

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	Name <u>Estate of Craig P. Carroll, deceased</u>	BUYER GRANTEE	Name <u>Diane Collins</u>
	<u>Yakima County Superior Court 19-4-00520-39</u>		
	Mailing Address <u>c/o Sherri M. Cochran, 2745 Critchfield Rd</u>		Mailing Address <u>2657 Cascade Street</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) _____
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>Diane Collins</u>		1182000460000000 <input type="checkbox"/>	
Mailing Address <u>2657 Cascade 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) <u>161,000.00</u>	

Street address of property: 2657 Cascade 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 46 of Laurel Addition, according to the official plat thereof, re-recorded in Book D of Plats at Page(s) 69, records of Asotin County, Washington.

Select Land Use Code(s):
11 Land with Mobile Home *SFR*

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 _____

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 Personal Representative's Deed (PRD)

Date of Document 12/04/19

Gross Selling Price	\$	179,000.00
*Personal Property (deduct)	\$	0.00
Exemption Claimed (deduct)	\$	0.00
Taxable Selling Price	\$	179,000.00
Excise Tax : State	\$	2,291.20
Local	\$	447.50
*Delinquent Interest: State	\$	0.00
Local	\$	0.00
*Delinquent Penalty	\$	0.00
Subtotal	\$	2,738.70
*State Technology Fee	\$	5.00
*Affidavit Processing Fee	\$	0.00
Total Due	\$	2,743.70

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

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

Signature of Grantor or Grantor's Agent *[Signature]*

Name (print) Estate of Craig P. Carroll, deceased

Date & city of signing: 12-5-19, Clarkston, WA

Signature of Grantee or Grantee's Agent *[Signature]*

Name (print) Diane Collins

Date & city of signing: 12-5-19, Clarkston, WA

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)).

REC CL# 36706

PAID

DEC 06 2019

052783

Return Address:

Sherri M. Cochran

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Estate of Craig P. Carroll, dec., being first duly sworn
Name of Affiant

deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real

property described below, and is spouse (past away after Lois Carroll)
Relationship to decedent

of Lois J. Carroll, who died on January 21, 2001
Decedent/Grantor *Date*

at Clarkston Asotin Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Assessor's Property Tax Parcel/Account Number: _____
(Attach full legal description of the property)

Decedent left no Last Will and Testament.

Decedent left a Last Will and Testament which 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 additional pages if necessary)

(Page 1 of _____)

Estate of Craig P. Carroll, deceased/died after Lois Carroll, spouse

2657 Cascade Street, Clarkston, WA 99403

Full name, age, relationship, address

Sherri M. Cochran, child

*2745 CRITCHFIELD RD, Clarkston, WA 99403

Full name, age, relationship, address

Craig P. Carroll, Jr., child

8094 OLD NACHES HWY, NACHES, WA 98937

Full name, age, relationship, address

Dated : 12-5-19

Estate of Craig P. Carroll, deceased

Affiant's full name

Telephone number

2745 Critchfield Rd.

Clarkston

Street
WA

99403

City

State

Zip Code

Sherri M Cochran

Signature

12-5-19

Date

State of Washington

County of Asotin

I know or have satisfactory evidence that Sherri M. Cochran as Personal Representati
(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.

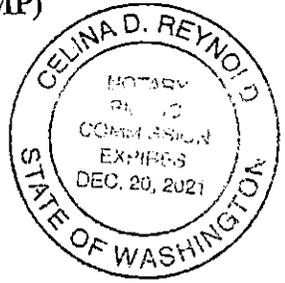
Dated: 12/5/19

[Handwritten Signature]

Signature of Notary Public

(SEAL OR STAMP)

Residing at: Lewiston, ID



Notary Public in and for the State of WA

My appointment expires: 12/20/21

Dated : 12/05/2019

Estate of Craig P. Carroll, deceased

Affiant's full name

509-952-9027

Telephone number

8094 OLD NACHES Hwy

NACHES Washington 98937

City

State

Zip Code

Craig P. Carroll
Signature

12/05/2019
Date

State of Washington County of Yakima

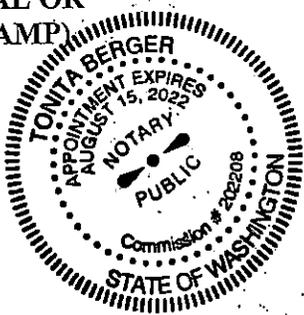
I know or have satisfactory evidence that Craig P Carroll Jr
(name of person)

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: 12/05/2019

Tonia Bergeron
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Yakima W

Notary Public in and for the State of Washington

My appointment expires: August 15 2022

Return Address
SHERRI M COCHRAN
2745 CRITCHFIELD
CLARKSTON, WA 99403



I-131 DC
Pgs=3 Fee:\$41.00
SHERRI COCHRAN

Please print or type information

Document Title(s) (or transactions contained therein): 1. Death Certificate 2. 3. 4.
Grantor(s) (Last name first, then first name and initials): 1. Carroll, Louis 2. 3. 4. <input type="checkbox"/> Additional names on page ___ of document.
Grantee(s) (Last name first, then first name and initials): 1. Public 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.

52783

52783

NOT VALID IF PHOTOCOPIED OR ALTERED

DOH 2223 (Rev. 1/81)

A

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

68. RECORD AMENDMENT (Register Use Only) ITEM DOCUMENTARY RECEIVED BY DATE <i>Carroll</i> X		69. DATE RECEIVED (Mo., Day, Yr.) JAN 24 2001	
66. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE Bldg., Etc. (Specify)		67. INJURY DATE (Mo., Day, Yr.) NO	
64. ACC. SUICIDE NOM. UNDER OR PENDING INVEST. (Specify)		65. HOUR OF INJURY	
63. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: Sudden		62. ALTOGETHER (Yes/No)	
61. INTERVAL BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF		60. INTERVAL BETWEEN ONSET AND DEATH	
60. INTERVAL BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF		59. INTERVAL BETWEEN ONSET AND DEATH	
58. ENTER THE DISEASE, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: Malignant Hypertension, Myocardial Infarction, Aortic Aneurysm		57. DESCRIBE HOW INJURY OCCURRED	
56. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type name) Malignant Hypertension, Myocardial Infarction, Aortic Aneurysm		55. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type name)	
54. DATE SIGNED (Mo., Day, Yr.) 12/21/2001		53. HOUR OF DEATH (Mo., Day, Yr.)	
52. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. Signature and Title M.D. [Signature]		51. HOUR OF DEATH (Mo., Day, Yr.) 12/21/2001	
50. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.		49. HOUR OF DEATH (Mo., Day, Yr.)	
48. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.		47. HOUR PRONOUNCED DEAD (Mo., Day, Yr.)	
46. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type name) Malignant Hypertension, Myocardial Infarction, Aortic Aneurysm		45. HOUR PRONOUNCED DEAD (Mo., Day, Yr.)	
44. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type name)		43. HOUR OF DEATH (Mo., Day, Yr.)	
43. DATE SIGNED (Mo., Day, Yr.) 12/21/2001		42. HOUR OF DEATH (Mo., Day, Yr.)	
42. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. Signature and Title M.D. [Signature]		41. HOUR OF DEATH (Mo., Day, Yr.)	
41. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.		40. HOUR OF DEATH (Mo., Day, Yr.)	
40. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.		39. HOUR OF DEATH (Mo., Day, Yr.)	
38. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type name) Malignant Hypertension, Myocardial Infarction, Aortic Aneurysm		37. HOUR OF DEATH (Mo., Day, Yr.)	
37. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type name)		36. HOUR OF DEATH (Mo., Day, Yr.)	
36. DATE SIGNED (Mo., Day, Yr.) 12/21/2001		35. HOUR OF DEATH (Mo., Day, Yr.)	
35. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. Signature and Title M.D. [Signature]		34. HOUR OF DEATH (Mo., Day, Yr.)	
34. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.		33. HOUR OF DEATH (Mo., Day, Yr.)	
33. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.		32. HOUR OF DEATH (Mo., Day, Yr.)	
32. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type name) Malignant Hypertension, Myocardial Infarction, Aortic Aneurysm		31. HOUR OF DEATH (Mo., Day, Yr.)	
31. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type name)		30. HOUR OF DEATH (Mo., Day, Yr.)	
30. DATE SIGNED (Mo., Day, Yr.) 12/21/2001		29. HOUR OF DEATH (Mo., Day, Yr.)	
29. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. Signature and Title M.D. [Signature]		28. HOUR OF DEATH (Mo., Day, Yr.)	
28. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.		27. HOUR OF DEATH (Mo., Day, Yr.)	
27. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.		26. HOUR OF DEATH (Mo., Day, Yr.)	
26. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type name) Malignant Hypertension, Myocardial Infarction, Aortic Aneurysm		25. HOUR OF DEATH (Mo., Day, Yr.)	
25. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type name)		24. HOUR OF DEATH (Mo., Day, Yr.)	
24. DATE SIGNED (Mo., Day, Yr.) 12/21/2001		23. HOUR OF DEATH (Mo., Day, Yr.)	
23. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. Signature and Title M.D. [Signature]		22. HOUR OF DEATH (Mo., Day, Yr.)	
22. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.		21. HOUR OF DEATH (Mo., Day, Yr.)	
21. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.		20. HOUR OF DEATH (Mo., Day, Yr.)	
20. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type name) Malignant Hypertension, Myocardial Infarction, Aortic Aneurysm		19. HOUR OF DEATH (Mo., Day, Yr.)	
19. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type name)		18. HOUR OF DEATH (Mo., Day, Yr.)	
18. DATE SIGNED (Mo., Day, Yr.) 12/21/2001		17. HOUR OF DEATH (Mo., Day, Yr.)	
17. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. Signature and Title M.D. [Signature]		16. HOUR OF DEATH (Mo., Day, Yr.)	
16. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.		15. HOUR OF DEATH (Mo., Day, Yr.)	
15. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.		14. HOUR OF DEATH (Mo., Day, Yr.)	
14. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type name) Malignant Hypertension, Myocardial Infarction, Aortic Aneurysm		13. HOUR OF DEATH (Mo., Day, Yr.)	
13. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type name)		12. HOUR OF DEATH (Mo., Day, Yr.)	
12. DATE SIGNED (Mo., Day, Yr.) 12/21/2001		11. HOUR OF DEATH (Mo., Day, Yr.)	
11. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. Signature and Title M.D. [Signature]		10. HOUR OF DEATH (Mo., Day, Yr.)	
10. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.		9. HOUR OF DEATH (Mo., Day, Yr.)	
9. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.		8. HOUR OF DEATH (Mo., Day, Yr.)	
8. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type name) Malignant Hypertension, Myocardial Infarction, Aortic Aneurysm		7. HOUR OF DEATH (Mo., Day, Yr.)	
7. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type name)		6. HOUR OF DEATH (Mo., Day, Yr.)	
6. DATE SIGNED (Mo., Day, Yr.) 12/21/2001		5. HOUR OF DEATH (Mo., Day, Yr.)	
5. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. Signature and Title M.D. [Signature]		4. HOUR OF DEATH (Mo., Day, Yr.)	
4. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.		3. HOUR OF DEATH (Mo., Day, Yr.)	
3. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.		2. HOUR OF DEATH (Mo., Day, Yr.)	
2. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type name) Malignant Hypertension, Myocardial Infarction, Aortic Aneurysm		1. HOUR OF DEATH (Mo., Day, Yr.)	

21. OCCASION (Type occupation, if usual; most of working life, do not use RETIREM.)
Seamstress

22. RESIDENCE - NUMBER AND STREET
2657 Cascade Street

23. CITY, TOWN OR LOCATION OF DEATH
Clarkston

24. STATE
Washington

25. ZIP CODE
99403

26. MARRIAGE STATUS - Married, Divorced (Specify)
Married

27. SURVIVING SPOUSE (If wife, give maiden name)
Craig P. Carroll, Sr.

28. SOCIAL SECURITY NO.
[Redacted]

29. PLACE OF DEATH - BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME
Clarkston

30. CITY, TOWN OR LOCATION OF DEATH
Clarkston

31. STATE
Washington

32. ZIP CODE
99403

33. DATE OF BIRTH - 3. UNDER 4 YEARS 4. UNDER 1 DAY
NOV 11 1938

34. BIRTHPLACE (City, State or Foreign Country)
Noonan, North Dakota

35. SEX (M/F)
Female

36. DEATH DATE (Mo., Day, Yr.)
January 20, 2001

37. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

38. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

39. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

40. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

41. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

42. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

43. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

44. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

45. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

46. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

47. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

48. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

49. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

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January 20, 2001

52. DEATH TIME (Mo., Day, Yr.)
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53. DEATH TIME (Mo., Day, Yr.)
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January 20, 2001

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56. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

57. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

58. DEATH TIME (Mo., Day, Yr.)
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59. DEATH TIME (Mo., Day, Yr.)
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60. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

61. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

62. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

63. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

64. DEATH TIME (Mo., Day, Yr.)
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71. DEATH TIME (Mo., Day, Yr.)
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72. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

73. DEATH TIME (Mo., Day, Yr.)
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74. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

75. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

76. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

77. DEATH TIME (Mo., Day, Yr.)
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78. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

79. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

80. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

81. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

82. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

83. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

84. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

85. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

86. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

87. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

88. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

89. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

90. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

91. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

92. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

93. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

94. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

95. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

96. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

97. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

98. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

99. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

100. DEATH TIME (Mo., Day, Yr.)
January 20, 2001

CERTIFICATE OF DEATH

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

1461 05162

Health

1461 05162





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

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 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 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



This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Jean Remsbecker, State Registrar.

Jean Remsbecker

ISSUED

JAN 18 2019



0 2 7 3 0 8 4 3

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

52783

ISSUED
TRACEY M. SLAGLE, CLERK

'19 OCT 30 P1:59

SUPERIOR COURT
YAKIMA CO. WA

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR YAKIMA COUNTY

In the Matter of the Estate

No. 19-4-00520-39

of

LETTERS TESTAMENTARY

CRAIG P. CARROLL, Deceased.

STATE OF WASHINGTON)

: ss.

County of Yakima)

WHEREAS, the Last Will and Testament of Craig P. Carroll, deceased, was on the 27th day of September, 2019, duly exhibited, proven and recorded in our said Superior Court, and WHEREAS, it appears in and by said Will that Craig P. Carroll, Jr., and Sherri M. Cochran are appointed personal representative thereon, and WHEREAS, said Craig P. Carroll, Jr., and Sherri M. Cochran have duly qualified;

NOW, THEREFORE, KNOW ALL MEN BY THESE PRESENTS: That we do hereby authorize said Craig P. Carroll Jr., and Sherri M. Cochran to execute said Will according to law.

WITNESS my hand and seal of said Court this 30th day of October, 2019.

STATE OF WASHINGTON, County of Yakima ss: TRACY M. SLAGLE, Clerk of the Superior Court
I, Tracey M. Slagle, Clerk of the above entitled court, do hereby certify that the forgoing instrument is a true and correct copy of the original now on file in my office, and still in full force & effect.

IN WITNESS WHEREOF, I hereunto set my hand and seal of said court this 30th day of Oct 2019

Tracey M. Slagle, Clerk

By
LETTERS TESTAMENTARY

PRATT BOUTILLIER
KIRKEVOLD & FARMER, PLLC
3901 Fairbanks Avenue
Yakima, WA 98902
Tel. (509) 453-9135 FAX (509) 453-9134

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