



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 with fields for Seller/Grantor (Alice D. Morris) and Buyer/Grantee (Jeffrey R. Brunelle), including mailing addresses, city/state/zip, and phone numbers.

Property details section including street address (1147 8th St. - Clarkston, WA 99403), county (Asotin), and city (Clarkston).

Select Land Use Code(s): 11 Household, single family units

Was the seller receiving a property tax exemption or deferral under chapters 84.36, 84.37, or 84.38 RCW? YES NO

Is this property designated as forest land per chapter 84.33 RCW? YES NO

(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...

DEPUTY ASSESSOR DATE

(2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY) NEW OWNER(S): To continue special valuation as historic property, sign (3) below.

(3) OWNER(S) SIGNATURE

PRINT NAME

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 Statutory Warranty Deed (SWD) Date of Document 09/24/19

Table with financial details: Gross Selling Price \$170,000.00, Taxable Selling Price \$170,000.00, Excise Tax: State \$2,176.00, Local \$425.00, Total Due \$2,606.00.

A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX \*SEE INSTRUCTIONS

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. Signature of Grantor or Grantor's Agent Alice D. Morris, Signature of Grantee or Grantee's Agent Jeffrey R. Brunelle.

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)).

Afec 29685 BF

PAID SEP 27 2019 ASOTIN COUNTY TREASURER

052591



Return Address

Alliance Title & Escrow Corp.  
735 5<sup>th</sup> St.  
Clarkston, WA 99403

Please print or type information

Document Title(s) (or transactions contained therein):

1. Death Certificate
- 2.
- 3.
- 4.

Grantor(s) (Last name first, then first name and initials):

1. Morris, Richard Dean
- 2.
- 3.
4.  Additional names on page \_\_\_ of document.

Grantee(s) (Last name first, then first name and initials):

- 1.
- 2.
- 3.
4.  Additional names on page \_\_\_ of document.

Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.)

- Additional legal is on page \_\_\_ of document.

Reference Number(s) of Documents assigned or released:

- Additional numbers on page \_\_\_ of document.

Assessor's Property Tax Parcel/Account Number

- Property Tax Parcel ID is not yet assigned  
 Additional parcel numbers on page \_\_\_ of document

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

52591

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-004927

DATE ISSUED: 02/03/2018  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): RICHARD DEAN  
LAST NAME(S): MORRIS

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: JANUARY 02, 2018  
HOUR OF DEATH: 08:00 PM

SEX: MALE AGE: 89 YEARS  
SOCIAL SECURITY NUMBER: ~~032-20000~~

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

BIRTH DATE: MARCH 05, 1929  
BIRTHPLACE: MANKATO, KS

MARITAL STATUS: MARRIED  
SPOUSE: ALICE DELORES STAPLETON

OCCUPATION: AUTO MECHANIC  
INDUSTRY: AUTOMOTIVE REPAIR  
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE  
US ARMED FORCES: YES

INFORMANT: ALICE DELORES MORRIS  
RELATIONSHIP: WIFE  
ADDRESS: 533 MONROE STREET, CLARKSTON, WASHINGTON 99403

CAUSE OF DEATH:  
A: CRITICAL AORTIC STENOSIS  
INTERVAL: MONTHS

B: INTERVAL

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: HOME  
FACILITY OR ADDRESS: 533 MONROE STREET  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 533 MONROE STREET  
CITY, STATE, ZIP: CLARKSTON, WA 99403  
INSIDE CITY LIMITS: YES COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 30 YEARS

FATHER/PARENT: MILTON MORRIS  
MOTHER/PARENT: EDNA MERLE UNFRED

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: VALLEY CREMATORY

CITY, STATE: LEWISTON, IDAHO  
DISPOSITION DATE: FEBRUARY 02, 2018

FUNERAL FACILITY: MALCOM'S BROWER-WANN FUNERAL HOME

ADDRESS: 1711 18TH STREET  
CITY, STATE, ZIP: LEWISTON, IDAHO 83501  
FUNERAL DIRECTOR: JASON M. HARWICK

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: NO RESPONSE

CERTIFIER NAME: LISA WEBBER  
TITLE: CORONER/ME  
CERTIFIER ADDRESS: PO BOX 220  
CITY, STATE, ZIP: ASOTIN, WA 99402  
DATE SIGNED: JANUARY 31, 2018

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: SUNDIE HOFFMAN  
DATE RECEIVED: FEBRUARY 02, 2018

52591



# 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**

Record Type:  Birth  Death  Marriage  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)      5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)

First Middle Last/Maiden      First Middle Last/Maiden

6. Name of Person Requesting Correction: Relationship to Person on Record:  Self  Guardian  Informant  Hospital  Parent(s)  Funeral Director  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<sup>nd</sup> parent (if required):

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, 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 422-032)**

**Death Certificates**

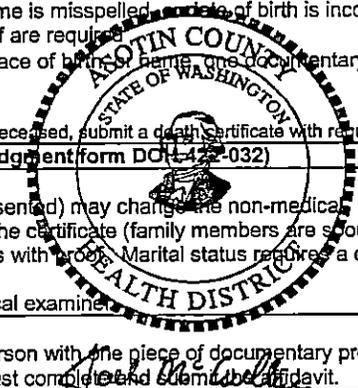
1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). 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.

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 October 2015

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

FEB 03 2018



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