

REAL ESTATE EXCISE TAX AFFIDAVIT
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
Only for sales in a single location code on or after January 1, 2020.

Check box if the sale occurred in more than one location code.

PLEASE TYPE OR PRINT

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

SELLER GRANTOR	1 Name <u>Delores J. Grasser</u>	BUYER GRANTEE	2 Name <u>Bridge Street Inn, LLC</u>
	Mailing Address <u>1009 2nd St.</u>		Mailing Address <u>601 3rd St. #426</u>
	City/State/Zip <u>Clarkston, WA 99403</u>		City/State/Zip <u>Clarkston, WA 99403</u>
	Phone No. (including area code) <u>Asotin</u>		Phone No. (including area code)
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 <u>Bridge Street Inn, LLC</u>		<u>13750000100000000</u> <input type="checkbox"/>	List assessed value(s) <u>26,400.00</u>
Mailing Address <u>601 3rd St. #426</u>		<input type="checkbox"/>	<u>0.00</u>
City/State/Zip <u>Clarkston, WA 99403</u>		<input type="checkbox"/>	<u>0.00</u>
Phone No. (including area code)		<input type="checkbox"/>	<u>0.00</u>

Street address of property: 933 1/2 14th St. - Clarkston, WA 99403

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 legal description. Lot 1 Rishling Addition

5 Select Land Use Code(s):
09 - Land with mobile home
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)? YES NO

Is this property predominantly used for timber (as classified under RCW 84.34 and 84.33) or agriculture (as classified under RCW 84.34.020)? See ETA 3215 YES NO

6 YES NO

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) NEW 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) _____
Reason for exemption _____

Type of Document Statutory Warranty Deed
Date of Document 1/7/20

Gross Selling Price \$	<u>25,000.00</u>
*Personal Property (deduct) \$	_____
Exemption Claimed (deduct) \$	_____
Taxable Selling Price \$	<u>25,000.00</u>
Excise Tax: State	
Less than \$500,000.01 at 1.1% \$	<u>275.00</u>
From \$500,000.01 to \$1,500,000 at 1.28% \$	<u>0.00</u>
From \$1,500,000.01 to \$3,000,000 at 2.75% \$	<u>0.00</u>
Above \$3,000,000 at 3.0% \$	<u>0.00</u>
Agricultural and timberland at 1.28% \$	<u>0.00</u>
Total Excise Tax: State \$	<u>275.00</u>
<u>0.0025</u> Local \$	<u>62.50</u>
*Delinquent Interest: State \$	<u>0.00</u>
Local \$	<u>0.00</u>
*Delinquent Penalty \$	<u>0.00</u>
Subtotal \$	<u>337.50</u>
*State Technology Fee \$	<u>5.00</u>
*Affidavit Processing Fee \$	<u>0.00</u>
Total Due \$	<u>342.50</u>

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 Delores J. Grasser Signature of Grantee or Grantee's Agent Eric Spencer or Bobbi Spencer, Member
Name (print) Delores J. Grasser Name (print) Eric Spencer or Bobbi Spencer, Member
Date & city of signing 01/09/2020 - Clarkston, WA Date & city of signing 01/09/2020 - 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)).

Return Address
Delores Grasser
1009 2nd Street
Asotin, WA 99402



1-15 CP
Pgs=2 Fee:\$100.00
ALLIANCE TITLE & ESCROW

Please print or type information

Document Title(s) (or transactions contained therein): 1. Community Property Agreement 2. 3. 4.
Grantor(s) (Last name first, then first name and initials): 1. Grasser, Sr., Gary E. 2. Grasser, Delores J. 3. 4. <input type="checkbox"/> Additional names on page ___ of document.
Grantee(s) (Last name first, then first name and initials): 1. To The 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.

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COMMUNITY PROPERTY AGREEMENT

KNOW ALL MEN BY THESE PRESENTS: That this agreement, made and entered into this 10 day of March, 1970, by and between Gary E. Grasser and Delores J. Grasser husband and wife, residing in Cowlitz County, State of Washington.

WITNESSETH that whereas the said parties hereto are owners of certain community property, shares of stocks, and/or other securities, personal property, and real estate, and are desirous that said property together with all other property, either real or personal, now possessed or that may hereafter be acquired by either or both, including inheritances, legacies and bequests, shall be and does hereby become their Joint Community Property, and all such property both real and personal shall pass, without delay or expense, upon the death of either, to the survivor.

NOW, THEREFORE, for and in consideration of the sum of One (\$1.00) Dollar, the receipt of which is hereby acknowledged by each party hereto, and, also, in consideration of the love and affection that each of said parties bears for the other, it is hereby agreed that in the event of the death of said Gary E. Grasser while said Delores J. Grasser survives then the whole of said community property now owned together with all other community property, real or personal, that may hereafter be acquired, shall at once vest in said Delores J. Grasser in fee simple; and in the event of the death of said Delores J. Grasser while the said Gary E. Grasser survives then the whole of said community property now owned together with all other community property, real and personal, that may hereafter be acquired, shall at once vest in said Gary E. Grasser in fee simple.

IN WITNESS WHEREOF, The said Gary E. Grasser and Delores J. Grasser have hereunto set their hands and seal this 10 day of March, 1970.

[Handwritten signatures of Gary E. Grasser and Delores J. Grasser]

Signed in the presence of:

STATE OF WASHINGTON)
County of Cowlitz)

This is to certify that on this 10 day of March 1970, before me a Notary Public in and for the State of Washington duly commissioned and sworn, personally came Gary E. Grasser and Delores J. Grasser husband and wife, to me known to be the individuals described in and who executed the within instrument, and acknowledged to me that they signed and sealed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal the day and year in this certificate first above written:

[Handwritten signature of Notary Public]

Notary Public in and for the State of Washington residing at Longview, WA

Return Address
Delores Grasser
1009 2nd Street
Asotin, WA 99402



I-131 DC
Pgs=3 Fee:\$39.00
ALLIANCE TITLE & ESCROW

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. Grasser, Sr., Gary E. 2. 3. 4. <input type="checkbox"/> Additional names on page __ of document.
Grantee(s) (Last name first, then first name and initials): 1. To The 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.

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-010072

DATE ISSUED: 03/06/2018
FEE NUMBER:

FIRST AND MIDDLE NAME(S): GARY E
LAST NAME(S): GRASSER SR

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: MARCH 03, 2018
HOUR OF DEATH: 04:05 PM
SEX: MALE AGE: 82 YEARS
SOCIAL SECURITY NUMBER: ~~██████████~~

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: TRI-STATE MEMORIAL HOSPITAL, INC.
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

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

RESIDENCE STREET: 1009 2ND ST
CITY, STATE, ZIP: ASOTIN, WA 99402
INSIDE CITY LIMITS: YES COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 18 YEARS

BIRTH DATE: FEBRUARY 13, 1936
BIRTHPLACE: KELSO, WA

FATHER/PARENT: FRANK GRASSER
MOTHER/PARENT: BESSIE ULRICH

MARITAL STATUS: MARRIED
SPOUSE: DELORES SUTTER

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: ANATONE CEMETERY

OCCUPATION: ORDAINED MINISTER/ TEACHER
INDUSTRY: MINISTRY/ EDUCATION
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: YES

CITY, STATE: ANATONE, WASHINGTON
DISPOSITION DATE: MARCH 08, 2018

INFORMANT: DELORES GRASSER
RELATIONSHIP: SPOUSE
ADDRESS: 1009 2ND ST, ASOTIN WA, 99402

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES
LLC
ADDRESS: PO BOX 107
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
FUNERAL DIRECTOR: RICHARD LASSITER

CAUSE OF DEATH:
A: ASPIRATION PNEUMONIA
INTERVAL: DAYS
B: CEREBROVASCULAR ACCIDENT
INTERVAL: WEEKS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CORONARY ARTERY DISEASE

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

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

CERTIFIER NAME: KWIE-HOA SIEM, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1221 HIGHLAND AVE
CITY, STATE, ZIP: CLARKSTON, WA 99403
DATE SIGNED: MARCH 05, 2018

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: SUNDIE HOFFMAN
DATE RECEIVED: MARCH 06, 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
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Required information must match current information on record

Required

Record Type: Birth Death Marriage 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) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
First Middle Last/Maiden First Middle Last/Maiden

6. Name of Person Requesting Correction; Relationship to Person on Record: Self Guardian Informant Hospital Parent(s) Funeral Director 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

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

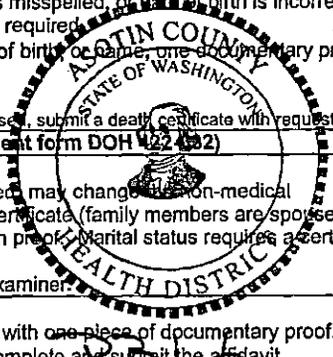
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-052)

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). 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.
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 October 2015

Bob Lutz, M.D., MPH
Health Officer

MAR 0 6 2018



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