

REAL ESTATE EXCISE TAX AFFIDAVIT

PLEASE TYPE OR PRINT

CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

This form is your receipt when stamped by cashier.

THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED

Check box if partial sale, indicate % sold. List percentage of ownership acquired next to each name.

SELLER GRANTOR	1 Name <u>Estate of Alvin J. Beavert</u>	BUYER GRANTEE	2 Name <u>Louise A. Beavert</u>
	Mailing Address <u>1538 Heimark Court</u>		Mailing Address <u>1538 Heimark Court</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) _____

3 Send all property tax correspondence to: Same as Buyer/Grantee

Name _____

Mailing Address _____

City/State/Zip _____

Phone No. (including area code) _____

List all real and personal property tax parcel account numbers - check box if personal property	List assessed value(s)
<u>123201003000000000</u> <input type="checkbox"/>	<u>\$304,400.00</u>
<u>118200009000000000</u> <input type="checkbox"/>	<u>\$101,800.00</u>
_____ <input type="checkbox"/>	_____
_____ <input type="checkbox"/>	_____

4 Street address of property: 1538 Heimark Court and 2652 25th 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)

- Lot 3, Block 1 of HEIMARK ADDITION, according to the official plat thereof, filed in Book E of Plats, page 41 in Asotin County, Washington.
- Lot 9 of Laurel Addition according to the plat re-recorded in Book D of Plats, page 69, in 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)

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.

None

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

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

Reason for exemption Community Property Agreement recorded on November 13, 2019, as Instrument No. 363911 and Death Certificate recorded on November 13, 2019, as Instrument No. 363912. Inheritance by spouse

Type of Document CPA and Death Certificate

Date of Document 11/13/19

Gross Selling Price \$	0.00
*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 Louise A. Beavert Signature of Grantee or Grantee's Agent Louise A. Beavert

Name (print) Louise A. Beavert Name (print) Louise A. Beavert

Date & city of signing: Lewiston, ID November 20, 2019 Date & city of signing: Lewiston, ID November 20, 2019

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 both imprisonment and fine (RCW 9A.20.020 (1C)).



00028465201903639120030039

I-131 DC

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Fee:\$41.00

CREASON, MOORE, DOKKEN &

AFTER RECORDING, RETURN TO:

Christopher J. Moore
Creason, Moore, Dokken & Geidl, PLLC
P. O. Drawer 835
Lewiston ID 83501

CERTIFICATE OF DEATH

Reference Numbers of Related Documents: N/A

Grantor: Beavert, Alvin James

Grantee: Public

52770



CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-035535

DATE ISSUED: 12/22/2015

FEE NUMBER: 4612210902

GIVEN NAMES: ALVIN JAMES
LAST NAME: BEAVERT

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: DECEMBER 08 2015
HOUR OF DEATH: 11:45 A.M.
SEX: MALE
AGE: 90 YEARS
SOCIAL SECURITY NUMBER: 090210330

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1538 HEIMARK COURT
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 1538 HEIMARK COURT
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
INSIDE CITY LIMITS? NO
COUNTY: ASOTIN
TRIAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 21 YEARS

HISPANIC ORIGIN? NO, NOT HISPANIC
RACE: WHITE

FATHER/PARENT: LEONARD DANIEL BEAVERT
MOTHER/PARENT: KATHERINE ELIZABETH LUY

BIRTHDATE: 01/11/1925
BIRTHPLACE: UNIONTOWN, WHITMAN CNTY, WASHINGTON

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: VALLEY CREMATORY
CITY, STATE: LEWISTON, ID
DISPOSITION DATE: DECEMBER 08, 2015

MARITAL STATUS: MARRIED
SPOUSE: LOUISE ANDELA GRASSER

FUNERAL FACILITY: MALCOM'S BROWER-WANN FUNERAL HOME
ADDRESS: 1711 18TH STREET
CITY, STATE, ZIP: LEWISTON ID 83501
FUNERAL DIRECTOR: JASON M. HARKWICK

OCCUPATION: FARMER
INDUSTRY: AGRICULTURE
EDUCATION: 9-12TH GRADE, NO DIPLOMA
US ARMED FORCES? NO

INFORMANT: LOUISE A. BEAVERT
RELATIONSHIP: WIFE
ADDRESS: 1538 HEIMARK COURT, CLARKSTON, WASHINGTON 99403

- CAUSE OF DEATH:
 - A. CONGESTIVE HEPATOPATHY
INTERVAL: 6 DAYS
 - B. TRICUSPID REGURGITATION
INTERVAL: YEARS
 - C. RHEUMATIC HEART DISEASE
INTERVAL: YEARS
 - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
UPPER RESPIRATORY INFECTION; CORONARY ARTERY DISEASE

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

MANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
AVAILABLE TO COMPLETE THE CAUSE OF DEATH: UNKNOWN
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

LOCATION OF INJURY:
CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

CERTIFIER NAME: CHARLA WILLIS MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 2915 8TH STREET
CITY, STATE, ZIP: LEWISTON ID 83501
DATE SIGNED: DECEMBER 09, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

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

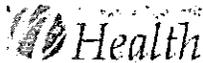
ITEM(S) AMENDED: RESIDENCE, INFORMANT ADDR, FACILITY

LOCAL DEPUTY REGISTRAR:
BRADY WOODBURY
DATE RECEIVED: DECEMBER 10, 2015

NUMBER(S): 2015065499
DATE(S): 12/22/2015



52710



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:	2. Date of Event:	3. Place of Event:		
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		
6. Name of Person Requesting Correction:	Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Parent(s) <input type="checkbox"/> Guardian <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Informant	<input type="checkbox"/> Hospital	

Return Mailing Address

Telephone Number

Email Address

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

8. The record now shows:	9. The true fact is:
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:	Printed name:
Date:	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 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 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). 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 January 2015

RECEIVED
 CHRISTIE SPICE
 CIVIL REGISTRAR
 OF VITAL RECORDS

NOT DESTROY

DEC 22 2015

DD00307867

52770

Asotin County, WA
Darla McKay Auditor

363911

11/13/2019 10:35 AM



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I-15 CP

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Fee:\$105.50

CREASON, MOORE, DOKKEN &

AFTER RECORDING, RETURN TO:

Christopher J. Moore
Creason, Moore, Dokken & Geidl, PLLC
P. O. Drawer 835
Lewiston ID 83501

COMMUNITY PROPERTY AGREEMENT

Reference Numbers of Related Documents: N/A

Grantor: Beavert, Alvin J.

Grantee: Beavert, Louise A.

52770

After Recording Return to:

Thomas L. Ledgerwood
922 6th Street
Clarkston, WA 99403

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, Made and entered into this 17th day of November, 2009, by and between ALVIN J. BEAVERT and LOUISE A. BEAVERT, husband and wife,

WITNESSETH:

WHEREAS, The parties are husband and wife and residents of Asotin County, Washington; and it is the intention of the parties that all of the property now owned or hereafter acquired by them, or either of them, shall be community property and shall vest in the survivor upon the death of one of them,

NOW, THEREFORE, for and in consideration of the covenants herein contained and the mutual benefits to be derived therefrom, the parties hereto covenant and agree that every piece, parcel and item of property, whatever its nature and wherever situate, be and have the status of community property, and all of such property is hereby conveyed by each and both to themselves as a marital community, and upon the death of either party, title to such property shall immediately pass to, and become vested in, the survivor as his or her sole and separate property.

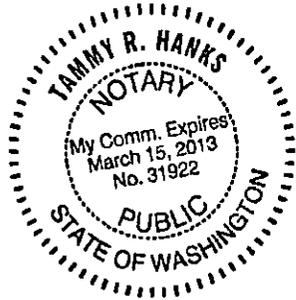
THIS AGREEMENT will be automatically revoked by a decree of legal separation or dissolution, unless otherwise provided in such decree. This agreement will not control the division of property in any such proceeding.

IN WITNESS WHEREOF, the parties hereunto have set their hands and seals the day and year first above-written.

Alvin Beavert
ALVIN J. BEAVERT

Louise Beavert
LOUISE A. BEAVERT

SIGNED AND SWORN to before me this 17th day of November, 2009, by ALVIN J. BEAVERT and LOUISE A. BEAVERT.



Tammy R. Hanks
NOTARY PUBLIC in and for the State of Washington, residing at Clarkston.
Commission expires: 3-15-2013