



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

(See back of last page for instructions)

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

<p>1 Name <u>Louise P. Stiles</u></p> <p>Mailing Address <u>1031 14th Street</u></p> <p>City/State/Zip <u>Clarkston WA 99403</u></p> <p>Phone No. (including area code) <u>(208) 743-9516</u></p>	<p>2 Name <u>Stanley S. Pea</u></p> <p>Mailing Address <u>1031 14th St</u></p> <p>City/State/Zip <u>Clarkston WA 99403</u></p> <p>Phone No. (including area code) <u>(208) 743-9516</u></p>												
<p>3 Send all property tax correspondence to: <input checked="" type="checkbox"/> Same as Buyer/Grantee</p> <p>Name _____</p> <p>Mailing Address _____</p> <p>City/State/Zip _____</p> <p>Phone No. (including area code) _____</p>	<p>List all real and personal property tax parcel account numbers - check box if personal property</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"><u>1-080-00-005-0001-0000</u></td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 25%;">List assessed value(s)</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><u>\$178,000.00</u></td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td>_____</td> </tr> </table>	<u>1-080-00-005-0001-0000</u>	<input type="checkbox"/>	List assessed value(s)	_____	<input type="checkbox"/>	<u>\$178,000.00</u>	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____
<u>1-080-00-005-0001-0000</u>	<input type="checkbox"/>	List assessed value(s)											
_____	<input type="checkbox"/>	<u>\$178,000.00</u>											
_____	<input type="checkbox"/>	_____											
_____	<input type="checkbox"/>	_____											

4 Street address of property: 1031 14th 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)

The South 40 feet of Lot 4 and the North 20 feet of Lot 5 in Halsey Addition, according to the recorded plat thereof, filed in Book C of Plats at Page(s) 91 Official 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)

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

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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) (i)

Reason for exemption Inheritance

NON-PROBATED

Type of Document ~~Affidavit (Lack of Probate)~~ QUIT CLAIM DEED

Date of Document ~~11-15-19~~ 11-25-19

Gross Selling Price \$	_____
*Personal Property (deduct) \$	_____
Exemption Claimed (deduct) \$	_____
Taxable Selling Price \$	0.00
Excise Tax : State \$	0.00
<input type="checkbox"/> 0.0025 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.

<p>Signature of Grantor or Grantor's Agent <u>[Signature]</u></p> <p>Name (print) <u>Stanley S. Pea</u></p> <p>Date & city of signing: <u>11-15-19 Lewiston, ID</u></p>	<p>Signature of Grantee or Grantee's Agent <u>[Signature]</u></p> <p>Name (print) <u>Stanley S. Pea</u></p> <p>Date & city of signing: <u>11-15-19 Lewiston, ID</u></p>
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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)).

REV 84 0001a (09/06/17) THIS SPACE - TREASURER'S USE ONLY COUNTY TREASURER

LAW OFFICES OF
CLARK & FEESEY
CL# 3342

PAID

DEC 03 2019

ASOTIN COUNTY
TREASURER

052775

Return address:

Clark and Feeney
The Train Station, Suite 201
1229 Main Street
Lewiston, ID 83501

Document Title(s) or transactions contained therein: 1. Affidavit (Lack of Probate)
Reference Number(s) of Documents assigned or released: N/A
Grantor(s) (Last name first, then first name and initials) 1. Stiles, Louise P. <input type="checkbox"/> Additional names on page _____ of document.
Grantee(s) (Last name first, then first name and initials) 1. Pea, Stanley S. <input checked="" type="checkbox"/> Additional names on page __1 and 2__ of document.
Legal Description (abbreviated: i.e. lot, block, plat or section, township, range) South 40 feet of Lot 4 and the North 20 feet of Lot 5 in Halsey Addition <input checked="" type="checkbox"/> Additional legal is on page 1 of document.
Assessor's Property Tax Parcel/Account Number 1-080-00-005-0001-0000 <input checked="" type="checkbox"/> Additional legal is on page 1 of document.

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Return to:

W. Jeremy Carr
Clark and Feeney, LLP
1229 Main Street
P. O. Drawer 285
Lewiston, ID 83501

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee, STANLEY S. PEA being first duly sworn deposes and states as follows: That he is the rightful heir as listed on heirs at law, to the real property described below, and is heir to LOUISE P. STILES who died on February 16, 2019, at Providence Sacred Heart Medical Center, Spokane, Washington.

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

The South 40 feet of Lot 4 and the North 20 feet of Lot 5 in Halsey Addition, according to the official plat thereof, filed in Book C of Plats at Page(s) 91 Official Records of Asotin County, Washington.

Assessor's Property Tax Parcel/Account Number: 1-080-00-005-0001-0000

Decedent left a Last Will and Testament and First Codicil to the Last Will and Testament that left the real property to Stanley S. Pea. Said Last Will and Testament and First Codicil to the Last Will and Testament has not been probated or revoked.

"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 of additional pages if necessary).

Surviving Spouse: No surviving spouse

Children:

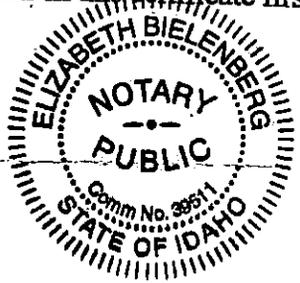
Gary L. Pearson
1748 Stafford Dr
Clarkston WA 99403

Stanley S. Pea
1031 14th Street
Clarkston WA 99403

STATE OF IDAHO)
) ss
County of Nez Perce)

On this 8th day of November ~~October~~, 2019, before me, the undersigned, a notary public in and for said state, personally appeared STANLEY S. PEA known or identified to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

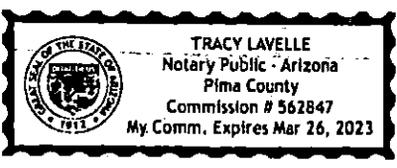


Elizabeth Bielenberg
Notary Public in and for said State
Residing at: Lewiston Idaho
My Commission expires: 2-10-21

STATE OF IDAHO)
) ss
County of Nez Perce)

On this 4th day of November ~~October~~, 2019, before me, the undersigned, a notary public in and for said state, personally appeared PATRICIA L. CARROLL known or identified to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.



Tracy Lavelle
* Notary Public in and for said State
Residing at: 8401 S. Kolb Rd. Tucson AZ 85751
My Commission expires: 03-26-2023

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STATE OF IDAHO)
) ss
County of Nez Perce)

On this 13 day of ~~October~~ ^{November}, 2019, before me, the undersigned, a notary public in and for said state, personally appeared EDWARD D. PEA known or identified to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.



Elizabeth Bielenberg
Notary Public in and for said State
Residing at: Lewiston, Idaho
My Commission expires: 2-10-21

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-007023

LOCAL FILE NUMBER: 0651

DATE ISSUED: 02/20/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): LOUISE
LAST NAME(S): STILES

COUNTY OF DEATH: SPOKANE

DATE OF DEATH: FEBRUARY 16, 2019

HOUR OF DEATH: 07:18 PM

SEX: FEMALE

AGE: 89 YEARS

SOCIAL SECURITY NUMBER: ~~540-20-0500~~

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: FEBRUARY 16, 1930

BIRTHPLACE: SAGE, CA

MARITAL STATUS: WIDOWED

SPOUSE: NOT APPLICABLE

OCCUPATION: FOOD SERVICE

INDUSTRY: HOSPITALITY

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: PATRICIA CARROLL

RELATIONSHIP: DAUGHTER

ADDRESS: 8401 S KOLB RD #370, TUCSON, AZ 85756

CAUSE OF DEATH:

A: CARDIAC ARREST SECONDARY TO SEVERE SEPSIS

INTERVAL: DAYS

B: CELLULITIS OF LOWER EXTREMITIES

INTERVAL: DAYS

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: HOSPITAL

FACILITY OR ADDRESS: PROVIDENCE SACRED HEART MEDICAL CENTER

CITY, STATE, ZIP: SPOKANE, WASHINGTON 99204

RESIDENCE STREET: 1031 W 14TH ST

CITY, STATE, ZIP: CLARKSTON, WA 99403

INSIDE CITY LIMITS: YES

COUNTY: ASOTIN

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 5 YEARS

FATHER/PARENT: EVERETT DAVIS

MOTHER/PARENT: ADELLE FISHER

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: FOOTHILLS CREMATORY

CITY, STATE: SPOKANE, WASHINGTON

DISPOSITION DATE: FEBRUARY 19, 2019

FUNERAL FACILITY: SPOKANE CREMATION & FUNERAL SERVICE

ADDRESS: 2832 N RUBY

CITY, STATE, ZIP: SPOKANE, WASHINGTON 99207

FUNERAL DIRECTOR: WILLIAM D ROSSEY

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: HARRY LAWRENCE, PAC

TITLE: PHYSICIAN ASSISTANT

CERTIFIER ADDRESS: 104 W. 8TH AVENUE, 2 NORTH

CITY, STATE, ZIP: SPOKANE, WA 99204

DATE SIGNED: FEBRUARY 18, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: HARRY LAWRENCE

LOCAL DEPUTY REGISTRAR: SHANTEL ZETTLE

DATE RECEIVED: FEBRUARY 19, 2019

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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
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Required information must match current information on record

Required	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 Birth 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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)					

7. Return Mailing Address:
PO 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

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, 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

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). 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.

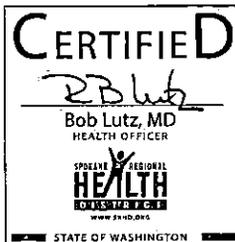
Marriage/Dissolution (Divorce) Certificates

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 January 2015



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



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