

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	1 Name <u>Debra R. Betts</u>	BUYER GRANTEE	2 Name <u>Chase M. Cupp</u>
	<u>Ronald J. Stoffer, Sara E. Stoffer, Heirs</u>		
	Mailing Address <u>1522 9th St.</u>		Mailing Address <u>1570 15th 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)

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	List assessed value(s)
Name <u>Chase M. Cupp</u>	<u>10410800300030000</u> <input type="checkbox"/>	<u>115,300.00</u>
Mailing Address <u>1570 15th Street</u>	<input type="checkbox"/>	
City/State/Zip <u>Clarkston WA 99403</u>	<input type="checkbox"/>	
Phone No. (including area code)	<input type="checkbox"/>	

4 Street address of property: 1570 15th 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.

see attached legal

5 Select Land Use Code(s):
11 Household, single family units

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"/>

6

	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 _____

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 (SWD)

Date of Document 09/02/20

Gross Selling Price \$	<u>170,000.00</u>
*Personal Property (deduct) \$	<u>0.00</u>
Exemption Claimed (deduct) \$	<u>0.00</u>
Taxable Selling Price \$	<u>170,000.00</u>
Excise Tax : State \$	<u>1,870.00</u>
Local \$	<u>425.00</u>
*Delinquent Interest: State \$	<u>0.00</u>
Local \$	<u>0.00</u>
*Delinquent Penalty \$	<u>0.00</u>
Subtotal \$	<u>2,295.00</u>
*State Technology Fee \$	<u>5.00</u> <u>5.00</u>
*Affidavit Processing Fee \$	<u>0.00</u>
Total Due \$	<u>2,300.00</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 <u>Debra R. Betts</u>	Signature of Grantee or Grantee's Agent <u>Chase M. Cupp</u>
Name (print) <u>Debra R. Betts</u>	Name (print) <u>Chase M. Cupp</u>
Date & city of signing: <u>9-14-2020 Clarkston, WA</u>	Date & city of signing: <u>9/14/2020 Clarkston, WA</u>

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 (6/26/14) THIS SPACE - TREASURER'S USE ONLY COUNTY TREASURER

EXHIBIT "A"

495278

That part of Lots 3 and 4 in Block 'E-1' of Clarkston Heights, according to the official plat thereof filed in Book C of Plats, as Page 5, Official Records of Asotin County, Washington, more particularly described as follows:

Commencing at a monument at the intersection of 15th Street and Scenic Way; thence South along the centerline of 15th Street a distance of 189.10 feet to the True Place of Beginning; thence continue South along said centerline a distance of 207.82 feet; thence West a distance of 151.52 feet; thence North 3°29' West a distance of 116.71 feet; thence North 60°04' East a distance of 183.02 feet to the True Place of Beginning. EXCEPTING THEREFROM all that portion lying Northeasterly and Easterly of the following described line: Beginning at a point opposite Highway Engineer's Station (hereinafter referred to as HES) JN 12+00 on the JN Line Survey line of SR 128, Clarkston Vicinity: 3rd Avenue to 15th Street, and 60 feet Southwesterly therefrom; thence Southeasterly parallel with said JN Line Survey line to a point opposite HES JN 13+28.41; thence Southerly to a point opposite TIES JN 13+67 and 85.62 feet Southwesterly therefrom and the end of said line description. ALSO EXCEPTING THEREFROM that part of Lot 3 of Block "E-1" of Clarkston Heights, described as follows: Commencing at the Northeast corner of Lot 4 of said Block "E-1", said point being the intersection of centerlines of 15th Street and Scenic Way as originally platted; thence South 0°53' West along the original platted centerline of 15th Street a distance of 189.10 feet; thence South 60°57' West (record bears South 60°04' West) a distance of 104.55 feet to a point on the West right of way line of the JN Line Survey of SR 128, said point being the True Place of Beginning; thence continue South 60°57' West a distance of 78.47 feet; thence South 2°36' East (record bears South 3°29' East) a distance of 11.47 feet; thence North 86°06' East a distance of 48.92 feet; thence North 62°53'25" East a distance of 41.39 feet to a point on the West right of way line of the JN Line Survey of SR 128; thence North 32°42'03" West along said right of way line a distance of 32.52 feet to the True Place of Beginning.

NOTAL

CMC

Return Address
Ronald J. Stoffer
648 Yosemite Drive
Indianapolis, IN 46217

Please print or type information

Document Title(s) (or transactions contained therein): 1. Affidavit (Lack of Probate) 2. 3. 4.
Grantor(s) (Last name first, then first name and initials): 1. Stoffer, Ronald Vern 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.



AFFIDAVIT (LACK OF PROBATE)

Ronald J. Stoffer, Sara E. Stoffer, & Debrah R. Betts being first duly sworn, deposes and says:
 The undersigned affiant is the rightful heir to the real property described below, and is son, daughter, & inheritor
 (relationship to decedent) of Ronald Vern Stoffer (decedent), who died on (date)

8/5/2018, at
Colville Stevens Washington
City County State

*** A CERTIFIED COPY OF THE DEATH CERTIFICATE MUST BE PRESENTED. PLEASE NOTE: A copy may be used for recording at the discretion of the county.

REGARDING DISPOSITION OF REAL PROPERTY:

Attach the full legal description of the property with county and parcel number being transferred which is located at a commonly recognized address of: 1570 15th St.

Clarkston WA 99403
City State Zip Code

- Decedent left no Last Will and Testament and/or Community Property Agreement; OR Decedent left a Community Property Agreement in favor of surviving spouse (A COPY OF WHICH IS ATTACHED for review), or has been recorded under _____ County recording number _____; OR
- Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked (A COPY OF WHICH IS ATTACHED for review)

"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)

- Ronald J. Stoffer, son
Ronald Jeffrey Stoffer, 648 Yosemite Dr., Indianapolis, IN 46217
Full name, age, relationship, address
- Sara E. Stoffer, daughter
2411 Cambridge Ct., Moscow, ID 83843
Full name, age, relationship, address
- Debrah R. Betts, inheritor
Debrah R. Betts, 1522 9th St., Clarkston, WA 99403
Full name, age, relationship, address
- _____
Full name, age, relationship, address

(Continued on next page)

Full name, age, relationship, address

Dated: 9-2-20

Ronald Jeffrey Staffer
Affiant's full name

317-979-6912
Telephone number

648 Yosemite Dr.
Street

Indianapolis IN 46217
City State Zip Code

[Signature]
Signature

9-2-20
Date

State of WASHINGTON County of ASOTIN

I know or have satisfactory evidence that RONALD JEFFREY STOFFER
(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: 9 12 2020

[Signature]
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Clarkston

Notary Public in and for the State of WA

My appointment expires: 9 12 2021

For tax assistance call (360) 534-1503, option 2. To request this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711.
REV 84 0017 (5/16/16)

Full name, age, relationship, address

Dated: September 3, 2020

Sara E. Staffer
Affiant's full name

(208) 413-2011
Telephone number

2411 Cambridge Court
Street

Moscow
City

Idaho
State

83843
Zip Code

[Signature]
Signature

9-3-2020
Date

State of WASHINGTON County of ASOTEN

I know or have satisfactory evidence that _____
(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: 09/3/2020

[Signature]
Signature of Notary Public

(SEAL OR STAMP)

Residing at: CLARKSTON

Notary Public in and for the State of WA

My appointment expires: 9/12/2020



For tax assistance call (360) 534-1503, option 2. To request this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711.
REV 84 0017 (5/16/16)

Full name, age, relationship, address

Dated: 9-2-20

Debrah R. Betts
Affiant's full name

208-503-0920
Telephone number

1522 9th St.

Clarkston ^{Street} WA 99403
City State Zip Code

Debrah R. Betts
Signature

9-2-20
Date

State of WASHINGTON County of ASOTEN
I know or have satisfactory evidence that DEBORAH RENE BETTS
(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: 9/2/2020

David R. Kirby
Signature of Notary Public

(SEAL OR STAMP)

Residing at: Clarkston



Notary Public in and for the State of WASHINGTON

My appointment expires: 9/12/2021

For tax assistance call (360) 534-1503, option 2. To request this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711.
REV 84 0017 (5/16/16)

Last Will and Testament

of

RONALD V. STOFFER

I, RONALD V. STOFFER, being of legal age and of sound and disposing mind and memory, and not acting under the menace, duress, fraud or undue influence of any person whomsoever, do make, publish and declare this to be my Last Will and Testament.

I.

I revoke all Wills and Codicils that I have previously made.

II.

I direct that my body be cremated and my ashes be placed at a location to be determined by my children.

III.

I am a divorced man. I have two living children, namely, RONALD J. STOFFER, also known as R. JEFFREY STOFFER of Indiana and SARA E. STOFFER of Lewiston, Idaho. I have

Ronald V. Stoffer

RONALD V. STOFFER

Page 1

one predeceased son, JAMES P. STOFFER who died without issue.

I have a girlfriend at the present time by the name of DEBRAH R. BETTS.

IV.

I direct that my estate be divided into three (3) equal shares, and I hereby give, devise and bequeath said shares, as follows:

- a. One share to my son, RONALD J. STOFFER, also known as R. JEFFREY STOFFER, of Indiana.
- b. One share to my daughter, SARA E. STOFFER, of Lewiston, Idaho.
- c. One share to my girlfriend, DEBRAH R. BETTS.

In the event my girlfriend, DEBRAH R. BETTS, should fail to survive my death by thirty (30) days, then I hereby give, devise and bequeath her share to my children, RONALD J. STOFFER, also known as R. JEFFREY STOFFER and SARA E. STOFFER, equally, share and share alike.

In the event any of my children should fail to survive my death by thirty (30) days, then such deceased child's share shall be distributed to their issue and if no issue, then to the survivor of RONALD J. STOFFER, also known as R. JEFFREY STOFFER and SARA E. STOFFER.

V.



RONALD V. STOFFER

I nominate, constitute and appoint my son, RONALD J. STOFFER, also known as R. JEFFREY STOFFER, as Personal Representative of this my Last Will and Testament, to act without giving bond, giving and granting to my Personal Representative the full power and authority to sell, lease, encumber and in every manner deal with my property, either real or personal, without the intervention of any Court and without the confirmation of any Court, except as may be required by law, with or without notice, it being my intention that this is and shall be construed as a non-intervention will in any court which this will is offered for probate, and my Personal Representative shall have all the powers granted by law to Personal Representatives of non-intervention wills.

If my son, RONALD J. STOFFER, also known as R. JEFFREY STOFFER, shall for any reason fail to qualify, or ceases to act as Personal Representative, then I nominate my daughter, SARA E. STOFFER, as Personal Representative to have the same powers I have outlined above for RONALD J. STOFFER, also known as R. JEFFREY STOFFER, as Personal Representative.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 26th day of February, 2009.

Ronald V. Stoffer
RONALD V. STOFFER

Ronald V. Stoffer
RONALD V. STOFFER
Page 3

On the date last above written, RONALD V. STOFFER, declared to us, the undersigned, the foregoing instrument, consisting of four (4) pages, including this page, was his Last Will and Testament, and requested us to act as witnesses to it. He thereupon signed this Will in our presence, and in the presence of him, and in the presence of each other, we subscribed our names as witnesses.

Cheryl S. Skow
CHERYL S. SKOW
Residing at Lewiston, Idaho

Patricia Johnson
PATRICIA JOHNSON
Residing at Clarkston, Washington

STATE OF IDAHO)
 : ss
County of Nez Perce)

WE, RONALD V. STOFFER, the testator, and CHERYL S. SKOW and PATRICIA JOHNSON; the witnesses, whose names are signed to the attached or foregoing instrument, being duly sworn, do hereby declare to the undersigned authority that the testator signed and duly executed the instrument as his Last Will and that he had signed willingly or directed another to sign for him, and that he executed it as his free and voluntary act for the purposes therein mentioned; that each of the witnesses in the presence and hearing of the testator, signed the Will as witnesses, and that to the best of his or her knowledge the testator was at that time an adult, of sound mind and under no constraint or undue influence.

Ronald V. Stoffer
RONALD V. STOFFER, Testator

Cheryl S. Skow
CHERYL S. SKOW, Witness

Patricia Johnson
PATRICIA JOHNSON, Witness

SUBSCRIBED, SWORN AND ACKNOWLEDGED before me by RONALD V. STOFFER, the testator, and SUBSCRIBED AND SWORN before me by witnesses, CHERYL S. SKOW and PATRICIA JOHNSON this 26 day of February, 2009.



Thomas W. Callery
Notary Public in and for the State of Idaho,
residing at Lewiston.
My commission expires 9/28/11.

Ronald V. Stoffer
RONALD V. STOFFER
Page 4



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
-------------------	------------	----------	------	------------------

Required information must match current information on record

Required

Record Type: Birth Death Marriage Dissolution (Divorce)

1. Name on Record: _____ 2. Date of Event: _____ 3. Place of Event: _____

4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)

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: _____

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 422-032)

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

AUG 09 2018

Glenn Houser
Dr. Glenn Houser
Health District Officer
Garfield County Health District



0 1 2 1 9 8 2 4

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

53441