

# Real Estate Excise Tax Affidavit (RCW 82.45 WAC 458-61A)

Only for sales in a single location code on or after July 1, 2022.  
This affidavit will not be accepted unless all areas on all pages are fully and accurately completed.  
This form is your receipt when stamped by cashier. *Please type or print.*

Check box if partial sale, indicate % \_\_\_\_\_ sold.

List percentage of ownership acquired next to each name.

**1 Seller/Grantor**

Name Sharon J. Woodford

Mailing address 2784 Grandview Drive

City/state/zip Clarkston, WA 99403

Phone (including area code) \_\_\_\_\_

**2 Buyer/Grantee**

Name Richard John Woodford

Mailing address 2784 Grandview Drive

City/state/zip Clarkston, WA 99403

Phone (including area code) \_\_\_\_\_

**3 Send all property tax correspondence to:**  Same as Buyer/Grantee

Name Leslie Hoffman, Co-Personal Representative

Mailing address 8701 W. Yellowstone Ave.

City/state/zip Kennewick, WA 99336

List all real and personal property tax parcel account numbers	Personal property?	Assessed value(s)
<u>1084030060000</u>	<input type="checkbox"/>	<u>\$ 176,700.00</u>
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

**4 Street address of property** 2784 Grandview Drive, Clarkston, WA

This property is located in Asotin County (for unincorporated locations please select your 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 you need more space, attach a separate sheet to each page of the affidavit).

See Exhibit A

**5** 11 - Household, single family units

Enter any additional codes \_\_\_\_\_ (see back of last page for instructions)

Was the seller receiving a property tax exemption or deferral under RCW 84.36, 84.37, or 84.38 (nonprofit org., senior citizen or disabled person, homeowner with limited income)?  Yes  No

Is this property predominately used for timber (as classified under RCW 84.34 and 84.33) or agriculture (as classified under RCW 84.34.020) and will continue in it's current use? If yes and the transfer involves multiple parcels with different classifications, complete the predominate use calculator (see instructions)  Yes  No

**6** Is this property designated as forest land per RCW 84.33?  Yes  No

Is this property classified as current use (open space, farm and agricultural, or timber) land per RCW 84.34?  Yes  No

Is this property receiving special valuation as historical property per RCW 84.26?  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 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 signature \_\_\_\_\_ 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) doesn't wish to continue, all additional tax calculated pursuant to RCW 84.26, shall be due and payable by the seller or transferor at the time of sale.

**(3) NEW OWNER(S) SIGNATURE**

Signature \_\_\_\_\_ Signature \_\_\_\_\_  
Print name \_\_\_\_\_ Print name \_\_\_\_\_

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

Signature of grantor or agent [Signature]  
Name (print) Leslie Hoffman  
Date & city of signing 10/11/22 Lewiston, ID

Signature of grantee or agent [Signature]  
Name (print) Leslie Hoffman  
Date & city of signing 10/11/22 Lewiston, ID

Perjury in the second degree is a class C felony which is punishable by confinement in a state correctional institution for a maximum term of five years, or by a fine in an amount fixed by the court of not more than \$10,000, or by both such confinement and fine (RCW 9A.72.030 and RCW 9A.20.021(1)(c)).  
To ask about the availability of this publication in an alternate format for the visually impaired, please call 360-705-6705. Teletype (TTY) users may use the WA Relay Service by calling 711.

0200

Gross selling price	0.00
*Personal property (deduct)	0.00
Exemption claimed (deduct)	0.00
Taxable selling price	0.00
Excise tax: state	
Less than \$500,000.01 at 1.1%	0.00
From \$500,000.01 to \$1,500,000 at 1.28%	0.00
From \$1,500,000.01 to \$3,000,000 at 2.75%	0.00
Above \$3,000,000 at 3%	0.00
Agricultural and timberland at 1.28%	0.00
Total excise tax: state	0.00
0.0025 Local	0.00
*Delinquent interest: state	0.00
Local	0.00
*Delinquent penalty	0.00
Subtotal	0.00
*State technology fee	5.00
Affidavit processing fee	5.00
Total due	10.00

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

CREASON, MOORE,  
DOCKEN & GIBOL  
CA# 14424 L

**PAID**  
OCT 12 2022  
ASOTIN COUNTY  
TREASURER

055598 Print on legal size paper.  
Page 1 of 6

**EXHIBIT A**

Situated in the County of Asotin, State of Washington:

Lot 6 of Block 3 of HIGHLAND HEIGHTS SECOND ADDITION according to plat recorded in Book C of Plats, page 103, records of Asotin County, Washington.

SUBJECT TO: Protective Covenants including the terms and conditions thereof, but deleting any covenant, condition or restriction indicating a preference, limitation or discrimination based on race, color, religion, sex, handicap, familial status, or national origin to the extent such covenants, conditions or restrictions violate 42 USC 3604 (c), recorded on March 4, 1964 under Instrument No. 86470 and recorded November 5, 1980 under Instrument No. 149835, records of Asotin County, Washington.

SUBJECT TO: Easement, including terms and provisions contained therein in document:

Recorded: January 27, 1966  
Recording No.: 93836  
In Favor Of: Pacific Northwest Bell Telephone Company  
For: Right of way

SUBJECT TO: Right of the public in and to adjacent streets and alleys.

55598

**AFTER RECORDING, RETURN TO:**

Paul B. Burris  
Creason, Moore, Dokken & Geidl, PLLC  
P. O. Drawer 835  
Lewiston ID 83501

**COMMUNITY PROPERTY AGREEMENT**

*Reference Numbers of Related Documents:* N/A

*Grantor:* Sharon J. Woodford

*Grantee:* Richard John Woodford *aka* Woody J. Woodford

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COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this 10th day of June, 1999, by and between RICHARD J. WOODFORD and SHARON J. WOODFORD, husband and wife, of Kelso, Cowlitz County, Washington, pursuant to the provisions of Section 26.16.120, Revised Code of Washington, providing for the fixing of the status and disposition of community property to take effect upon the death of either,

WITNESSETH:

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

FIRST: That each of the parties hereto does hereby declare to the other that all of the real and personal property of whatever kind and description and wheresoever situate, in which either party has any interest whatsoever or which is registered individually in the name of either of the parties hereto or jointly in the names of both parties hereto, including any and all real or personal property which may hereafter be acquired by the parties hereto by gift, devise, bequest, inheritance or otherwise, with the exception of the following (which shall remain Sharon J. Woodford's separate property): any and all payable on death accounts joint with either Kevin Fuhrer or Darin Fuhrer, shall be treated and considered as community property by both, and the parties hereto do by these presents hereby assign, transfer, convey and grant unto their marital community all of the right, title and interest of each in and to all of said real and personal property.

SECOND: It is further agreed that, upon the death of either of the parties hereto, all of said properties and property rights shall pass to the survivor and become vested in such survivor as the sole and separate property of the survivor thereafter in fee simple estate.

THIRD: This agreement shall terminate upon the earlier to occur of: (i) the termination of the marital community; or (ii) the filing by either party of a petition for dissolution of their marriage, legal separation or for the annulment of their marriage.

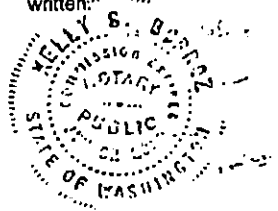
IN WITNESS WHEREOF, the parties have set their hands the day and year first above written.

Richard J. Woodford
RICHARD J. WOODFORD
Sharon J. Woodford
SHARON J. WOODFORD

STATE OF WASHINGTON )
) ss.
County of Cowlitz )

On this 10 day of June, 1999, personally appeared before me RICHARD J. WOODFORD and SHARON J. WOODFORD, husband and wife, to me known to be the individuals described in and who executed the within and foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year first above written.



Signature: Kelly S. Borke
Printed Name: KELLY S. BORKE
Notary Public, Residing at Silverlake
My Commission Expires: 6/2/00

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STATE OF WASHINGTON )  
County of Cowlitz ) SS

I, Carolyn Fundingsland, County Auditor of Cowlitz County, do hereby certify that I have compared the foregoing copy with the original instrument as the same appears on file and of record in my office and that the same is a true and correct copy of the original and the whole thereof.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal this 15<sup>th</sup> day of September 2022.

Carolyn Fundingsland, AUDITOR

By Susan Loux  
Deputy Auditor

80000

**AFTER RECORDING, RETURN TO:**

Paul B. Burris  
Creason, Moore, Dokken & Geidl, PLLC  
P. O. Drawer 835  
Lewiston ID 83501

**CERTIFICATE OF DEATH**

*Reference Numbers of Related Documents:* N/A

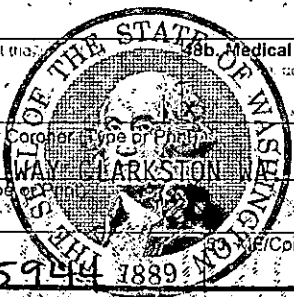
*Grantor:* Sharon J. Woodford

*Grantee:* Public

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STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (include AKA's if any): First Middle LAST Suffix Sharon J. Woodford					2. Death Date Nov. 29, 2013		
3. Sex (M/F) Female		4a. Age - Last Birthday 70	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]		6. County of Death Asotin
7. Birthdate March 21, 1943		8a. Birthplace (City, Town, or County) Portland		8b. (State or Foreign Country) Oregon	9. Decedent's Education High School Graduate		
10. Was Decedent of Hispanic Origin? (Yes or No) if yes, specify No				11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? No	
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) 2784 Grandview Dr.					13b. City or Town Clarkston		
13c. Residence: County Asotin		13d. Tribal Reservation Name (if applicable) N/A	13e. State or Foreign Country Washington		13f. Zip Code + 4 99403	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence. 13 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Richard J. Woodford			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Secretary				18. Kind of Business/Industry (Do not use Company Name) Grocery Store Distributing Company			
19. Father's Name (First, Middle, Last, Suffix) Kyle Worth				20. Mother's Name Before First Marriage (First, Middle, Last) Mary L. Slusherenco			
21. Informant's Name Richard J. Woodford		22. Relationship to Decedent Husband	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 2784 Grandview Dr. - Clarkston, WA 99403				
24. Place of Death, if Death Occurred in a Hospital: Inpatient				24. Place of Death, if Death Occurred Somewhere Other than a Hospital: Clarkston			
25. Facility Name (if not a facility, give number & street or location) Avalon Care Center		1937 2nd Ave C		26a. City, Town, or Location of Death Clarkston		26b. State WA	27. Zip Code 99403
28. Method of Disposition Removal - Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Mountain View Crematory		30. Location - City/Town, and State Lewiston, Idaho 83501			
31. Name and Complete Address of Funeral Facility Mountain View Funeral Home - 3521 7th St. - Lewiston, ID, 83501						32. Date of Disposition December 02, 2013	
33. Funeral Director Signature X <i>Jeremy Bartlow</i>							
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>END STAGE METASTATIC LUNG CANCER</u> Due to (or as a consequence of): Interval between Onset & Death: <u>2 years</u> Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. _____ Due to (or as a consequence of): Interval between Onset & Death: _____ c. _____ Due to (or as a consequence of): Interval between Onset & Death: _____ d. _____ Due to (or as a consequence of): Interval between Onset & Death: _____							
35. Other significant conditions contributing to death but not resulting in the underlying cause given above					36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			
41. Date of Injury (MM/DD/YYYY)		42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)			44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: _____ Apt. No. _____ City or Town: _____ County: _____ State: _____ Zip Code + 4: _____							
46. Describe how injury occurred					47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		
48a. Certifying Physician - On the basis of my knowledge, death occurred at this place and due to a cause in the manner stated. X				48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type of Print) Dr. JAYME MACKAY 1267 BLEMONT WAY CLARKSTON WA 99403					50. Hour of Death (24hrs) 8230		
51. Name and Title of Attending Physician if other than Certifier (Type of Print)					52. Date Signed (MM/DD/YYYY) December 02, 2013		
53. Title of Certifier Medical Doctor		54. License Number MDD00035944 1889		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature					58. Date Received (MM/DD/YYYY) DOH 01-003 (12/11)		



55592



# Affidavit for Correction

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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Use the section below for requesting any changes on the record.

Record Type:  Birth  Death  Marriage  Dissolution

1. Name on record: \_\_\_\_\_ 2. Date of Event: \_\_\_\_\_ 3. Place of Event: (City or County) \_\_\_\_\_

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) \_\_\_\_\_  
5. Mother's Full Maiden Name (For Birth): (Wife for Marriage or Dissolution) \_\_\_\_\_

The Record is Incorrect or Incomplete as follows:

The Record now shows:		The True fact is:	
6.		7.	
8.		9.	
10.		11.	
12.		13.	

14. I represent the person as:  Self  Parent  Guardian  Informant  Funeral Director  Other (Specify) \_\_\_\_\_ Telephone Number: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature: \_\_\_\_\_ 16. Date: \_\_\_\_\_ 17. Address: \_\_\_\_\_

All vital records are registered as received.

Most changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:	Certificate of Naturalization	Numerent Report (Social Security Administration)	School Transcripts (Official)
	Hospital /Medical Record	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Life Insurance Policy	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Record	Passport	We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

### Birth Certificates:

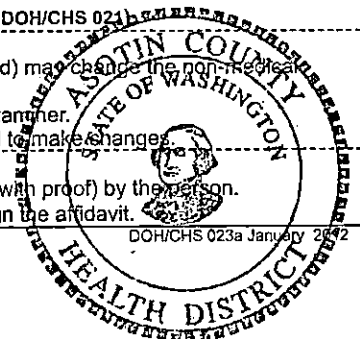
- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
  - The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
  - Child (under 18)**
    - Only parent(s) or legal guardian can change the birth certificate.
    - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
    - Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
    - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
    - To correct birth date, place of birth or parent's information, one documentary proof is required.
  - Adult (18 years or older)**
    - Only the adult themselves can change the birth certificate.
    - If the first or middle name is absent, three pieces of documentary proof are required.
    - If the first and/or middle name is misspelled, two pieces of documentary proof are required.
    - To correct birth date, place of birth or parent's information, one documentary proof is required.
    - Proof must be five (or more) years old or have been established within five years of birth.
4. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)

### Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-cause information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

### Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date, or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.



*Lawrence M. Garges, M.D.*  
Lawrence M. Garges, M.D.  
Health Officer

DEC 02 2013

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