Trust by D.A. Davidson Trust Company), Buyer/Grantee (Scott Rains), and correspondence information.

Section 4: Street address of property (902 Diagonal St - Clarkston, WA 99403) and location details (unincorporated Asotin County).

Section 5: Select Land Use Code(s) (11 Household, single family units) and exemption questions.

Section 6: Property classification questions (forest land, current use, special valuation).

Continuance and Compliance notices (1) NOTICE OF CONTINUANCE (FOREST LAND OR CURRENT USE) and (2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY).

Section 7: List all personal property (tangible and intangible) included in selling price.

Exemption and fee calculation table: Gross Selling Price \$65,000.00, Total Due \$999.50.

Section 8: I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. Signatures of Grantor and Grantee.

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

ATEC CO# 278297

PAID

MAY 24 2019 ASOTIN COUNTY TREASURER

052197

**EXHIBIT "A"**

435983

That part of Lot 9 in Block 7 of West Clarkston according to the official plat thereof, filed in Book B of Plats at Page(s) 22, records of Asotin County, Washington, more particularly described as follows:

Beginning at the East boundary line of Lot 9, Block 7 West of Clarkston, Asotin County, Washington, a distance of 75.0 feet South of the Northeast corner of said Lot 9; thence South a distance of 7.57 feet along said East boundary line; thence South 45°00' West a distance of 109.6 feet along the Southeasterly boundary line of said Lot 9; thence North a distance of 85.08 feet; thence East a distance of 77.5 feet to the place of beginning, all being part of Lot 9, Block 7 West, of Clarkston, according to the recorded plat thereof.

Return Address

Mark L. Andrews  
D.A. Davidson Trust Company  
P.O. Box 2309  
Great Falls, MT 59401

Please print or type information

Document Title(s) (or transactions contained therein):

1. Death Certificate
- 2.
- 3.
- 4.

Grantor(s) (Last name first, then first name and initials):

1. Miller, Elizabeth H.
  - 2.
  - 3.
  - 4.
- Additional names on page \_\_\_ of document.

Grantee(s) (Last name first, then first name and initials):

- 1.
  - 2.
  - 3.
  - 4.
- Additional names on page \_\_\_ of document.

Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.)

- Additional legal is on page \_\_\_ of document.

Reference Number(s) of Documents assigned or released:

- Additional numbers on page \_\_\_ of document.

Assessor's Property Tax Parcel/Account Number

- Property Tax Parcel ID is not yet assigned  
 Additional parcel numbers on page \_\_\_ of document

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

52197

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-025539

DATE ISSUED: 06/15/2018  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): ELIZABETH H  
LAST NAME(S): MILLER

AKA: BETTY H MILLER

AKA:

AKA:

COUNTY OF DEATH: ASOTIN

PLACE OF DEATH: HOSPITAL

DATE OF DEATH: JUNE 05, 2018

FACILITY OR ADDRESS: TRI-STATE MEMORIAL HOSPITAL, INC.

HOUR OF DEATH: 12:58 PM

CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

SEX: FEMALE

AGE: 96 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 1215 11TH ST

CITY, STATE, ZIP: CLARKSTON, WA 99403

HISPANIC ORIGIN: NO; NOT SPANISH/HISPANIC/LATINO

INSIDE CITY LIMITS: YES

COUNTY: ASOTIN

RACE: WHITE

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 50 YEARS

BIRTH DATE: [REDACTED]

FATHER/PARENT: EARL SMITH

BIRTHPLACE: MOSCOW, ID

MOTHER/PARENT: MYRTLE HEGSTED

MARITAL STATUS: WIDOWED

SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

OCCUPATION: TRAVEL AGENT

INDUSTRY: TRAVEL AGENCY

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

CITY, STATE: LEWISTON, IDAHO

DISPOSITION DATE: JUNE 11, 2018

INFORMANT: JANET MALGARIN

RELATIONSHIP: NEICE

ADDRESS: 16921 NE 23RD PLACE, BELLEVUE WA, 98008

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES LLC

ADDRESS: PO. BOX 107

CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

FUNERAL DIRECTOR: RICHARD LASSITER

CAUSE OF DEATH:

A: ASPIRATION PNEUMONIA

INTERVAL: WEEKS

B: ESOPHAGEAL STRICTURE

INTERVAL: UNKNOWN

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: VASCULAR DEMENTIA  
CONGESTIVE HEART FAILURE

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

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

CERTIFIER NAME: BHUPESH RATHOD, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1221 HIGHLAND AVE

CITY, STATE, ZIP: CLARKSTON, WA 99403

DATE SIGNED: JUNE 08, 2018

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: JUNE 11, 2018

52197



# 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
<b>Required information must match current information on record</b>				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
1. Name on Record: <small>First Middle Last</small>		2. Date of Event: <small>MM/DD/YYYY</small>		3. Place of Event: <small>City or County</small>
4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) <small>First Middle Last/Maiden</small>			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) <small>First Middle Last/Maiden</small>	
6. Name of Person Requesting Correction: Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)				
7. Return Mailing Address: <small>P.O. Box or Street Address City State Zip</small>				
Telephone Number: <small>( ) - - - - -</small>			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 2 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	Date:

### INSTRUCTIONS – go to [www.doh.wa.gov](http://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 422-032)

#### 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

# 52197

JUN 15 2018

*Timothy Moody MD*

Dr. Timothy Moody  
Health District Officer  
Grays Harbor County Health District



0 1 2 1 9 7 4 2

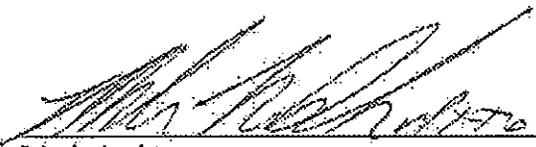
Certificate not valid unless the Seal of the State of Washington changes color when heat applied.



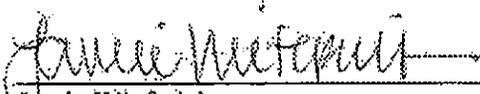
## SECRETARY'S CERTIFICATE

I, Jamie Wieferich, do hereby certify to the accuracy of the following matters:

1. Organization. I am the Secretary of D.A. Davidson Trust Company ("DTC"), formerly known as Davidson Trust Co., a federal savings bank duly organized and existing under the laws of the United States of America.
2. Resolutions. I am a duly authorized custodian of certain records of DTC, and attached hereto as Exhibit A are true and correct copies of certain resolutions duly adopted by the Board of Directors of DTC at a meeting duly called and held on November 27, 2018, at which meeting a quorum was present and acting throughout. The resolutions set forth on Exhibit A have not been amended, rescinded or modified in any way as of the date hereof.
3. Incumbency of Officers. The person listed immediately after this paragraph: (a) is a duly elected, qualified and Authorized Officer of DTC, and his office is accurately noted under his name; and (b) is authorized to act for or on behalf of DTC in accordance with the resolutions set forth on Exhibit A. The signature set forth above the typed name of the following Authorized Officer is his true and genuine signature.

  
\_\_\_\_\_  
Mark Andrews  
Vice President, Trust Officer

Signed this 7th Day of December, 2018

  
\_\_\_\_\_  
Jamie Wieferich  
Assistant Secretary

52197

COPY

FIRST AMENDMENT TO THE BETTY HAWORTH  
MILLER TRUST CREATED DECEMBER 16, 1996.

THIS AGREEMENT made this 3rd day of November, 2006, between BETTY HAWORTH MILLER, 1215 11th Street, Clarkston, Asotin County, Washington, an unmarried person, referred to as "Trustor," and BETTY HAWORTH MILLER, 1215 11th Street, Clarkston, Asotin County, Washington, acting separately as trustee of the Betty Haworth Miller Trust, referred to as "Trustee."

In consideration of the mutual covenants and promises set forth in the original trust agreement and as set forth herein, the Trustor and Trustee agree that the Betty Haworth Miller Trust created December 16, 1996, be, and the same is hereby amended as follows:

I.

Section Eight entitled "Death of Trustor" subparagraph 5 is hereby amended to read as follows:

5. Upon termination of this trust, the trustee shall distribute all the rest, residue, and remainder of the trust assets to the following beneficiaries, in equal shares, share and share alike:

PAUL L. HAWORTH of Lewiston, Idaho;  
JANET SOREY MALGARIN of Bellevue, Washington;  
LINDA HAWORTH MARR of Woodinville, Washington  
THE PRESBYTERIAN FIRST CHURCH OF CLARKSTON, Washington

In the event PAUL L. HAWORTH, JANET SOREY MALGARIN, or LINDA HAWORTH MARR, shall die before the termination of this trust, the share to which PAUL L. HAWORTH, JANET SOREY MALGARIN, or LINDA HAWORTH MARR would have been entitled shall be divided among all the remaining beneficiaries in this subparagraph 5, in equal shares, share and share alike.

II.

Section Five entitled "Successor Trustee" is hereby amended to appoint Davidson Trust Co. as successor trustee in place of and instead of Trust Corp. Washington. This amendment is for the purpose of reflecting the name change of Trust Corp. Washington to Davidson Trust Co.

That except as amended herein, the Betty Haworth Miller Trust created the 16th day of December, 1996, shall remain in full force and effect.

FIRST AMENDMENT TO THE BETTY HAWORTH MILLER  
TRUST CREATED DECEMBER 16, 1996 - 1

01:076060000216060.22

52197

in writing of any policies made payable to it or will deliver the policies to trustee as custodian. Trustee's duties and liabilities under this agreement shall under no circumstances be substantially increased by any such additions, except with its written consent.

#### SECTION FOUR: DISPOSITION OF INCOME AND PRINCIPAL

During the trustor's lifetime, trustee shall pay the trustor the net income of the trust estate, in convenient installments or as she may direct from time to time, and shall distributed to her such part, or all, of the principal of the trust estate as she may request in writing from time to time. If at any time a successor trustee is serving, the trustee in the trustee's discretion may at any time during trustor's lifetime distribute to her, or for her benefit, such portion or portions of the principal of the trust estate as the trustee may deem necessary or advisable for her comfortable support, medical care, and welfare.

#### SECTION FIVE SUCCESSOR TRUSTEE

On Betty Haworth Miller's death, resignation, or inability to act as trustee, TrustCorp Washington shall become trustee. For purposes of this trust, Betty Haworth Miller shall be considered to be unable to manage such trust if she is under a legal disability or by reason of illness or mental or physical disability is unable to give prompt and intelligent consideration to financial matters. The determination as to the trustor's inability at any time shall be made by the trustor's physician and one other physician. The successor trustee may rely on written notice of that determination from both physicians.

The successor trustee is authorized and empowered to collect and transfer to, or register, any stocks, bonds, securities, or any other property of the trust estate in the name of the successor trustee's nominee or in the successor trustee's own name, or to hold any property of the trust estate in such other form as will pass title by delivery.

Any person or corporation dealing with any successor trustee shall rely on the statement of any successor trustee that it is the acting trustee of this trust, and no further evidence of authority shall be required. No person or corporation who