

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 <u>Dorothy Tracy, deceased</u>	BUYER GRANTEE	2 Name <u>Marlene Mohr, a single woman, and Raymond Tracy, a single man</u>
	Mailing Address <u>1323 Setlow Court</u>		Mailing Address <u>PO Box 491</u>
	City/State/Zip <u>Clarkston, WA 99403</u>		City/State/Zip <u>Juliaetta, ID 83535</u>
	Phone No. (including area code) _____		Phone No. (including area code) <u>(208) 276-3209</u>

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

Name _____
Mailing Address _____
City/State/Zip _____
Phone No. (including area code) _____

List all real and personal property tax parcel account numbers – check box if personal property

1-334-00-008-0000	<input type="checkbox"/>	252600
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

4 Street address of property: 1323 Setlow Court, 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)

Lot 8 of Setlow Addition, according to the plat recorded May 29, 1999, under Instrument No. 234235, records of Asotin County, Washington.

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 84.36, 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 84.34.103). 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) WAC 458-61A-202(6)(f)

Reason for exemption Transfer to heirs under non-probated Will

Type of Document Lack of Probate Affidavit

Date of Document 05/20/2019

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
<u>0.0025</u> 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 Marlene Mohr Signature of Grantee or Grantee's Agent Marlene Mohr

Name (print) Marlene Mohr, Heir Name (print) Marlene Mohr

Date & city of signing: 5-30-19 Asotin, WA Date & city of signing: 5-20-19 Asotin, WA

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)).

2. The sole and rightful heirs to the property at law of decedent are as follows:

<u>Name and Address</u>	<u>Relationship</u>	<u>Age</u>
Marlene Mohr 550 C.C. Drive Juliaetta, ID 83535	Daughter	L
Raymond Tracy P.O. Box 375 Lucille, ID 83542	Son	L

3. Dorothy A. Tracy died with a will, a copy of which is attached as **Exhibit A**. A certified copy of Dorothy A. Tracy's death certificate is attached as **Exhibit B**. The will provides for Raymond Tracy and Marlene Mohr to inherit the residue of Dorothy A. Tracy's estate, after the distribution of specific bequests of \$5,000 each to Shalene Miller, Jordan Miller, Ariel Pierpoint, and David Santiago. The specific bequests have been made and the Real Property described below is part of the residue of the Estate of Dorothy A. Tracy.

4. Marlene Mohr and Raymond Tracy are the surviving children of Dorothy A. Tracy and the lawful surviving heirs and owners of the following-described real property located at 1323 Setlow Ct, Clarkston, WA 99403:

Lot 8 of Setlow Addition, according to the plat recorded May 29, 1999, under Instrument No. 234235, records of Asotin County, Washington.

Property Tax Parcel No. 1-334-00-008-0000

5. This Affidavit is made solely to induce the title insurance company to insure title to real property in which decedent held an interest at the time of her death, and to comply with the provisions of WAC 458-61A-202(6)(i).

Dated this 13 day of May, 2019.

Raymond Tracy
RAYMOND TRACY

STATE OF Idaho)
County of Idaho) :SS

On this day personally appeared before me Raymond Tracy, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal this 13 day of May, 2019.



Sondra Hinkley
Notary Public for Idaho
Residing at Riggins
My appointment expires 9/23/2020

Last Will and Testament

of

Dorothy A. Tracy

I, Dorothy A. Tracy, of Asotin County, Washington, and a citizen of the United States, declare this to be my Last Will and Testament. I revoke all Wills and Codicils previously made by me.

I.

IDENTIFICATION OF FAMILY

I am a widow. My immediate family now consists of my children, Marlene Tracy Miller and Raymond Tracy. References in this Last Will to "my child" or to "my children" are intended to include the above-named children and any child or children later born to or legally adopted by me. Except as provided below, I make no provision in this Will for any of my children who survive me, nor for the issue of any child who does not survive me.

II.

DEBTS

I direct that all my just debts and expenses of my last illness and funeral, the costs and charges of the administration of my estate, and any and all estate or inheritance taxes due, be paid as soon as convenient after my death; provided, however, that no obligation which

may be a specific lien on real or personal property need be paid prior to its normal maturity in due course.

III.

PERSONAL REPRESENTATIVE

I appoint Marlene Tracy Miller and Raymond Tracy as Co-Personal Representatives of my estate. If either is unable or unwilling to serve, then I appoint the other as Personal Representative of my estate. My Personal Representative(s) shall serve without bond and with non-intervention powers.

IV.

DISPOSITION OF ESTATE

4.1 Personal Property. Those items of my tangible personal property listed on the signed memorandum, which I intend to furnish to my Personal Representative, shall be given to the person or persons whose name or names are set out opposite such item or items on the memorandum. Such property shall be deemed to pass under this Will pursuant to RCW 11.12.260.

4.2 Specific Bequest. I give, devise, and bequeath the sum of Five Thousand Dollars (\$5,000), not to exceed two percent (2%) of my net distributable estate, to each of my grandchildren, Shalane Miller, Jordan Miller, Ariel Pierpoint, and to David Santiago, my son's stepson. The share of David Santiago shall be placed in a custodial account under RCW Chapter 11.114, with my son as custodian. The custodian shall remain in effect until the minor's attainment of age 25 years, pursuant to RCW 11.114.200(2).

4.3 Residue. I give, devise, and bequeath the rest, residue, and remainder of my estate after the distributions of the specific bequests outlined in Paragraph 4.2 above in equal shares to my children. If Raymond Tracy shall predecease me his share shall instead pass to my daughter Marlene Tracy Miller. If my daughter Marlene Tracy Miller shall predecease me her share shall be given to her issue, by right of representation, but subject to the withholding provision in Article V for young beneficiaries.

V.

PROTECTION FOR YOUNG BENEFICIARIES

If any assets become distributable to a beneficiary who is under age twenty-five (25), my Personal Representative may (a) at any time distribute the same to a custodian for such beneficiary under any Uniform Transfers or Gifts to Minors Act or (b) continue to hold the same in trust, with my Personal Representative acting as Trustee, and shall pay to such beneficiary so much of the net income and principal from time to time as my Personal Representative shall deem advisable for the maintenance, education, support, and health of such beneficiary (net income not so paid to be added to principal) until such beneficiary attains age twenty-five (25) or dies under that age. Thereupon my Personal Representative shall distribute such assets to such beneficiary, if then living, or if not then living, to such beneficiary's estate.

No beneficiary shall have the right or power to anticipate, pledge, assign, sell, transfer, alienate or encumber his or her interest in any assets held by my Personal Representative pursuant to this provision in any way: nor shall any such interest in any manner be liable for or subject to the debts, liabilities, or obligations of such beneficiary or claims of any sort against such beneficiary.

VI.

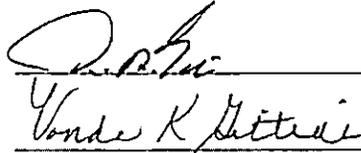
TAXES

My Personal Representative is authorized to exercise all elections with respect to taxes or the deductibility of items for any tax purpose, including generation-skipping transfer tax purposes, in accordance with what my Personal Representative in my Personal Representative's sole discretion believes to be consistent with my intentions and in the best interest of my estate. I relieve my Personal Representative of any duty to make adjustments to the shares or interests of any person who may be adversely affected by any such elections. The provisions of this paragraph shall also apply to the Trustee of the Trust, as the case may be.

The above instrument purports to be and is the Last Will and Testament of the maker, and was signed and executed by said maker on the above date at Clarkston, Washington, in the presence of each of us as witnesses.

The maker thereupon published the instrument as, and declared it to be her Last Will and Testament and requested us to sign the same as witnesses. At the request and in the presence of the maker and in the presence of each other, we each subscribed our names as witnesses thereto.

At the time of executing said instrument, maker and each of us witnesses, were of legal age, and the maker appeared to be of sound and disposing mind, and not acting under duress, menace, fraud, undue influence, or misrepresentation.



Yvonne K Pittman

SIGNED AND SWORN to before me this 4th day of April, 2016.

Notary Public
State of Washington
JOSHUA D. GOSSNER
MY COMMISSION EXPIRES
JUNE 9, 2019



Notary Public for Washington
Residing at Clarkston
My appointment expires June 9, 2019

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-001321

DATE ISSUED: 01/14/2019
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DOROTHY ANN
LAST NAME(S): TRACY

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: JANUARY 09, 2019
HOUR OF DEATH: 09:00 AM
SEX: FEMALE AGE: 87 YEARS
SOCIAL SECURITY NUMBER: ~~██████████~~

PLACE OF DEATH: EMERGENCY ROOM
FACILITY OR ADDRESS: TRI-STATE MEMORIAL HOSPITAL, INC.
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

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

RESIDENCE STREET: 1323 SETLOW CT
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 18 YEARS

BIRTH DATE: ~~██████████~~
BIRTHPLACE: DOLORES, CO

FATHER/PARENT: ERNEST A LISENBERY
MOTHER/PARENT: LOLA GILLS

MARITAL STATUS: WIDOWED
SPOUSE: NOT APPLICABLE

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

OCCUPATION: CUSTOMER SERVICE SPECIALIST
INDUSTRY: STATE OF WASHINGTON
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: JANUARY 14, 2019

INFORMANT: MARLENE MOHR
RELATIONSHIP: DAUGHTER
ADDRESS: PO BOX 491, JULIAETTA ID, 83535

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: ARTERIOSCLEROTIC HEART DISEASE
INTERVAL: UNKNOWN
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: NO RESPONSE

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

CERTIFIER NAME: MICHAEL DRIVER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1221 HIGHLAND AVE
CITY, STATE, ZIP: CLARKSTON, WA 99403
DATE SIGNED: JANUARY 13, 2019

LOCATION OF INJURY:

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

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: MICHAEL DRIVER, MD

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: JANUARY 14, 2019

EXHIBIT B 52238



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: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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/Initials		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: <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: 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 2 nd parent (if required):
Printed name:	Printed name:
Date:	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 422-032)

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 14 2019

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



0 1 2 2 0 1 6 9



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