

**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.

SELLER GRANTOR	1 Name <u>Vance Living Trust</u>	BUYER GRANTEE	2 Name <u>Suzie L. Eckert</u>
	Mailing Address <u>769 Sallow Lane #313</u>		Mailing Address <u>1635 12th St.</u>
	City/State/Zip <u>Billings MT 59102</u>		City/State/Zip <u>Clarkston, WA 99403</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 <u>Suzie L. Eckert</u>		10021300200020000 <input type="checkbox"/>	
Mailing Address _____		_____ <input type="checkbox"/>	
City/State/Zip _____		_____ <input type="checkbox"/>	
Phone No. (including area code) _____		_____ <input type="checkbox"/>	
		List assessed value(s) <u>105,200.00</u>	

4 Street address of property: 635 12th Street

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.

See attached legal

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 _____
<b>(2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY)</b>	
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	<u>Statutory Warranty Deed (SWD)</u>	
Date of Document	<u>06/18/19</u>	
Gross Selling Price \$	<u>156,100.00</u>	
*Personal Property (deduct) \$	<u>0.00</u>	
Exemption Claimed (deduct) \$	<u>0.00</u>	
Taxable Selling Price \$	<u>156,100.00</u>	
Excise Tax : State \$	<u>1,998.08</u>	
Local \$	<u>390.25</u>	
*Delinquent Interest: State \$	<u>0.00</u>	
Local \$	<u>0.00</u>	
*Delinquent Penalty \$	<u>0.00</u>	
Subtotal \$	<u>2,388.33</u>	
*State Technology Fee \$	<u>5.00</u>	<u>5.00</u>
*Affidavit Processing Fee \$	<u>0.00</u>	
Total Due \$	<u>2,393.33</u>	

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 _____	Signature of Grantee or Grantee's Agent <u>Suzie L. Eckert</u>
Name (print) <u>Vance Living Trust</u>	Name (print) <u>Suzie L. Eckert</u>
Date & city of signing: <u>6/19/19, Clarkston, WA</u>	Date & city of signing: <u>6/19/19, Clarkston, WA</u>

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)).

**EXHIBIT "A"**

435815

The North half of Lot 2 in Block 13 of West of Clarkston, according to the official plat thereof, filed in Book B of Plats at Page(s) 23, records of Asotin County, Washington.

The North 3 feet of the South half of Lot 2 in Block 13 of West of Clarkston, according to the official plat thereof, filed in Book B of Plats at Page(s) 23, records of Asotin County, Washington.

EXCEPT The North 3 feet of Lot 2 in Block 13 of West of Clarkston, according to the official plat thereof, filed in Book B of Plats at Page(s) 23, records of Asotin County, Washington.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-049740

DATE ISSUED: 12/07/2016

FEE NUMBER: 0000046909

GIVEN NAMES: BARTLET J  
LAST NAME: VANCE

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: NOVEMBER 30, 2016  
HOUR OF DEATH: 04:30 A.M. PRESUMED  
SEX: MALE  
AGE: 77 YEARS

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY  
FACILITY OR ADDRESS: PRESTIGE CARE AND REHABILITATION  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

SOCIAL SECURITY NUMBER: [REDACTED]  
HISPANIC ORIGIN: NO; NOT HISPANIC  
RACE: WHITE

RESIDENCE STREET: 835 12TH ST  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403  
INSIDE CITY LIMITS: YES

BIRTHDATE: [REDACTED]  
BIRTHPLACE: TEROS, MONTANA  
MARRITAL STATUS: MARRIED  
SPOUSE: RITA MARIE PAKKA

COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 15 YEARS

OCCUPATION: DISABLED  
INDUSTRY: DISABLED  
EDUCATION: ASSOCIATE DEGREE  
US ARMED FORCES: YES

FATHER/PARENT: PAUL DAVID VANCE  
MOTHER/PARENT: AUGUSTA MAVIS BOCKENCAMP

INFORMANT: RITA VANCE  
RELATIONSHIP: SPOUSE  
ADDRESS: 835 12TH ST, CLARKSTON WA, 99403

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY  
CITY, STATE: LEGISTON, ID  
DISPOSITION DATE: DECEMBER 06, 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. CONGESTIVE HEART FAILURE ACUTE  
INTERVAL: DAYS  
B. INTERVAL:  
C. INTERVAL:  
D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

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

LOCATION OF INJURY:  
CITY, STATE, ZIP:  
COUNTY:

CERTIFIER NAME: JOHN RUDOLPH DO  
TITLE: OSTEOPATHIC PHYSICIAN  
ADDRESS: 1221 HIGHLAND AVE  
CITY, STATE, ZIP: CLARKSTON WA 99403  
DATE SIGNED: DECEMBER 06, 2016

DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO  
FEE NUMBER: NOT APPLICABLE

ITEM(S) AMENDED: NONE

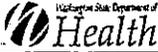
ATTENDING PHYSICIAN:  
JOHN RUDOLPH DO

NUMBER(S) NONE  
DATE(S) NONE

LOCAL DEPUTY REGISTRAR:  
BRADY WOODBURY  
DATE RECEIVED: DECEMBER 06, 2016



52283



### 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

<b>Required</b>	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record:		2. Date of Event:	3. Place of Event: City or County
	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: <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:			

Telephone Number:	Email Address:
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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):
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Printed name:	Date:	Printed name:	Date:
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#### 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.
- |  |  |
|--|--|
| <p><b>Child under 18</b></p> <ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship</li> <li>• 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)*</li> <li>• After age one, a court order is required to change the last name</li> <li>• No proof is required to change the first or middle name*</li> <li>• To correct parent's information, one documentary proof is required.</li> <li>• To correct the sex of the child, one documentary proof from a medical provider is required</li> </ul> | <p><b>Adult (18 years or older)</b></p> <ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate</li> <li>• If the first or middle name is missing, three pieces of documentary proof are required</li> <li>• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required</li> <li>• To correct parent's birth date, place of birth, or name, one documentary proof is required</li> </ul> |
|--|--|
- \*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.

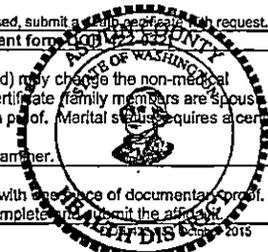
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form)

#### 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 spouses 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.



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

DEC 07 2016

52283

FF00046910

**The Bartlet Thomas Vance and Rita Marie Vance  
Living Trust  
Certification of Trust**

The undersigned, the Trustees of The Bartlet Thomas Vance and Rita Marie Vance Living Trust, formerly known as The Bartlet Thomas Vance Living Trust, under penalty of perjury, each hereby certify the following:

A. **Name and Existence.** The name of the trust is The Bartlet Thomas Vance and Rita Marie Vance Living Trust (the "Trust"), formerly known as The Bartlet Thomas Vance Living Trust. The Declaration of Trust creating the said Trust was executed on July 26, 2012 and is effective as of such date. The Trust was amended and restated on Aug 10, 2012.

B. **Trust Property.** The Grantors have set aside and hold in the Trust all interest in certain property listed in the schedules of said Declaration of Trust, to be used for the benefit of the beneficiaries named therein.

C. **Trustee.** The Trustees of the Trust are the following persons:

Bartlet Thomas Vance

Rita Marie Vance

D. **Powers of Trustee.** Each Trustee has the powers deemed necessary and appropriate to administer the Trust, including all powers granted under Washington law, subject to the fiduciary duties to the Grantors and beneficiaries. The powers of the Trustees include, but are not limited to, the powers to:

1. Hold, maintain, manage and administer assets of the Trust;
2. Sell, trade, deal, encumber, mortgage, pledge, option, lease, lend or improve the assets of the Trust;
3. Collect, hold, purchase, invest and reinvest the profits and principal of the Trust;
4. Borrow money and purchase insurance;

ACKNOWLEDGMENT

Idaho  
State of ~~Washington~~

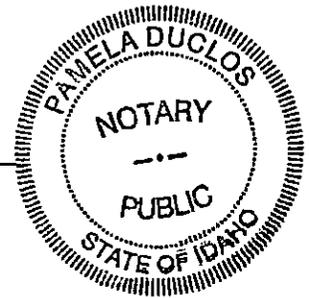
County of Nez Perce

On this 10<sup>th</sup> day of August, 2012, before me, the undersigned Notary Public, personally appeared Bartlet Thomas Vance and Rita Marie Vance, personally known to me (or proved to me on the basis of satisfactory evidence) to be the individuals who signed the foregoing instrument and acknowledged to me that they executed the same in their authorized capacities, and that by such signatures, the persons executed the instrument.

Witness my hand and seal.

Signature of Notary Public: Pamela Duclos

Comm. expires: 09.17.2016



#### 4. APPOINTMENT OF TRUSTEE

(a) Bartlet Thomas Vance and Rita Marie Vance are the initial trustees of the Trust and each subtrust of the Trust (if any), with all of the rights, privileges, and responsibilities set forth herein. If an initial co-trustee resigns, or cannot continue to serve due to death, disability, or incapacity, the other initial trustee shall continue as sole trustee, with full authority to exercise all of the powers and rights accorded to a trustee under this Trust.

(b) If at any time both Bartlet Thomas Vance and Rita Marie Vance decline to serve, or cannot serve due to death, disability, or incapacity, Bartlet Theodore Vance will be the successor trustee. If said nominee is unable or unwilling to serve for any reason, Tracey Marie Nimlo will be the successor trustee. The successor trustee will assume the active administration of the Trust in accordance with the provisions set forth herein. Any successor trustee will have all of the powers, duties, authority, and discretion herein and by law granted to the initial trustees. If there are two co-trustees serving, they shall act by unanimous agreement. If there are more than two co-trustees serving, they shall act in accordance with the decision made by the majority of the co-trustees.

(c) A successor trustee's authority and power may be subsequently terminated by any Grantor without the consent of, or prior notice to, that successor trustee, if any initial trustee has sufficiently recovered from any physical or mental impairment that prevented the initial trustee from being able to fully and competently administer the Trust.

(d) As used in this Trust, the singular term "trustee" includes its plural. In addition, the terms "disability" and "incapacity" refer to a person's physical or mental inability to properly manage his or her own financial affairs, as established by the written opinion of two licensed medical doctors, one of whom must be such person's primary care physician, if any. Any healthcare provider is authorized to disclose to the successor trustee any pertinent individually identifiable health information sufficient to determine whether the trustee is physically or mentally capable of managing his or her own financial affairs. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and all other applicable state and federal law, and each successor trustee constitutes a trustee's "personal representative" as defined by HIPAA.

IN WITNESS WHEREOF, the Grantors have executed this declaration of trust on the date written below.

Bartlet Thomas Vance  
Signature of Bartlet Thomas Vance, as Grantor

Rita Marie Vance  
Signature of Rita Marie Vance, as Grantor

Date: \_\_\_\_\_

Date: Aug

Bartlet Thomas Vance  
Signature of Bartlet Thomas Vance, as Trustee of The Bartlet Thomas Vance and Rita Marie Vance Living Trust

Rita Marie Vance  
Signature of Rita Marie Vance, as Trustee of The Bartlet Thomas Vance and Rita Marie Vance Living Trust

Date: Aug 10, 2012

Date: Aug. 10, 2012

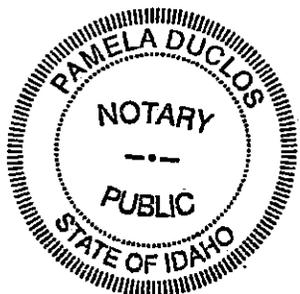
ACKNOWLEDGMENT

State of Idaho  
~~Washington~~  
County of Nez Perce

On this 10<sup>th</sup> day of August, 2012, before me, the undersigned Notary Public, personally appeared Bartlet Thomas Vance and Rita Marie Vance, personally known to me (or proved to me on the basis of satisfactory evidence) to be the individuals who signed the foregoing instrument and acknowledged to me that they executed the same in their authorized capacities, and that by such signatures, the persons executed the instrument.

WITNESS my hand and official seal.

Pamela Duclos  
Notary Public



My Commission Expires: 09.17.2016