



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 (Mary Jane Knittel Whorton) and Buyer/Grantee (J&J Services, LLC) information, including addresses, phone numbers, and tax correspondence details.

Section 4: Street address of property (2244 Reeves Court, Clarkston, WA) and location details (Asotin County, Washington).

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

Section 6: Questions regarding forest land, current use, and special valuation.

NOTICE OF CONTINUANCE (FOREST LAND OR CURRENT USE) and NOTICE OF COMPLIANCE (HISTORIC PROPERTY) instructions.

Section 7: Owner signature lines and deputy assessor information.

Section 7: Personal property included in selling price and tax calculation table showing Gross Selling Price, Exemption, and Total Due.

Section 8: Certification statement and signature lines for 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

PATD

AUG 29 2019

ASOTIN COUNTY TREASURER

052508

Handwritten note: Alee 29286 BF



## AFFIDAVIT (LACK OF PROBATE)

Mary Jane Knittel Whorton, being first duly sworn, deposes and says:  
 The undersigned affiant is the rightful heir to the real property described below, and is Daughter  
 (relationship to decedent) of Regina Knittel (decedent), who died on (date)  
9-27-03, at  
Clarkston Asotin WA  
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: 2244 Reeves Ct  
Clarkston WA 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)

- Mary Jane Knittel Whorton  
22696 Jaybird Lane Culdesac, ID 83524  
Full name, age, relationship, address
- Donna Cook  
1231 13th St Clarkston, WA 99403  
Full name, age, relationship, address
- Allen Knittel  
22646 Jaybird Ln, Culdesac, ID 83524  
Full name, age, relationship, address
- Susan Amundsen-Knittel  
Brooklyn Park MN  
Full name, age, relationship, address

(Continued on next page)

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

146

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NUMBER

OFFICE USE ONLY

DISTRICT

COUNTY

HOSPITAL

COURSE

RESIDENCE

OCCUPATION

OCCUPATION

FATHER'S

MOTHER'S

BURIAL

FUNERAL

CERTIFIER

1. NAME First Middle Last Regina n/m/i Knittel 2. SEX (M/F) Female 3. DEATH DATE (Mo, Day, Yr) September 27, 2003

4. AGE LAST BIRTHDAY (Yrs) 64 5. UNDER 1 YEAR 6. UNDER 1 DAY 7. BIRTHDATE (Mo, Day, Yr) 03/24/1939 8. BIRTHPLACE (City, State or Foreign Country) Bismark, ND. 9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) no 10. COUNTY OF DEATH Asotin

11. CITY, TOWN OR LOCATION OF DEATH Clarkston, Wa. 12. PLACE OF DEATH - CHECK FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG. RMOUT PTN 4. HOSP. 5. NUR HOME 6. OTHER PLACE Tri-State Memorial Hospital 13. SMOKING IN LAST 15 YEARS? (Yes/No) No

14. MARITAL STATUS - Married, Never married, Widowed, Divorced (Specify) Married 15. SURVIVING SPOUSE (If wife, give maiden name) Arnold Knittel 16. SOCIAL SECURITY NO. 17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 8 College (1-4 or 5+)

18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Homemaker 19. KIND OF BUSINESS OR INDUSTRY Own Home 20. Was Decedent of Hispanic or Latino origin? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes/No) Specify No 21. RACE (Specify) White

22. RESIDENCE - NUMBER AND STREET 1545-15th St. 23. CITY/TOWN, OR LOCATION Clarkston 24. INSIDE CITY LIMITS? (Yes/No) No 25A. COUNTY Asotin 25B. LENGTH OF RES. IN CO. 38 yrs 26. STATE Wa. 27. ZIP CODE 99403

28. FATHER'S NAME - FIRST, MIDDLE, LAST Ted Renschler 29. MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME Verna Weber

30. INFORMANT - NAME Arnold Knittel 31. MAILING ADDRESS - STREET OR RFD NO. CITY OR TOWN STATE ZIP 1545-15th St. Clarkston Wa. 99403

32. BURIAL, CREMATION REMOVAL, OTHER (Specify) cremation 33. DATE (Mo, Day, Yr) 10/01/2003 34. CEMETERY/CREMATORY - NAME Mt. View Crematory 35. LOCATION - CITY/TOWN, STATE Lewisston, Id. 83501

36. FUNERAL DIRECTOR SIGNATURE [Signature] 37. NAME OF FACILITY Merchant Funeral Home 38. ADDRESS OF FACILITY 1000 7th St. Clarkston, Wa. 99403

39. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE [Signature] MD 40. DATE SIGNED (Mo, Day, Yr) 09 30 03 41. HOUR OF DEATH (24 Hrs.) 1405

42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Dr. Jayme T. MacKay M.D. 1271-Highland Ave. Clarkston, Wa. 99403 43. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE [Signature] 44. DATE SIGNED (Mo, Day, Yr) 45. HOUR OF DEATH (24 Hrs.)

46. PRONOUNCED DEAD (Mo, Day, Yr) 47. HOUR PRONOUNCED DEAD (24 Hrs.) 48. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Dr. Jayme T. MacKay M.D. 1271-Highland Ave. Clarkston, Wa. 99403 49. MEDICORONER FILE NUMBER

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: IMMEDIATE CAUSE (Final disease or condition resulting in death) CORONARY THROMBOSIS DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST. DUE TO, OR AS A CONSEQUENCE OF: A. AGE RELATED CAUSES B. DIABETES C. HYPERTENSION

51. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE 52. AUTOPSY? (Yes/No) No 53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) No

54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 55. INJURY DATE (Mo, Day, Yr) 56. HOUR OF DEATH (24 Hrs.) 57. DESCRIBE HOW INJURY OCCURRED: 58. INJURY AT WORK? (Yes/No) 59. PLACE OF INJURY - AT HOME, FARM, STREET, LEA, OFFICE, BLDG, ETC. (Specify) 60. LOCATION, STREET OR RFD NO., CITY/TOWN, STATE

61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY REVIEWED BY DATE 62. REGISTRAR SIGNATURE [Signature] 63. DATE RECEIVED (Mo, Day, Yr) SEP 30 2003



52508

# Affidavit for Correction

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
-------------------	------------	----------	------	------------------

Use the section below for requesting any changes on the record:

Record Type:  Birth  Death  Marriage  Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
--------------------	-------------------	-------------------------------------

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
--	---

The Record is incorrect or incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as:  Self  Parent  Guardian  Informant  Funeral Director  Other (Specify) \_\_\_\_\_ Telephone Number: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature:	16. Date:	17. Address:
----------------	-----------	--------------

All vital records are registered as required. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within 30 days of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:

Certificate of Naturalization	Medical Record	School Record
Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
Insurance Records	Birth Record	Alien Registration Card (front and back)
Marriage/Divorce Records	Passport	

**Birth Certificates:**

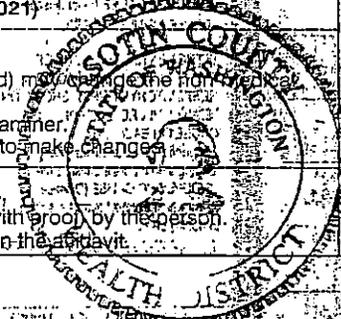
- Only a parent, legal guardian (if the child is under 18) or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe, Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
  - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
  - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
  - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)

**Death Certificates:**

- Only the informant, the funeral director, or executor/administrators (if evidence confirming such position is presented) may change the information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death, please contact the county health department where the death occurred to make changes.

**Marriage/Dissolution (Divorce) Certificates:**

- Personal fact(s) (minor spelling changes, name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.



*Christina M. Spillers, M.D.*  
C. Spillers, M.D.  
Health Officer

SEP 30 2005

52508

KK00459198