

**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.

<p><b>1</b> Name <u>Estate of Douglas B. Mayo</u></p> <p>Mailing Address <u>1202 Fifth Street</u></p> <p>City/State/Zip <u>Clarkston, WA 99403</u></p> <p>Phone No. (including area code) _____</p>	<p><b>2</b> Name <u>Patricia F. Mayo, an unmarried person.</u></p> <p>Mailing Address <u>1202 Fifth Street</u></p> <p>City/State/Zip <u>Clarkston, WA 99403</u></p> <p>Phone No. (including area code) _____</p>
<p><b>3</b> Send all property tax correspondence to: <input checked="" type="checkbox"/> Same as Buyer/Grantee</p> <p>Name _____</p> <p>Mailing Address _____</p> <p>City/State/Zip _____</p> <p>Phone No. (including area code) _____</p>	<p>List all real and personal property tax parcel account numbers – check box if personal property</p> <p><u>11010202400000000</u> <input type="checkbox"/></p> <p>_____ <input type="checkbox"/></p> <p>_____ <input type="checkbox"/></p> <p>_____ <input type="checkbox"/></p>
<p>List assessed value(s)</p> <p><u>144,900</u></p>	

**4** Street address of property: 1202 Fifth 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)

Lot 24, Block 2 of Parkway Addition to Clarkston, Asotin County, Washington, together with the right of way over and across the North 8 feet of the East 80 feet of Lot 23 of Block 2 of Parkway Addition to Clarkston, 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)

	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"/>

	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 \_\_\_\_\_

Transfer pursuant to Community Property Agreement (Inst. No. 360288) and Death Certificate (Inst. 360287) recorded December 21, 2018

Type of Document CPA and Death Certificate

Date of Document ~~12/21/19~~ 11-8-18

Gross Selling Price \$	0.00
*Personal Property (deduct) \$	_____
Exemption Claimed (deduct) \$	_____
Taxable Selling Price \$	0.00
Excise Tax : State \$	0.00
<input type="text" value="0.0025"/> 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.

<p>Signature of Grantor or Grantor's Agent <u>Patricia F. Mayo</u></p> <p>Name (print) <u>Patricia F. Mayo</u></p> <p>Date &amp; city of signing: <u>Clarkston, WA June 13, 2019</u></p>	<p>Signature of Grantee or Grantee's Agent <u>Patricia F. Mayo</u></p> <p>Name (print) <u>Patricia F. Mayo</u></p> <p>Date &amp; city of signing: <u>Clarkston, WA June 13, 2019</u></p>
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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)).

*C. WEAVER, MOORE, DOKKEN & BEND*  
CALL # 12043 #

JUN 20 2019  
ASOTIN COUNTY  
TREASURER

052282



00024190201803602880030039

I-131 DC  
Pgs=3 Fee:\$39.00  
CREASON, MOORE, DOKKEN &

**AFTER RECORDING, RETURN TO:**

Paul B. Burris  
Creason, Moore, Dokken & Geidl, PLLC  
P. O. Drawer 835  
Lewiston ID 83501

**CERTIFICATE OF DEATH**

*Reference Numbers of Related Documents:* N/A

*Grantor:* Mayo, Douglas B.

*Grantee:* Public

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STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-054736

DATE ISSUED: 12/14/2018  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DOUGLAS B  
LAST NAME(S): MAYO

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: DECEMBER 13, 2018  
HOUR OF DEATH: 09:28 PM FOUND  
SEX: MALE AGE: 85 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 1202 5TH ST  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

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

RESIDENCE STREET: 1202 5TH ST  
CITY, STATE, ZIP: CLARKSTON, WA 99403  
INSIDE CITY LIMITS: YES COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 41 YEARS

BIRTH DATE: ~~06/20/1933~~  
BIRTHPLACE: PERRYTON, TX

FATHER/PARENT: JEF ARTHUR MAYO  
MOTHER/PARENT: VIOLET H BEARDSLEY

MARITAL STATUS: MARRIED  
SPOUSE: PATRICIA FAE MANES

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

OCCUPATION: OWNER / BROKER  
INDUSTRY: REAL ESTATE  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: YES

CITY, STATE: LEWISTON, IDAHO  
DISPOSITION DATE: DECEMBER 13, 2018

INFORMANT: TRISH MAYO  
RELATIONSHIP: SPOUSE  
ADDRESS: 1202 5TH ST, CLARKSTON WA, 99403

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME

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

CAUSE OF DEATH:  
A: MYOCARDIAL INFARCTION  
INTERVAL: 12/08/18  
B: CONGESTIVE HEART FAILURE  
INTERVAL: YEARS  
C: ATRIAL FIBRILLATION  
INTERVAL: YEARS  
D: ADULT ONSET DIABETES MELLITUS  
INTERVAL: YEARS

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: NO  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: CHERYL A. LOETSCHER, ARNP  
TITLE: ARNP  
CERTIFIER ADDRESS: 1522 17TH STREET  
CITY, STATE, ZIP: LEWISTON, ID 83501  
DATE SIGNED: DECEMBER 13, 2018

LOCATION OF INJURY:

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

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: CHERYL LOETSCHER

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON  
DATE RECEIVED: DECEMBER 13, 2018

52282



# 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 foregoing is true and correct

16a. Signature: \_\_\_\_\_ 16b. Signature of 2<sup>nd</sup> parent (if required): \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_ Printed name: \_\_\_\_\_ 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**

- 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**

- 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**

- 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

DEC 14 2018

*Glenn Houser MD*  
Dr. Glenn Houser

Health District Officer  
Garfield County Health District



0 1 2 2 0 1 2 7

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



00024189201803602870050057

I-15 CP

Pgs=5

Fee:\$103.00

CREASON, MOORE, DOKKEN &

**AFTER RECORDING, RETURN TO:**

Paul B. Burris  
Creason, Moore, Dokken & Geidl, PLLC  
P. O. Drawer 835  
Lewiston ID 83501

**COMMUNITY PROPERTY AGREEMENT**

**Reference Numbers of Related Documents:** N/A

**Grantor:** Mayo, Douglas B.

**Grantee:** Mayo, Patricia F.

**Legal Description:**

1. Real property located in Asotin County, Washington, described as follows:  
Lot 24, Block 2 of Parkway Addition.
2. Additional legal description is included on pages 1 and 2 of the Community Property Agreement.
3. Assessor's Parcel No. 11010202400000000

52282

**AFTER RECORDING, RETURN TO:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMMUNITY PROPERTY AGREEMENT**

This agreement is made between Douglas B. Mayo ("Husband") and Patricia F. Mayo ("Wife"), husband and wife, who were married on August 13, 1977, in Grangeville, Idaho, and who are currently domiciled within the State of Washington. In consideration of their mutual promises and covenants set forth below, the parties agree as follows:

1. **Property Covered:** This agreement shall apply to the following described property now owned or hereafter acquired by Husband and Wife even though some items may have been purchased or acquired by one or the other alone or may be registered in the name of one or the other or both:

A. **Residence.** 1202 Fifth Street, Clarkston, County of Asotin, State of Washington, to-wit:

Lot 24, Block 2 of Parkway Addition to Clarkston, Asotin County, Washington, together with the right of way over and across the North 8 feet of the East 80 feet of Lot 23 of Block 2 of Parkway Addition to Clarkston, Asotin County, Washington.

COMMUNITY PROPERTY AGREEMENT - 1

Creason, Moore, Dokken & Geidl, PLLC  
P.O. Drawer 835, Lewiston ID 83501  
(208)743-1516; Fax(208)746-2231

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APN: 11010202400000000,

and any other real property owned by Husband and Wife, including any real property acquired after execution of this Agreement.

B. All tangible personal property and financial assets now owned or hereafter acquired, including without limitation, household items, tools, firearms, vehicles, art objects, ownership and debt interests in business entities, accounts and notes receivable, and all financial accounts of every nature.

The above-described property shall be transmuted at death into and declared to be the community property of the parties and is referred to in this agreement as the "described community property."

2. ***Vesting at Death of a Spouse:*** If Husband dies and Wife survives him, all of the described community property and/or separate property shall vest in Wife as of the moment of Husband's death. If Wife dies and Husband survives her, all of the described community property and or separate property shall vest in Husband as of the moment of Wife's death.

3. ***Disclaimer:*** Upon the death of either spouse, the surviving spouse may disclaim any interest passing under the agreement in whole or in part, or with reference to specific parts, shares or assets thereof, in which event the interest disclaimed shall pass as if the provisions of paragraph 2 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition.

4. ***Automatic Revocation:*** The provisions of paragraph 2 shall be automatically revoked:

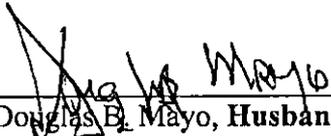
- (a) Upon the filing by either party of a petition, complaint or other pleading for separation, dissolution, or divorce; or
- (b) Immediately prior to death, if the order of death cannot be ascertained, or if both parties hereto die within ninety (90) days of one another.

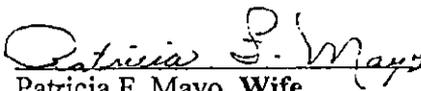
5. **Optional Revocation by One Party:** If either party becomes incapacitated, the other party shall have the power to terminate the provisions of paragraph 2 and each party designates the other as attorney-in-fact to become effective upon incapacity to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the incapacitated spouse and to the guardian(s), if any, of the person and of the estate of the incapacitated person. For the purposes of this paragraph, a spouse shall be deemed incapacitated if a person duly licensed to practice medicine signs a statement declaring that the person is unable to manage his or her own financial affairs.

6. **Powers of Appointment:** This agreement shall not affect any power of appointment now held by or hereafter given to Husband or Wife or both of them, nor shall it obligate Husband or Wife or both of them, to exercise any such power of appointment in any way.

7. **Revocation of Inconsistent Agreements:** To the extent this agreement is inconsistent with any provisions of any community property agreement or other arrangement previously made by the parties that affects the described community property, the terms of this agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

IN WITNESS WHEREOF, the parties, Douglas B. Mayo and Patricia F. Mayo, have hereunto set their signatures this 8<sup>th</sup> day of November, 2018.

  
\_\_\_\_\_  
Douglas B. Mayo, Husband

  
\_\_\_\_\_  
Patricia F. Mayo, Wife

