

**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.

SELLER GRANTOR	1. Name <u>Kenny West, Montry R. West</u> <u>Catharine J. Armstrong &amp; Lorie Hartman</u>	BUYER GRANTEE	2. Name <u>Shawn Tyrrel</u>
	Mailing Address <u>43084 Sunny Slope</u>		Mailing Address <u>2960 24th Street</u>
	City/State/Zip <u>Baker City OR 97814</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 <u>Shawn Tyrrel</u>		11420000600000000 <input type="checkbox"/>	
Mailing Address <u>2960 24th Street</u>		<input type="checkbox"/>	
City/State/Zip <u>Clarkston WA 99403</u>		<input type="checkbox"/>	
Phone No. (including area code)		<input type="checkbox"/>	
		List assessed value(s) 212,600.00	

4. Street address of property: 2960 24th Street, Clarkston, WA

This property is located in  unincorporated Asotin County OR within  city of Unincorp

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.

Lot 6 of Lincoln Heights Addition according to the official plat thereof, filed in Book D of Plats at Page(s) 28, records of 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)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	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) \_\_\_\_\_

Reason for exemption \_\_\_\_\_

Type of Document Statutory Warranty Deed (SWD)

Date of Document 10/01/19

Gross Selling Price \$	<u>242,500.00</u>
*Personal Property (deduct) \$	<u>0.00</u>
Exemption Claimed (deduct) \$	<u>0.00</u>
Taxable Selling Price \$	<u>242,500.00</u>
Excise Tax : State \$	<u>3,104.00</u>
Local \$	<u>606.25</u>
*Delinquent Interest: State \$	<u>0.00</u>
Local \$	<u>0.00</u>
*Delinquent Penalty \$	<u>0.00</u>
Subtotal \$	<u>3,710.25</u>
*State Technology Fee \$	<u>5.00</u> <u>5.00</u>
*Affidavit Processing Fee \$	<u>0.00</u>
Total Due \$	<u>3,715.25</u>

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>Kenny West, Montry R. West</u>	Name (print) <u>Shawn Tyrrel</u>
Date & city of signing: <u>10-9-19, Clarkston, WA</u>	Date & city of signing: <u>10-9-19, Clarkston, WA</u>

**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)).

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-018424

DATE ISSUED: 04/25/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): KATHRYN L  
LAST NAME(S): SHIELDS

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: APRIL 19, 2019  
HOUR OF DEATH: 05:59 PM

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

SEX: FEMALE AGE: 2 YEARS  
SOCIAL SECURITY NUMBER: ~~XXXXXXXXXX~~

RESIDENCE STREET: 2960 24TH ST.  
CITY, STATE, ZIP: CLARKSTON, WA 99403  
INSIDE CITY LIMITS: NO COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 16 YEARS

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

FATHER/PARENT: CHARLES CHRISTIANSON  
MOTHER/PARENT: ANITA BURNETT

BIRTH DATE: MARCH 07, 1917  
BIRTH PLACE: LEWISTON, ID

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

MARITAL STATUS: DIVORCED  
SROUSE: NOT APPLICABLE

CITY, STATE: LEWISTON, IDAHO  
DISPOSITION DATE: APRIL 24, 2019

OCCUPATION: BOOKKEEPER  
INDUSTRY: BOOKKEEPING  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

FUNERAL FACILITY: MERCHANT-RICHARDSON BROWN FUNERAL HOMES  
LLC  
ADDRESS: PO, BOX 107  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403  
FUNERAL DIRECTOR: RICHARD LASSITER

INFORMANT: RON HRANAC  
RELATIONSHIP: SON  
ADDRESS: 10305 CHEETAH TAIL, LITTLETON CO, 80124

CAUSE OF DEATH:  
A: CONGESTIVE HEART FAILURE  
INTERVAL: YEARS  
B: MITRAL VALVE REGURGITATION  
INTERVAL: YEARS  
C:  
INTERVAL:  
D:  
INTERVAL:

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

OTHER CONDITIONS CONTRIBUTING TO DEATH: ATRIAL FIBRILLATION  
PULMONARY HYPERTENSION

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

CERTIFIER NAME: BHUPESH RATHOD, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1221 HIGHLAND AVE  
CITY, STATE, ZIP: CLARKSTON, WA 99403  
DATE SIGNED: APRIL 24, 2019

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON  
DATE RECEIVED: APRIL 24, 2019

52628



# 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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<b>Required</b>	<b>Required information must match current information on record</b>			
	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/Initials		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 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	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**

- 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.

<p><b>Child under 18</b></p> <ul style="list-style-type: none"> <li>If legal guardian(s), include certified court order proving guardianship</li> <li>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)*</li> <li>After age one, a court order is required to change the last name</li> <li>No proof is required to change the first or middle name*</li> <li>To correct parent's information, one documentary proof is required.</li> <li>To correct the sex of the child, one documentary proof from a medical provider is required</li> </ul>	<p><b>Adult (18 years or older)</b></p> <ul style="list-style-type: none"> <li>Only the adult can change his or her birth certificate</li> <li>If the first or middle name is missing, three pieces of documentary proof are required</li> <li>If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required</li> <li>To correct parent's birth date, place of birth, or name, one documentary proof is required</li> </ul>
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\*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**

- 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.
- 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.

DOH 422-034 October 2015

# CERTIFIED

APR 25 2019

*Glenn Houser MD*

**Dr. Glenn Houser  
Health District Officer  
Garfield County Health District**



0 1 2 2 0 3 9 7

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

52628