

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, indicate % sold.

List percentage of ownership acquired next to each name.

SELLER GRANTOR	1 Name <u>Estate of Kenneth J. Taylor</u>	BUYER GRANTEE	2 Name <u>Sharon N. Taylor</u>
	Mailing Address <u>910 4th Street</u>		Mailing Address <u>910 4th Street</u>
	City/State/Zip <u>Clarkston, WA 99403</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 _____		1001040100000000 <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)	
		\$122,100.00	

4 Street address of property: 910 4th 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 10 of Block 4 of Clarkston, according to plat recorded in Book A of Plats, page 18, in 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)?

6 YES NO

Is this property designated as forest land per chapter 84.33 RCW?

Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW?

Is this property receiving special valuation as historical property per chapter 84.26 RCW?

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) RCW 458-61A-202(6)(a)

Reason for exemption _____

Transfer pursuant to Community Property Agreement (Inst. No. 284310) and Death Certificate (Inst. 362954)

Type of Document CPA and Death Certificate

Date of Document 6/22/05 & 8/29/2019

Gross Selling Price \$	0.00
*Personal Property (deduct) \$	
Exemption Claimed (deduct) \$	
Taxable Selling Price \$	0.00
Excise Tax : State \$	0.00
<u>0.0025</u> 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.

Signature of Grantor or Grantor's Agent Sharon N. Taylor Signature of Grantee or Grantee's Agent Sharon N. Taylor

Name (print) Sharon N. Taylor Name (print) Sharon N. Taylor

Date & city of signing: Lewiston, ID August 30, 2019 Date & city of signing: Lewiston, ID August 30, 2019

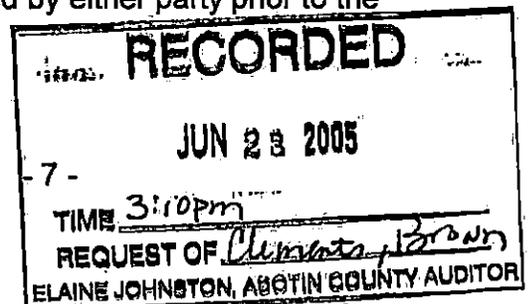
Perjury: Perjury is a class C felony which is punishable by imprisonment in the State Correctional Institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars (\$5,000.00), or by both imprisonment and fine (RCW 9A.20.020 (1C)).

COMMUNITY PROPERTY AGREEMENT

Agreement made this 22nd day of June 2005, between KENNETH JAMES TAYLOR ("Husband") and SHARON NELLIE TAYLOR ("Wife"), husband and wife, both of whom are domiciled in the State of Washington. In consideration of their mutual agreements set forth below, the parties agree as follows:

1. This Agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife (except for assets for which a separate beneficiary designation has been or is hereafter made by Husband or Wife and approved by the other spouse), even though some items may have been or may be purchased or acquired by one or the other or both or may have been or may be registered in the name of one or the other or both. If Husband dies and Wife survives, any separate property of Husband which is owned by Husband (except for assets for which Husband has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of his death, and if Wife dies and Husband survives her, any separate property of Wife which is owned by Wife at the time of her death (except for assets for which Wife has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of her death. All such property is referred to in this Agreement as the "described community property."
2. **VESTING AT DEATH OF SPOUSE:** If Husband dies and Wife survives him, all of the described community 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 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 this 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) Upon the establishment of a domicile out of the State of Washington by either party; or (c) Immediately prior to death, if the order of death cannot be ascertained.
5. **REVOCATION BY ONE PARTY:** If this agreement is not to be effective until the death of one of the parties (that is, there is no conversion of property characteristics until death), then this agreement may be unilaterally revoked by either party prior to the death of either party.

COMMUNITY PROPERTY AGREEMENT



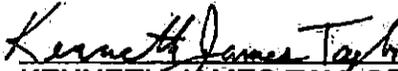
52527

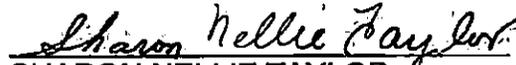
If either party becomes disabled, the other party shall have the power to terminate the provisions of paragraph 2 and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardian(s), if any, of the person and of the estate of the disabled person. For the purposes of this paragraph, a spouse shall be deemed disabled if a person duly licensed to practice medicine in the State of Washington signs a statement declaring that the person is unable to manage his or her own 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. **REVOCAION 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, KENNETH JAMES TAYLOR and SHARON NELLIE TAYLOR have hereunto set their signatures this 22nd day of June 2005.

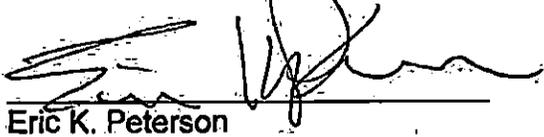

KENNETH JAMES TAYLOR
Husband


SHARON NELLIE TAYLOR
Wife

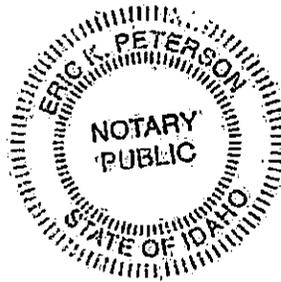
STATE OF IDAHO)
) ss:
County of Nez Perce)

On this day personally appeared before me, the undersigned, a notary public in and for the State of Idaho, KENNETH JAMES TAYLOR and SHARON NELLIE TAYLOR, husband and wife, to me known to be the individuals described in and who executed the within and foregoing Community Property Agreement, and acknowledged that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

Given under my hand and official seal on this 22nd day of June 2005.



Eric K. Peterson
Notary Public, State of Idaho
Residing in Nez Perce County
My Commission Expires: 5/29/2009



Asotin County, WA
Darla McKay Auditor

362954

08/29/2019 02:07 PM



00027350201903629540030032

I-131 DC

Pgs=3

Fee:\$41.00

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: Taylor, Kenneth J.

Grantee: Public

52527

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2016-034721

DATE ISSUED: 08/19/2019

FEE NUMBER: 38571

FIRST AND MIDDLE NAME(S): KENNETH JAMES
LAST NAME(S): TAYLOR

COUNTY OF DEATH: ASOTIN

PLACE OF DEATH: HOSPITAL

DATE OF DEATH: AUGUST 29, 2016

FACILITY OR ADDRESS: TRI-STATE MEMORIAL HOSPITAL, INC

HOUR OF DEATH: 01:29 AM

CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

SEX: MALE AGE: 79 YEARS

SOCIAL SECURITY NUMBER: ~~000-00-0000~~

RESIDENCE STREET: 910 4TH ST

CITY, STATE, ZIP: CLARKSTON, WA 99403

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

INSIDE CITY LIMITS: YES COUNTY: ASOTIN

RACE: WHITE

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 25 YEARS

BIRTH DATE: OCTOBER 28, 1936

BIRTHPLACE: CINCINNATI, OH

FATHER/PARENT: MARTIN RAYMOND TAYLOR

MOTHER/PARENT: ETHEL MARIE KIEFER

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: SHARON NELLIE CALDWELL

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: VALLEY CREMATORY

OCCUPATION: LINE ASSIGNOR

INDUSTRY: TELEPHONE

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: YES

CITY, STATE: LEWISTON, IDAHO

DISPOSITION DATE: AUGUST 29, 2016

FUNERAL FACILITY: MALCOM'S BROWER-WANN FUNERAL HOME

INFORMANT: SHARON N. TAYLOR

RELATIONSHIP: WIFE

ADDRESS: 910 4TH STREET, CLARKSTON, WASHINGTON, 99403

ADDRESS: 1711 18TH STREET

CITY, STATE, ZIP: LEWISTON, IDAHO 83501

FUNERAL DIRECTOR: JASON M. HARWICK

CAUSE OF DEATH:

A. PULSELESS ELECTRICAL ACTIVITY

INTERVAL: MINUTES

B. SEPTIC SHOCK

INTERVAL: DAYS

C. END STAGE RENAL DISEASE ON HEMODIALYSIS

INTERVAL: DAYS

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: NOT APPLICABLE

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

CERTIFIER NAME: ANUPAM ARORA, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1221 HIGHLAND AVE

CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

DATE SIGNED: AUGUST 26, 2016

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER:

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BRADY WOODBURY

DATE RECEIVED: AUGUST 29, 2016

52527



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

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 Birth 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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)		

7. Return Mailing Address: PO 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 foregoing is true and correct

16a. Signature:	16b. Signature of 2 nd parent (if required):
Printed name: Date:	Printed name: 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 | Adult (18 years or older) |
| <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 using this form, 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)

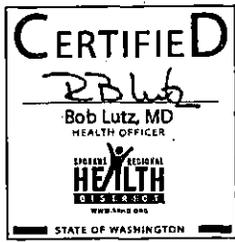
Death Certificates

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). 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 January 2015



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

52527



0 3 2 7 9 9 8 7