



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.

Form sections 1-3: Seller/Grantor (Luella C. Schulze) and Buyer/Grantee (John L. Hyde, Rebecca Hyde) information, including addresses and tax correspondence details.

Section 4: Property address (1730 Valleyview Drive, Clarkston, WA) and location details (Asotin County, OR).

Section 5: Land Use Code (11 Household, single family units) and tax exemption questions.

Section 6: Continuation and compliance notices, including owner signature lines and deputy assessor information.

Section 7: Personal property included in selling price, exemption details, and a summary table of taxes and fees (Total Due: \$4,865.00).

Section 8: Certification of truth and correctness, with signatures of Luella C. Schulze and John L. Hyde, dated 5/22/2020 and 5/21/2020.

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)).

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT entered into on this 5 day of September, 2006, between JEFFERSON P. SCHULZE and LUELLA C. SCHULZE, husband and wife, for the purposes contained herein:

In consideration of the love and affection that each party has for the other, and in consideration of the mutual benefits to be derived hereunder, the parties agree as follows:

I

All property of whatever nature or description whether real, personal or mixed and wherever situated, irrespective of the source, now owned or hereafter acquired by either or both parties, shall be considered and is hereby declared to be community property from this day forward.

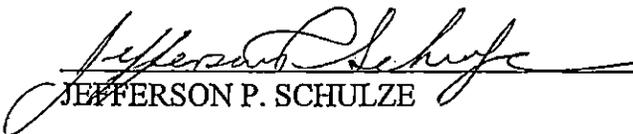
II

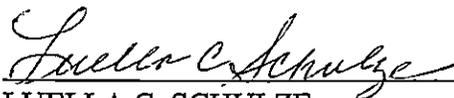
Upon the death of either party, title to all community property shall immediately vest in fee simple in the surviving party.

III

The parties hereto are executing contemporaneously with this Agreement Last Wills and Testaments. The purpose of each such Last Will and Testament is to supplement this agreement and to effectuate the complete transfer of each party's property. However, nothing contained herein shall be construed to be a contract to make mutual wills.

IN WITNESS WHEREOF, parties have signed this agreement on the date first written above.


JEFFERSON P. SCHULZE


LUELLA C. SCHULZE

Broyles & Laws PLLC
901 Sixth Street
Clarkston, WA 99403
509-758-1636

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-056058

LOCAL FILE NUMBER: 5077

DATE ISSUED: 12/30/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): JEFFERSON PAUL
LAST NAME(S): SCHULZE

COUNTY OF DEATH: SPOKANE

DATE OF DEATH: DECEMBER 19, 2019

HOUR OF DEATH: 07:20 AM

SEX: MALE

AGE: 85 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO; NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: HAINES, OR

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: LUELLA BARKLEY

OCCUPATION: ELECTRICIAN

INDUSTRY: ELECTRICAL

EDUCATION: ASSOCIATE DEGREE

US ARMED FORCES: YES

INFORMANT: LUELLA SCHULZE

RELATIONSHIP: SPOUSE

ADDRESS: 1730 VALLEYVIEW DR, CLARKSTON, WA 99403

CAUSE OF DEATH:

A: OVERWHELMING SEPSIS

INTERVAL: 48 HOURS

B: UROSEPSIS AND NECROTIZING SOFT TISSUE INFECTION

INTERVAL: 96 HOURS

C: RECTOURETHRAL FISTULA

INTERVAL: 2 MONTHS

D: LOCALLY INVASIVE UNRESECTABLE RECTAL CANCER

INTERVAL: 9 MONTHS

OTHER CONDITIONS CONTRIBUTING TO DEATH: PERIPHERAL VASCULAR DISEASE, CORONARY ARTERY DISEASE, ATRIAL FIBRILLATION, HISTORY OF PULMONARY EMBOLISM, GASTROINTESTINAL BLEED

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 HOLY FAMILY HOSPITAL

CITY, STATE, ZIP: SPOKANE, WASHINGTON 99208

RESIDENCE STREET: 1730 VALLEYVIEW DR

CITY, STATE, ZIP: CLARKSTON, WA 99403

INSIDE CITY LIMITS: YES

COUNTY: ASOTIN

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 22 YEARS

FATHER: PAUL RANDALL SCHULZE

MOTHER: STELLA MAY PHILLIPS

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: FOOTHILLS CREMATORY

CITY, STATE: SPOKANE, WASHINGTON

DISPOSITION DATE: DECEMBER 23, 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: YES

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ADAM H. JUVILER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 105 W. 8TH AVENUE, SUITE 7010

CITY, STATE, ZIP: SPOKANE, WA 99203

DATE SIGNED: DECEMBER 23, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: SHANTEL ZETTLE

DATE RECEIVED: DECEMBER 23, 2019

53155



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 Birth 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:
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.

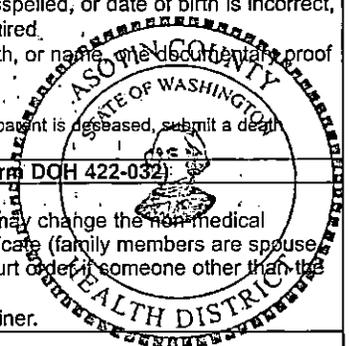
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

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

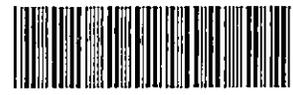


DOH 422-034 January 2015
Bob Lutz, M.D., MPH
Health Officer

DEC 30 2019



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



53155

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When recorded return to:
735 5th St.
Clarkston, WA 99403

ATEC Order No.: 480354

STATUTORY WARRANTY DEED

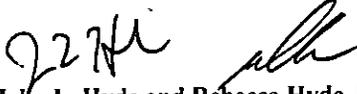
THE GRANTOR(S)

Luella C. Schulze, a widow

for and in consideration of

\$360,000.00

in hand paid, conveys, and warrants to


John L. Hyde and Rebecca Hyde, husband and wife

the following described real estate, situated in the County of Asotin, State of Washington:

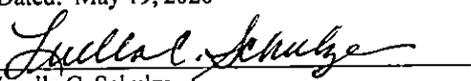
That part of Lots 5 and 6 in Block "E-1" of Clarkston Heights, according to the official plat thereof, filed in Book C of Plats at Page(s) 4 and 5 Official Records of Asotin County, Washington, described as follows:

Beginning at the Southeast corner of said Lot 6, said point being on the centerline of the County road; thence North 60°15' West along said centerline a distance of 30 feet; thence North 35°07' East a distance of 119.0 feet; thence North 54°53' West a distance of 5.12 feet; thence North 35°07' East a distance of 157.58 feet; thence South 77°16' East a distance of 37.85 feet to a point on the Easterly line of said Lot 6; thence North 35°07' East along said line a distance of 124.1 feet; thence South 57°26' East a distance of 96.4 feet; thence South 40°47' East a distance of 20.1 feet; thence South 35°07' West a distance of 400.79 feet to a point on the centerline of the County road; thence North 60°15' West along said centerline a distance of 116.31 feet to the place of beginning. EXCEPTING THEREFROM any portion lying within Valleyview Drive.

Subject to: Current Year Taxes, conditions, covenants, restrictions, reservations, easements, rights and rights of way, apparent or of record.

Tax Parcel Number(s): 1-041-08-006-0003-0000

Dated: May 19, 2020


Luella C. Schulze