



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 (Rhonda L. Barnes) and Buyer/Grantee (Anthony Joseph Slack and Julie Wilson), including mailing addresses and phone numbers.

Property details section including street address (2760 18th Street), location (Asotin County), and parcel description (Lot 7 in Block Two of Swallows Glen Addition).

Land Use Code section with code 11 (Land with Mobile Home) and checkboxes for tax exemptions.

Designation section with checkboxes for forest land, current use, and special valuation.

Continuance notice text: (1) NOTICE OF CONTINUANCE (FOREST LAND OR CURRENT USE) NEW OWNER(S): To continue the current designation...

Compliance notice text: (2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY) NEW OWNER(S): To continue special valuation as historic property...

Signature lines for Grantor (Rhonda L. Barnes) and Grantee (Anthony Joseph Slack).

Personal property section with checkboxes for listing items and exemptions.

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

Table with columns for item description and amount, showing Gross Selling Price of 241,500.00 and Total Due of 3,699.95.

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

Affirmation: I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Perjury notice: Perjury is a class C felony which is punishable by imprisonment in the state correctional institution...

Return Address

Please print or type information

Document Title(s) (or transactions contained therein): 1. State of Washington Lack of Probate Affidavit 2. 3. 4.
Grantor(s) (Last name first, then first name and initials): 1. Barnes, Ralph T. 2. 3. 4. <input type="checkbox"/> Additional names on page ___ of document.
Grantee(s) (Last name first, then first name and initials): 1. 2. 3. 4. <input type="checkbox"/> Additional names on page ___ of document.
Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.) <input type="checkbox"/> Additional legal is on page ___ of document.
Reference Number(s) of Documents assigned or released: <input type="checkbox"/> Additional numbers on page ___ of document.
Assessor's Property Tax Parcel/Account Number <input type="checkbox"/> Property Tax Parcel ID is not yet assigned <input type="checkbox"/> 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.

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AFFIDAVIT (LACK OF PROBATE)

Rhonda Barnes, being first duly sworn, deposes and says:
 The undersigned affiant is the rightful heir to the real property described below, and is wife
 (relationship to decedent) of Ralph T. Barnes (decedent), who died on (date)
10-27-'18, at
Clarkston Asotin Washington
City County State

*** A CERTIFIED COPY OF THE DEATH CERTIFICATE MUST BE PRESENTED. PLEASE NOTE: A copy may be used for recording at the discretion of the county.

REGARDING DISPOSITION OF REAL PROPERTY:

Attach the full legal description of the property with county and parcel number being transferred which is located at a commonly recognized address of: 2760 18th
Clarkston wa. 99403
City State Zip Code

- Decedent left no Last Will and Testament and/or Community Property Agreement; OR Decedent left a Community Property Agreement in favor of surviving spouse (A COPY OF WHICH IS ATTACHED for review), or has been recorded under _____ County recording number _____; OR
- Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked (A COPY OF WHICH IS ATTACHED for review)

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

Rhonda Barnes - wife 71
2760 18th St Clarkston, wa.
Full name, age, relationship, address

Shawna Holyoak, 49, daughter
395 Gutafon Dr, Idaho Falls, Id.
Full name, age, relationship, address

Denise Barnes, daughter
1548 Sallanté Place, Boise Idaho
Full name, age, relationship, address

Jason Barnes, son, 711 S. 630 E. Orem
Utah 84097
Full name, age, relationship, address

(Continued on next page)

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Jeremy Barnes, son
225 J 3rd Ave, Clarkston wa
Full name, age, relationship, address

Jennifer Leonard, daughter
1761 8th Ave, Clarkston, wa
Full name, age, relationship, address

Andrew Barnes, son
529 Linden Dr #B Lewiston, Id.
Full name, age, relationship, address

Full name, age, relationship, address

Dated : _____
Rhonda Barnes
Affiant's full name

509 780-8387
Telephone number

2760 18th St

Clarkston ^{Street} wa ^{State}
City State

99403
Zip Code

Rhonda Barnes
Signature

10-15-19
Date

State of Washington County of Asotin
I know or have satisfactory evidence that Rhonda L. Barnes
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 10/15/19

(SEAL OR STAMP)



Tami C. Randall
Signature of Notary Public

Residing at: Clarkston

Notary Public in and for the State of Washington

My appointment expires: 08/17/2023

For tax assistance call (360) 534-1503, option 2. To request this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711.

REV 84 0017 (5/16/16)

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-046996

DATE ISSUED: 10/30/2018
FEE NUMBER:

FIRST AND MIDDLE NAME(S): RALPH THOMAS
LAST NAME(S): BARNES

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: OCTOBER 27, 2018
HOUR OF DEATH: 03:08 PM
SEX: MALE AGE: 71 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: IDAHO FALLS, ID

MARITAL STATUS: MARRIED
SPOUSE: RHONDA LYNN MARSHALL

OCCUPATION: OWNER/OPERATOR
INDUSTRY: ACCOUNTING
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: YES

INFORMANT: RHONDA L BARNES
RELATIONSHIP: WIFE
ADDRESS: 2760-18TH STREET, CLARKSTON, WASHINGTON 99403

CAUSE OF DEATH:
A: AORTIC VALVE ENDOCARDITIS
INTERVAL: 3 WEEKS
B: SEPTICEMIA
INTERVAL: 3 WEEKS
C: ENTEROCOCCUS FAECALIS
INTERVAL: 3 WEEKS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: TYPE 2 DIABETES, DIABETIC
FOOT ULCERS, END STAGE RENAL DISEASE, HISTORY OF RIGHT LOWER
EXTREMITY AMPUTATION

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: 2760-18TH STREET
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 2760-18TH STREET
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 38 YEARS

FATHER/PARENT: RALPH CLEVERLY BARNES
MOTHER/PARENT: PEARL LUCILLE WINANS

METHOD OF DISPOSITION: OTHER
PLACE OF DISPOSITION: VALLEY CREMATORY

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

FUNERAL FACILITY: VASSAR RAWLS FUNERAL HOME

ADDRESS: 920 21ST AVENUE
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
FUNERAL DIRECTOR: DENNIS W. HASTINGS

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: ELIZABETH N. BLACK, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1271 HIGHLAND AVE STE B
CITY, STATE, ZIP: CLARKSTON, WA 99403
DATE SIGNED: OCTOBER 30, 2018

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

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: OCTOBER 30, 2018

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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 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 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

- 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.

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, 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, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

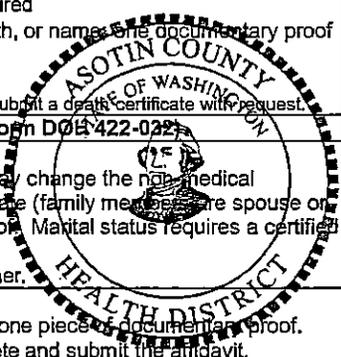
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-022)

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 member, 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.



Bob Lutz, M.D., MPH
Health Officer
OCT 30 2018



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LAST WILL AND TESTAMENT
OF
RALPH T. BARNES

I, RALPH T. BARNES, a resident of Asotin County, State of Washington, being of sound mind and under no duress or undue influence, do make, publish, and declare this to be my Last Will and Testament, revoking all prior wills and codicils made by me.

ARTICLE I.

I am, at the time of the making of this Last Will and Testament, a married man. My wife's name is RHONDA LYNN BARNES. I have six children, to-wit: SHAUNA BARNES HOLYOAK, born June 5, 1970; DENISE LOUISE BARNES, born January 29, 1977; RALPH JASON BARNES, born December 11, 1978; REECE JEREMY BARNES, born June 30, 1970; JENNIFER RENEE BARNES LEONARD, born August 13, 1982; and ANDREW JOSHUA BARNES, born November 30, 1984.

I, by these testaments, deny that I am the parent of any other children. It is my intention to disinherit any person, whether it be child or adult, claiming to be my natural child or adopted by me, or heir and not otherwise provided for herein.

ARTICLE II.

It is my intent, by this Testament, to dispose of all my property, be it real, personal, separate and/or community, which I now possess, or have any legal right or claim thereto, and any property which I may acquire before my death.

ARTICLE III.

I direct that all my just debts and funeral expenses be paid as soon as is practicable after my death. My personal representative hereinafter named is to satisfy all just obligations, secured or unsecured, any liens against my real or personal property, all such debts to be charged to and from the estate prior to any distribution. I also direct all estate, inheritance, transfer, legacy, succession, and other death taxes falling due as a result of my death shall be paid out of the property, either real or personal, prior to any distribution of this estate.

ARTICLE IV.

I direct that my body be buried, and that a ceremony be held commensurate with my station in life.

ARTICLE V.

I give, devise and bequeath all of my property and estate, wheresoever situated, real, personal and mixed, to my wife, RHONDA LYNN BARNES, who is of legal age.

In the event that my wife, RHONDA LYNN BARNES, predeceases me, my estate shall be divided after final expenses, into equal shares to my children, per stirpes, with right of representation as to their natural born children. If one of my children do not survive me, then the

share allocated to that child, shall be held in trust for their child or children until they reach the age of 25.

A list of specific bequests of personal property, in my handwriting, may be found near or attached to this, My Last Will and Testament, and I have indicated therein my desires as to distribution of items after my death.

ARTICLE VI.

I nominate and appoint my daughter, JENNIFER LEONARD, of Clarkston, Washington, as personal representative of my estate, to serve without bond and without intervention of any court.

In the event that my daughter, JENNIFER LEONARD, is unable or unwilling to qualify as such personal representative, then and in that event, I name and designate my son, REECE JEREMY BARNES, to serve as alternate personal representative, and I direct that he be permitted to act as such without bond and without intervention of any court.

ARTICLE VII.

In order to prevent this Last Will and Testament from loss or unintentional destruction, I have executed the same in duplicate. I have placed one copy in the hands of my attorney, TODD S. RICHARDSON, of The Law Offices of Todd S. Richardson, PLLC, and have retained the other copy, which should be found with my personal effects. A list of specific bequests in my own handwriting shall be kept with both copies of my Will.

This Will contains 5 pages.

IN WITNESS WHEREOF, I, RALPH T. BARNES, the Testator, sign my name to this instrument this 12 day of Aug, 2016, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my Last Will and Testament, and that I sign it willingly, and that I execute it as my free and voluntary act for the purposes therein expressed, and that I am at least eighteen (18) years of age or older, of sound mind, and under no constraint or undue influence.

Ralph T. Barnes
RALPH T. BARNES

The foregoing instrument, consisting of 5 typewritten pages, of which this is the 4, was on the date thereof, signed and published by RALPH T. BARNES, who, at said time, appeared to be of sound and disposing mind and memory, and was by him declared to be his Last Will and Testament, in the presence of us, who, at his request and in his presence, and in the presence of each other, have hereunto set our hands as witnesses, thereto, this 12 day of August, 2016.

[Signature]
Witness

Debra Harris
Witness

Lewiston, ME
Address

1604 Smith St, Clarkston, WA
Address

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