

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.

1 SELLER GRANTOR	Name <u>Roger A. Gamet and Terry L. Sellers-Gamet</u>	2 BUYER GRANTEE	Name <u>Terry L. Sellers-Gamet</u>
	Mailing Address <u>425 S. Ellis</u>		Mailing Address <u>425 S. Ellis</u>
	City/State/Zip <u>Palouse, WA 99161</u>		City/State/Zip <u>Palouse, WA 99161</u>
	Phone No. (including area code) <u>(509) 878-1499</u>		Phone No. (including area code) <u>(509) 878-1499</u>
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>10010800900020000</u> <input type="checkbox"/>	List assessed value(s) <u>62,200.00</u>
Mailing Address _____		<input type="checkbox"/>	<u>0.00</u>
City/State/Zip _____		<input type="checkbox"/>	<u>0.00</u>
Phone No. (including area code) _____		<input type="checkbox"/>	<u>0.00</u>

4 Street address of property: 822 7th 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)
S 1/2 of Lot 9, Block 8

5 Select Land Use Code(s): 11
04 - Undeveloped land (land only)
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)?
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

6 YES NO
Is this property designated as forest land per chapter 84.33 RCW?
Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW?
Is this property receiving special valuation as historical property per chapter 84.26 RCW?

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) 458-61A-202(6)(a)
Reason for exemption
Transfer pursuant to Community Property Agreement
Type of Document Community Property Agreement
Date of Document 2/26/20

Gross Selling Price \$	<u>0</u>	40.00
*Personal Property (deduct) \$	<u>0.00</u>	
Exemption Claimed (deduct) \$	<u>0</u>	10.00
Taxable Selling Price \$	<u>0.00</u>	
Excise Tax: State		
Less than \$500,000.01 at 1.1% \$	<u>0.00</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>0.00</u>	
<u>0.0025</u> Local \$	<u>0.00</u>	
*Delinquent Interest: State \$	<u>0.00</u>	
Local \$	<u>0.00</u>	
*Delinquent Penalty \$	<u>0.00</u>	
Subtotal \$	<u>0.00</u>	
State Technology Fee \$	<u>5.00</u>	
Affidavit Processing Fee \$	<u>5.00</u>	
Total Due \$	<u>10.00</u>	

PAID
MAY 21 2020
ASOTIN COUNTY
TREASURER

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 <u>[Signature]</u>	Signature of Grantee or Grantee's Agent <u>[Signature]</u>
Name (print) <u>Terry L. Sellers-Gamet</u>	Name (print) <u>Terry L. Sellers-Gamet</u>
Date & city of signing _____	Date & city of signing _____

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)).

757746

Com Prop Agmt Rec Fee: \$ 108.50
03/31/2020 12:38 PM Page: 1 of 6
Sandra D. Jamison, Whitman County Auditor



Return Address:

Carpenter, McGuire & DeWulf, P.S.
P.O. Box 619
Colfax, WA 99111-0619

COMMUNITY PROPERTY AGREEMENT

Grantor(s):

1. GAMET, Roger A.
2. SELLERS-GAMET, Terry L.

Grantee(s):

1. GAMET, Roger A.
2. SELLERS-GAMET, Terry L.

Asotin County, WA
Darla McKay Auditor

365722

04/03/2020 11:50 AM



00030546202003657220060066

I-15 CP

Pgs=6

Fee:\$108.50

CARPENTER, MCQUIRE & DEWULF

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COMMUNITY PROPERTY AGREEMENT

This Agreement, made this 21st day of February, 2020, by and between ROGER A. GAMET ("Husband") and TERRY L. SELLERS-GAMET ("Wife"), husband and wife, both of whom are domiciled in the State of Washington.

WITNESSETH:

That for and in consideration of the love and affection that each of said parties have for the other and in consideration of the mutual benefits to be derived by the parties hereto, it is agreed as follows:

1. Property Covered: This Agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife (except for assets for which a separate beneficiary designation has been or is hereafter made by Husband or Wife and approved by the other spouse) even though some items may have been or may be purchased or acquired by one or the other or both or may have been or may be registered in the name of one or the other or both. If Husband dies and Wife survives him, any separate property of Husband which is owned by Husband at the time of his death (except for assets for which husband has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of his death, and if Wife dies and Husband survives her, any separate property of Wife which is owned by Wife at the time of her death (except for assets for which Wife has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of her death. All such property is referred to in this Agreement as the "described community property."

2. Vesting at Death of a Spouse: If Husband dies and Wife survives him, all of the described community property shall vest in Wife as of the moment of Husband's death. If Wife dies and Husband survives her, all of the described community property shall vest in Husband as of the moment of Wife's death.

3. Disclaimer: Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this Agreement in whole or in part, or with reference to specific parts, shares or assets thereof, in which event the interest disclaimed shall pass as if the provisions of paragraph 2 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition.

4. Automatic Revocation: The provisions of paragraph 2 shall be automatically revoked

(a) Upon the filing by either party of a petition, complaint or other pleading for separation, dissolution or divorce; or

(b) Upon the establishment of a domicile out of the State of Washington by either party; or

(c) Immediately prior to death, if the order of death cannot be ascertained.

5. Optional Revocation by One Party: In the event of the incompetency of either of the parties hereto, the other party may, either individually or via an attorney in fact, at his or her option, terminate or rescind this Agreement by a notarized declaration to that effect and this Agreement shall become null, void, and of no effect.

6. Powers of Appointment: This Agreement shall not affect any power of appointment now held by or hereafter given to Husband or Wife or both of them, nor shall it obligate Husband or Wife or both of them, nor shall it obligate Husband or Wife or both of them to exercise any such power of appointment in any way.

7. Rights of Creditors: This Agreement shall not derogate from the rights of creditors.

8. Revocation of Inconsistent Agreements: To the extent this Agreement is inconsistent with any provisions of any community property agreement or other arrangement previously made by the parties that affects the described community property, the terms of this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

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

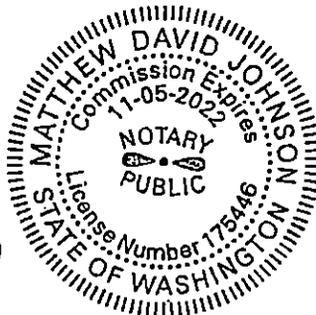
Roger A. Gamet
Roger A. Gamet

Terry L. Sellers-Gamet
Terry L. Sellers-Gamet

STATE OF WASHINGTON)
)
County of Whitman)

I certify that I know or have satisfactory evidence that ROGER A. GAMET and TERRY L. SELLERS-GAMET, husband and wife, signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 26 day of February, 2020.



(Seal or Stamp)

Matthew David Johnson
NOTARY PUBLIC

(Signature)

Matthew David Johnson
(Printed Name)

My appointment expires 11-05-2022

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-011930

LOCAL FILE NUMBER: 1559

DATE ISSUED: 03/18/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ROGER ALBERT
LAST NAME(S): GAMET

COUNTY OF DEATH: WHITMAN
DATE OF DEATH: MARCH 16, 2020
HOUR OF DEATH: 09:47 AM
SEX: MALE AGE: 68 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: LEWISTON, ID

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: TERRY SELLERS

OCCUPATION: FARMER
INDUSTRY: AGRICULTURE
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: YES

INFORMANT: TERRY GAMET
RELATIONSHIP: SPOUSE
ADDRESS: 425 S. ELLIS STREET PALOUSE, WASHINGTON 99161

CAUSE OF DEATH:
A: METASTATIC PANCREATIC CANCER
INTERVAL: MONTHS TO YEARS
B:
INTERVAL:
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: HOME
FACILITY OR ADDRESS: 425 S. ELLIS STREET
CITY, STATE, ZIP: PALOUSE, WASHINGTON 99161

RESIDENCE STREET: 425 S. ELLIS STREET
CITY, STATE, ZIP: PALOUSE, WA 99161
INSIDE CITY LIMITS: YES COUNTY: WHITMAN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 7 YEARS

FATHER: ELMER S GAMET
MOTHER: ELLEN RASMUSSEN

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: WHEATLAND CREMATORY

CITY, STATE: PULLMAN, WASHINGTON
DISPOSITION DATE: MARCH 17, 2020

FUNERAL FACILITY: KRAMER FUNERAL HOME

ADDRESS: PO BOX 125
CITY, STATE, ZIP: PALOUSE, WASHINGTON 99161
FUNERAL DIRECTOR: MARK W. KRAMER

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: ERIC A. SOHN, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 9507 N. DIVISION, SUITE K
CITY, STATE, ZIP: SPOKANE, WA 99208
DATE SIGNED: MARCH 16, 2020

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: ERIC SOHN, MD

LOCAL DEPUTY REGISTRAR: NOEL CHRISTIANSEN
DATE RECEIVED: MARCH 17, 2020

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Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required

Required information must match current information on record

Record Type: Birth Death Marriage Dissolution (Divorce)

1. Name on Record: First _____ Middle _____ Last _____

2. Date of Event: _____

3. Place of Event: City or Court: _____

4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) First _____ Middle _____ Last _____

5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First _____ Middle _____ Last _____

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.

<p>Child under 18</p> <ul style="list-style-type: none"> • 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 	<p>Adult (18 years or older)</p> <ul style="list-style-type: none"> • 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
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*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 422-032)

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). 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

CERTIFIED

MAR 18 2020


Brad Bowman, MD Health Officer
Whitman County Dept. of Public Health



53143

0 2 1 4 2 9 3 8



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