

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.

1 SELLER GRANTOR	Name <u>Lisa Snodderly/Helen Beard Life Estate</u>	2 BUYER GRANTEE	Name <u>Lisa Snodderly</u>
	Mailing Address <u>4679 Asotin Creek Rd</u>		Mailing Address <u>432 12th St.</u>
	City/State/Zip <u>Asotin, Wa 99402</u>		City/State/Zip <u>Clarkston, Wa. 99403</u>
	Phone No. (including area code) _____		Phone No. (including area code) <u>(509) 552-8656</u>
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 _____		1051-00-020-0002-0000 <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)	
		<u>\$59,300</u>	

4 Street address of property: 4679 Asotin Creek Rd, Asotin Wa. 99402

This property is located in Asotin County

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)

See Attached:

5 Select Land Use Code(s):
11 - Household, single family units
enter any additional codes: _____
(See back of last page for instructions)

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)?
YES NO

6

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

Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW? YES NO

Is this property receiving special valuation as historical property per chapter 84.26 RCW? YES NO

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) 458-61A-202(6)(c)
Reason for exemption Inheritance, Life Estates Excise #52643 IN 363514
REE# 46304 12/19/12

Type of Document Death Cert. Lack of Probate Will

Date of Document 10-09-19

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>Kevin Akin</u>	Signature of Grantee or Grantee's Agent <u>Lisa Snodderly</u>
Name (print) <u>Kevin Akin</u>	Name (print) <u>Lisa Snodderly</u>
Date & city of signing: <u>Sacramento, Ca. 11/1/2019</u>	Date & city of signing: <u>11-7-2019 Asotin</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)).

Situate in the County of Asotin, State of Washington, to-wit:

That part of the Southeast Quarter of Section 24 of Township 10 North, Range 45 East of the Willamette Meridian, Asotin County, Washington, more particularly described as follows: Commencing at an iron pipe on the South line of said Section 24, said pipe being 746.32 feet East of the Southwest corner of said Southeast Quarter; thence North $26^{\circ}05'51''$ East a distance of 970.8 feet to a point on the existing centerline of the Jerry Bridge, said point being the true place of beginning; thence North $2^{\circ}10'44''$ West along the existing County road centerline a distance of 236.65 feet; thence North $22^{\circ}99'53''$ East long the existing county road centerline a distance of 118.1 feet; thence North $46^{\circ}15'29''$ East along the existing County road centerline a distance of 275.24 feet; thence South $36^{\circ}09'5''$ East about 500 feet to the center line of Asotin Creek as it flowed in 1973; thence South $75^{\circ}09'26''$ West along said creek centerline a distance of 560.81 feet to the true place of beginning. EXCEPTING therefrom all that portion lying in the right of way of the County road.

ALSO EXCEPTING therefrom that part of the Southeast Quarter of Section 24 of Township 10 North, Range 45 East of the Willamette Meridian, Asotin County, Washington more particularly described as follows: Commencing at an iron pipe on the South line of said Section 24, said pipe being 746.32 feet East of the Southwest corner of said Southeast Quarter; thence North $26^{\circ}05'51''$ East a distance of 970.80 feet to a point on the existing centerline of the Jerry Bridge (1973), said point being the TRUE PLACE OF BEGINNING; thence North $2^{\circ}10'44''$ West along the existing County road centerline a distance of 236.65 feet; thence North $22^{\circ}00'53''$ East along said centerline a distance of 118.10 feet; thence North $46^{\circ}15'29''$ East along said centerline a distance of 45.58 feet; thence South $38^{\circ}45'44''$ East, 176.60 feet; thence North $67^{\circ}34'32''$ East, 124.86 feet; thence North $12^{\circ}21'28''$ West, 161.21 feet; thence North $31^{\circ}57'$ West, 85.51 feet to a point on the existing centerline of the County road; thence North $46^{\circ}15'29''$ East along said centerline a distance of 27.24 feet; thence South $38^{\circ}06'39''$ East (descriptions of record have previously described this line as Southeast and as South $36^{\circ}09'50''$ East about 500 feet) a distance of 499.00 feet to the centerline of Asotin Creek as it flowed in 1973; thence South $75^{\circ}09'26''$ West along said creek centerline a distance of 560.81 feet to the true place of beginning. EXCEPTING therefrom all that portion lying in the right of way of the County road.

Bearings are referred to a Record of Survey recorded as Instrument Number 118728.

EXHIBIT "A"

52706

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-044193

DATE ISSUED: 10/09/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): HELEN BERNICE

LAST NAME(S): BEARD

COUNTY OF DEATH: ASOTIN

DATE OF DEATH: OCTOBER 07, 2019

HOUR OF DEATH: 11:53 AM

SEX: FEMALE

AGE: 91 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: SYCAMORE GLEN ADULT RESIDENTIAL CARE
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 4679 ASOTIN CREEK ROAD
CITY, STATE, ZIP: ASOTIN, WA 99402

INSIDE CITY LIMITS: YES COUNTY: ASOTIN

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 37 YEARS

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: BOISE, ID

FATHER/PARENT: ALBERT LEROY CLARK

MOTHER/PARENT: MABEL MARGARET WILSON

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: WHEATLAND CREMATORY

OCCUPATION: CUSTOMER SERVICE REP

INDUSTRY: OUTDOOR INDUSTRIES

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

CITY, STATE: PULLMAN, WASHINGTON

DISPOSITION DATE: OCTOBER 10, 2019

INFORMANT: LISA SNODDERLY

RELATIONSHIP: GRANDDAUGHTER

ADDRESS: 4679 ASOTIN CREEK ROAD, ASOTIN, WASHINGTON, 99402

ADDRESS: 905 SOUTH GRAND AVENUE

CITY, STATE, ZIP: PULLMAN, WASHINGTON 99163

FUNERAL DIRECTOR: ROBERT K. WARNOCK

CAUSE OF DEATH:

A: END STAGE DEMENTIA

INTERVAL: 5 YEAR

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL

AUTOPSY: UNKNOWN

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE:

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

CERTIFIER NAME: DAVID A. PETERSEN, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 2315 8TH STREET

CITY, STATE, ZIP: LEWISTON, ID 83501

DATE SIGNED: OCTOBER 09, 2019

LOCATION OF INJURY: 2315 8TH ST

CITY, STATE, ZIP: LEWISTON 83501

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: DAVID PETERSEN, MD

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON

DATE RECEIVED: OCTOBER 09, 2019

52706



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	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 Legal 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 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 2nd 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

- 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>Child under 18</p> <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 	<p>Adult (18 years or older)</p> <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
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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

OCT 09 2019

Brad Bowman, MD Health Officer
Whitman County Dept. of Public Health



0 2 1 4 1 8 4 2



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

52706