

REAL ESTATE EXCISE TAX AFFIDAVIT
CHAPTER 82.45 RCW – CHAPTER 458-61A WAC

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

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 <u>Daniel & Julie Wickersham</u>	2 BUYER GRANTEE	Name <u>Julie A. Wickersham</u>
	Mailing Address <u>1120 16th Ave.</u>		Mailing Address <u>1120 16th Ave.</u>
	City/State/Zip <u>Clarkston, WA 99403</u>		City/State/Zip <u>Clarkston, WA 99403</u>
	Phone No. (including area code) <u>509-780-1634</u>		Phone No. (including area code) <u>509-780-1634</u>
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 _____		<input checked="" type="checkbox"/> 1 004 15 006 0002 0000 <input checked="" type="checkbox"/> 1 004 15 006 0001 0000 <input type="checkbox"/> _____ <input type="checkbox"/> _____	
Mailing Address _____		List assessed value(s)	
City/State/Zip _____		<u>191,400</u> <u>39,600</u>	
Phone No. (including area code) _____		_____	

Street address of property: 1120 16th Ave.

This property is located in unincorporated _____ County OR within city of _____

Check box if any of the listed parcels are being segregated from a larger parcel.

Legal description of property (if more space is needed, you may attach a separate sheet to each page of the affidavit)

See attachment A

Select Land Use Code(s):

11

enter any additional codes: _____

(See back of last page for instructions)

YES NO

Is this property exempt from property tax per chapter 84.36 RCW (nonprofit organization)?

YES NO

YES NO

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?

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 84.34.108). 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) 458-6A-202(b)(a)

Reason for exemption INHERITANCE

Type of Document QUITCLAIM DEED

Date of Document 6-26-19

Gross Selling Price \$ _____

*Personal Property (deduct) \$ _____

Exemption Claimed (deduct) \$ _____

Taxable Selling Price \$ _____

Excise Tax : State \$ _____

Local \$ _____

*Delinquent Interest: State \$ _____

Local \$ _____

*Delinquent Penalty \$ _____

Subtotal \$ _____

*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

\$200

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I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signature of Grantor or Grantor's Agent Julie A. Wickersham
Name (print) Julie A. Wickersham
Date & city of signing: Asotin 6-26-19

Signature of Grantee or Grantee's Agent Julie A. Wickersham
Name (print) Julie A. Wickersham
Date & city of signing: Asotin 6-26-19

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)).

J. WICKERSHAM
CL# 16292

052307

Attachment A

ID: 1 004 15 006 0002 0000

1 004 15 006 000 1 0000

Parcel 1

The South one and one-half acres of the South half of the West half of Lot Six (6) of Block "V" of Vineland, Asotin County, Washington according to the recorded plat thereof except a rectangular tract of land in the southwest corner thereof 65 feet wide on the East and West boundaries, and 175 feet long on the north and South boundaries.

Parcel 2

A rectangular tract of land on the northwest corner thereof 65 feet wide on the East and West boundaries and 175 feet long up the North and South boundaries except that portion lying within 16th Avenue adjacent thereof.

Exception :

All that portion of the herein after described Tract "X" Plying northerly and northeasterly of the line beginning at a point opposite Station 41 +00 00 on the Fleshman Way line survey of the Fleshman Way /15th Street Project and 80 feet southerly therefrom; thence easterly and southeasterly parallel with said Fleshman Way line survey to a point opposite said Station 44+00 00; thence northeasterly to a point opposite said Station 44+00 00 and 70 feet southwesterly therefrom; thence southeasterly parallel with said Fleshman Way line survey to a point opposite Station 46+00 and the end of this said description.

52307

AFFIDAVIT (LACK OF PROBATE)

Julie A. Wickersham, being first duly sworn, deposes and says:

The undersigned affiant is the rightful heir to the real property described below, and is wife
(relationship to decedent) of Daniel L. Wickersham (decedent), who died on (date)
November 20, 2014, at
Clarkston Asotin Washington
City County State

*** A CERTIFIED COPY OF THE DEATH CERTIFICATE MUST BE PRESENTED. PLEASE NOTE: A copy may be used for recording at the discretion of the county.

REGARDING DISPOSITION OF REAL PROPERTY:

Attach the full legal description of the property with county and parcel number being transferred which is located at a commonly recognized address of: 1120 16th Ave.
Clarkston Washington 99403
City State Zip Code

- Decedent left no Last Will and Testament and/or Community Property Agreement; OR Decedent left a Community Property Agreement in favor of surviving spouse (A COPY OF WHICH IS ATTACHED for review), or has been recorded under _____ County recording number _____; OR
- Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked (A COPY OF WHICH IS ATTACHED for review)

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

Lori J. Wickersham 509. 491. 2877 (Daughter of Daniel)
1011 North Cleveland St. Kennewick, WA 99336 42 yrs
Full name, age, relationship, address

Matthew T. Wickersham (son of Daniel)
1011 North Cleveland St. Kennewick, WA 99336 40 yrs
Full name, age, relationship, address

Brandon L. Bailey (stepson of Daniel)
Deceased
Full name, age, relationship, address

Brian E. Bailey 43 yrs (stepson of Daniel)
1670 Palmer Ct. Clarkston, WA 99403
Full name, age, relationship, address

(Continued on next page)

Brandt W. Fuller (stepson of Daniel) 33 yrs.
2428 Westwood Ct. Clarkston, WA 99403

Full name, age, relationship, address

Julie A. Wickersham 63 (wife of Daniel)

1120 16th Ave. Clarkston, WA 99403

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 6-25-19

Julie Ann Wickersham

Affiant's full name

509-780-1634

Telephone number

1120 16th Ave.

Clarkston
City

Street

Washington
State

99403
Zip Code

Julie Ann Wickersham
Signature

6-25-19
Date

State of WA County of Asotin

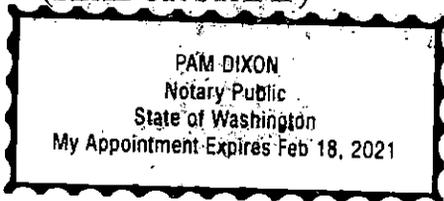
I know or have satisfactory evidence that Julie Ann Wickersham
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 06/25/19

Pam Dixon
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Clarkston

Notary Public in and for the State of WA

My appointment expires: 02/18/2021

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2014-026633

DATE ISSUED: 05/07/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): DANIEL L.
LAST NAME(S): WICKERSHAM

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: NOVEMBER 20, 2014
HOUR OF DEATH: 05:30 AM

SEX: MALE AGE: 63 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: MAY 19 1951
BIRTHPLACE: CLARKSTON, WA

MARITAL STATUS: MARRIED
SPOUSE: JULIE A LEHFELDT

OCCUPATION: PRODUCTION MANAGER
INDUSTRY: JET BOAT MANUFACTURING
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

INFORMANT: JULIE WICKERSHAM
RELATIONSHIP: WIFE
ADDRESS: 1120 16TH AVENUE, CLARKSTON WA, 99403

CAUSE OF DEATH:
A: ASPIRATION PNEUMONIA
INTERVAL: ONE WEEK
B: PARKINSON DISEASE
INTERVAL: 5+ YEARS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

RESIDENCE STREET: 1120 16TH AVE
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 63 YEARS

FATHER/PARENT: HARRY I WICKERSHAM
MOTHER/PARENT: ELSIE C MILLER

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

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: NOVEMBER 21, 2014

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES
LLC
ADDRESS: 1000 7TH ST
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
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: NOT APPLICABLE

CERTIFIER NAME: CHERYL MALLORY
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 2315 8TH STREET
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
DATE SIGNED: NOVEMBER 21, 2014

CASE REFERRED TO ME/CORONER:
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: CHERYL MALLORY MD

LOCAL DEPUTY REGISTRAR: SUNDIE HOFFMAN
DATE RECEIVED: NOVEMBER 21, 2014

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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	Required information must match current information on record			
	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/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: <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

- 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.

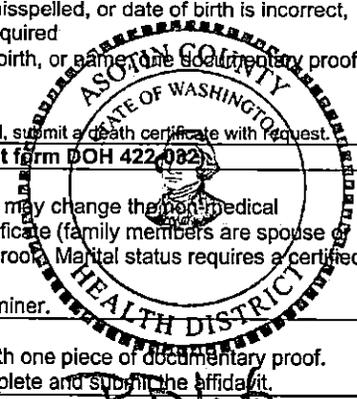
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-082)

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the birth/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.



Bob Lutz, M.D., MPH
Health Officer

MAY 07 2019



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



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