

**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 Coralyn J. Goran</u>	BUYER GRANTEE	2 Name <u>Robert Rathbun</u>
	Mailing Address <u>1540 Elm Street</u>		Mailing Address <u>1540 Elm 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) <u>(509) 254-1593</u>
3 Send all property tax correspondence to: <input type="checkbox"/> Same as Buyer/Grantee		List all real and personal property tax parcel account numbers - check box if personal property	
Name <u>Robert Rathbun</u>		List assessed value(s)	
Mailing Address <u>2839 Olympia Court</u>		1-004-36-004-0003-0000 <input type="checkbox"/> <u>\$329,900.00</u>	
City/State/Zip <u>Clarkston, WA 99403</u>		<input type="checkbox"/>	
Phone No. (including area code) <u>(509) 254-1593</u>		<input type="checkbox"/>	

4 Street address of property: 1540 Elm 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)

The South Half and the South 4 feet of the North Half of Lot 4 in Block WW of Vineland, according to the official plat thereof, filed in Book B of Plats at Page(s) 27, records of Asotin County, Washington.

5 Select Land Use Code(s):

12 - Multiple family residence (Residential, multiple, 2-4 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"/>

6

	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.

If claiming an exemption, list WAC number and reason for exemption:

WAC No. (Section/Subsection) RCW 458-61A-202(6)(c)

Reason for exemption Transfer pursuant to Quitclaim Deed, Instrument No. 324399 and Death Certificate, Instrument No. 363209.

Type of Document Quitclaim Deed & Death Certificate

Date of Document Recorded 5/4/11 & 9/19/19

Gross Selling Price \$	_____
*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 <u>[Signature]</u>	Signature of Grantee or Grantee's Agent <u>[Signature]</u>
Name (print) <u>Robert Rathbun</u>	Name (print) <u>Robert Rathbun</u>
Date & city of signing: <u>Sept. 25, 2019 Lewiston, Idaho 83501</u>	Date & city of signing: <u>Sept. 25, 2019 Lewiston, Idaho 83501</u>

Perjury: Perjury is a class C felony which is punishable by imprisonment in the state or regional 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)).

RECORD AND RETURN TO

ROBERT RATHBUN  
1110 10<sup>th</sup> St  
Clarkston, Wash. 99403

Inst: 324399 05/04/2011 12:09P  
Filed: CORALYN J CARON Fee Cd: D-01  
Code: 071 QC Deed 62.00  
Asotin County Auditor Excise: 45020

REAL ESTATE EXCISE TAX

PAID \$ 0 DATE 5/4/11

RECEIPT No. 45020  
ASOTIN COUNTY TREASURER

By: [Signature]

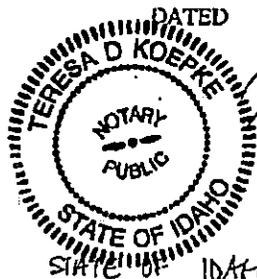
SALE PRICE 0

QUIT CLAIM DEED

THE GRANTOR Charles Scott Rathbun for and in consideration of love and affection conveys and quit claims to the GRANTEE Robert Rathbun, a married man as his sole and separate property of Clarkston, Washington for in and consideration of WAC 458-61A-201 = Gift and convey and quit claim an undivided one-half interest to ROBERT RATHBUN the following described real estate, situated in the county of Asotin, State of Washington, together with all after acquired title of the grantor therein the South 1/4 of Lot Four (4) of block "WW" of Vineland, Asotin County, Washington, according to the recorded plat thereof.

Tax Parcel # 1-004-36-004-0003

Reserving and excepting therefrom, however, unto CORALYN J. CARON a married woman a life estate in the above described real property, with the right to the use, occupation, and possession of said real property, and the right to receive all rents, issues and profits thereof during the remainder of her natural life, said CORALYN J. CARON being required to pay all real property taxes, insurance premiums and other carrying charges during such period for which she is so entitled to the beneficial use of said real property



DATED 4/25/2011  
Charles Scott Rathbun

CHARLES SCOTT RATHBUN

STATE OF IDAHO, COUNTY OF NEZPERCE  
On April 25, 2011 before me the undersigned,  
a Notary Public in and for said State personally appeared Charles Scott Rathbun proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity and that by his signature on the instrument the person or entity upon behalf of which the same was acted, executed the instrument. WITNESS my hand and official seal [Signature]

52586

Asotin County, WA  
Darja McKay Auditor

363209

09/19/2019 12:54 PM



00027645201903632090030035

I-131 DC

Pgs=3

Fee:\$41.00

**AFTER RECORDING, RETURN TO:**

Ruvim V. Kuznetsov  
Creason, Moore, Dokken & Geidl, PLLC  
P. O. Drawer 835  
Lewiston ID 83501

**CERTIFICATE OF DEATH**

*Reference Numbers of Related Documents:* N/A

*Grantor:* Caron, Coralyn

*Grantee:* Public

32586

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-043941

DATE ISSUED: 09/19/2018  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): CORALYN  
LAST NAME(S): CARON

AKA: SALLY CARON

AKA:

AKA:

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: OCTOBER 2018  
HOUR OF DEATH: 07:50 AM  
SEX: FEMALE AGE: 84 YEARS  
SOCIAL SECURITY NUMBER: ~~XXXXXXXXXX~~

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: TRI-STATE MEMORIAL HOSPITAL, INC.  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

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

RESIDENCE STREET: 2115 6TH AVENUE 96.  
CITY, STATE, ZIP: CLARKSTON, WA 99403  
INSIDE CITY LIMITS: NO COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 10 YEARS

BIRTH DATE: OCTOBER 1934  
BIRTHPLACE: ST PAUL, MN

FATHER/PARENT: ERVIN LLOYD IRISH  
MOTHER/PARENT: VIRGINIA NELSON

MARITAL STATUS: WIDOWED  
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: CRAIGMONT CITY CEMETERY

OCCUPATION: REAL ESTATE AGENT/HOME MAKER  
INDUSTRY: REAL ESTATE/OWN HOME  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: NO

CITY, STATE: CRAIGMONT, IDAHO  
DISPOSITION DATE: OCTOBER 24, 2018

INFORMANT: RUSTIN RATHBUN  
RELATIONSHIP: SON  
ADDRESS: 40414 N. NEWPORT HWY, #38 ELK, WA 99009

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES  
LLC  
ADDRESS: PO. BOX 107  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403  
FUNERAL DIRECTOR: GERALD E. BARTLOW

CAUSE OF DEATH:  
A: ACUTE CEREBROVASCULAR ACCIDENT  
INTERVAL: DAYS  
B: ATHEROSCLEROSIS  
INTERVAL: YEARS

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

INTERVAL:

D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ATRIAL FIBRILLATION  
HYPERTENSION, HYPERLIPIDEMIA

CERTIFIER NAME: BHUPESH RATHOD, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1221 HIGHLAND AVE  
CITY, STATE, ZIP: CLARKSTON, WA 99403  
DATE SIGNED: OCTOBER 23, 2018

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

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

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

TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON  
DATE RECEIVED: OCTOBER 23, 2018

52586



# Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

### 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>Record Type:</b> <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)	<b>2. Date of Event:</b> MM/DD/YYYY	<b>3. Place of Event:</b> (City or County)
<b>1. Name on Record:</b> First Middle Last	<b>4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)</b> First Middle Last/Maiden	
<b>5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)</b> First Middle Last/Maiden		<b>6. Name of Person Requesting Correction:</b>
<b>Relationship to Person on Record:</b> <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)		<b>7. Return Mailing Address:</b> PO Box or Street Address City State Zip
<b>Telephone Number:</b> ( )		<b>Email Address:</b>

### Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

<b>8. The record now shows:</b>	<b>9. The true fact is:</b>
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

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

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

- 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 and 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.

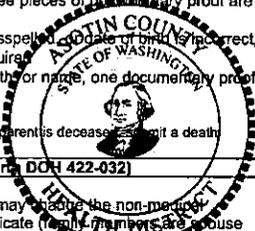
#### This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DCH 422-032)

#### 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 (only if informant is spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a court order if the informant is not 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.



SEP 19 2019



0 3 0 4 8 5 0 2

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

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