

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>Donna J. Lazzarini</u>	BUYER GRANTEE	2 Name <u>Donna J. Lazzarini, Trustee of the</u>
	<u>Peter A Lazzarini</u>		<u>Donna J. Lazzarini Revocable Living Trust</u>
	Mailing Address <u>30518 Snake River Rd.</u>		Mailing Address <u>30518 Snake River Rd.</u>
	City/State/Zip <u>Asotin, WA 99402</u>		City/State/Zip <u>Asotin, WA 99402</u>
	Phone No. (including area code) <u>(509) 243-6541</u>		Phone No. (including area code) <u>(509) 243-6541</u>

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

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone No. (including area code) \_\_\_\_\_

List all real and personal property tax parcel account numbers - check box if personal property

<u>2-008-47-032-3580-0000</u> <input type="checkbox"/>	<u>507,800.00</u>
<u>2-008-47-031-3600-0000</u> <input type="checkbox"/>	<u>2,860.00</u>
<input type="checkbox"/>	<u>0.00</u>
<input type="checkbox"/>	<u>0.00</u>

List assessed value(s)

4 Street address of property: 30518 Snake River Rd., Asotin, WA 99402

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 Exhibit "A" attached hereto.

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)?  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.

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-211(2)(g)

Reason for exemption Transfer to Trust

Type of Document Quit Claim Deed

Date of Document 10/6/22

Gross Selling Price \$	<u>0 -10.00</u>
*Personal Property (deduct) \$	<u>0.00</u>
Exemption Claimed (deduct) \$	<u>0.00</u>
Taxable Selling Price \$	<u>0 -10.00</u>
Excise Tax: State	
Less than \$500,000.01 at 1.1% \$	<u>0 -0.11</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 -0.11</u>
<u>0.0025</u> Local \$	<u>0 -0.03</u>
*Delinquent Interest: State \$	<u>0.00</u>
Local \$	<u>0.00</u>
*Delinquent Penalty \$	<u>0.00</u>
Subtotal \$	<u>0 -0.14</u>
*State Technology Fee \$	<u>5.00</u>
Affidavit Processing Fee \$	<u>5.00 -4.86</u>
Total Due \$	<u>10.00</u>

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

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 \_\_\_\_\_

PAID  
OCT 13 2022  
ASOTIN COUNTY  
TREASURER

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

Signature of Grantor or Grantor's Agent [Signature]

Name (print) Donna J. Lazzarini

Date & city of signing 10/7/2022 Colfax

Signature of Grantee or Grantee's Agent [Signature]

Name (print) Donna J. Lazzarini, Trustee

Date & city of signing 10/7/2022 Colfax

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)).

EXHIBIT "A"

In the County of Asotin, State of Washington, to-wit:

That part of the northeast quarter of the southeast quarter, the southeast quarter of the southeast quarter of Section 31 and Government Lot 4, and that part of Government Lot 5 of Section 32, Township 8 North, Range 47 East, W.M., Asotin County, Washington, more particularly described as follows:

BEGINNING at a point which bears north  $0^{\circ}05'52''$  west, 1374.35 feet of the southwest corner of said southeast quarter of the southeast quarter and the true point of beginning; thence north  $0^{\circ}05'52''$  west, 1292.12 feet; thence north  $89^{\circ}18'15''$  east, 1322.08 feet; thence south  $89^{\circ}56'59''$  east, 1158.48 feet; thence south  $28^{\circ}42'24''$  west, 555.06 feet to a point on the mean high-water line; thence along said high water line the following courses: south  $19^{\circ}17'07''$  west, 555.85 feet; thence south  $4^{\circ}59'53''$  west, 261.68 feet; thence south  $20^{\circ}31'34''$  east, 65.38 feet; thence south  $42^{\circ}54'10''$  east, 185.81 feet; thence south  $4^{\circ}24'04''$  east, 69.45 feet; thence leaving the mean high water line, south  $75^{\circ}26'24''$  west, 604.43 feet; thence north  $76^{\circ}18'48''$  west, 1621.02 feet to the true point of beginning.

EXCEPTING THEREFROM all that portion of the County Road as it now exists and traverses over and across the above-described tract.

AND ALSO EXCEPTING THEREFROM a parcel of land for the purpose of additional right-of-way to accommodate Snake River Road Improvement Project, CRP #234, being that part of Government Lots 4 and 5 of Section 32 of Township 8 North, Range 47 East, W.M., Asotin County, Washington, being more particularly described as follows:

COMMENCING at the northwest corner of said Lot 4; thence north  $87^{\circ}28'00''$  east, along the north line of said Lot 4 a distance of 1048.66 feet to the TRUE PLACE OF BEGINNING, said point being a point on curve; thence deflect right and continue around a curve to the left with a radius of 1475.00 feet for a distance of 135.31 feet; thence south  $27^{\circ}45'40''$  west, 295.45 feet to a point of curve; thence around a curve to the left with a radius of 875.00 feet for a distance of 192.31 feet; thence south  $15^{\circ}10'07''$  west, 589.81 feet to a point of curve; thence around a curve to the left with a radius of 475.00 feet for a distance of 173.27 feet; thence south  $44^{\circ}23'49''$  east, 69.46 feet to a point on a curve; thence deflect right and continue around a curve to the left with a radius of 435.00 feet for a distance of 132.39 feet; thence south  $30^{\circ}19'57''$  east, 68.26 feet; thence north  $59^{\circ}40'03''$  east, 75.00 feet; thence north  $30^{\circ}19'57''$  west, 68.26 feet to a point of curve; thence around a curve to the right with a radius of 360.00 feet for a distance of 285.89 feet; thence south  $74^{\circ}49'53''$  east, 45.66 feet to a point on the ordinary high water line on the left bank of the Snake River; thence northerly along said high water line to a point on the north line of said Government Lot 4; thence south  $87^{\circ}28'00''$  west, 137.01 feet to the TRUE PLACE OF BEGINNING.

Parcel Nos.      2-008-47-032-3580-0000  
                     2-008-47-031-3600-0000

751408

Com Prop Asmt Rec Fee: \$ 100.00  
02/20/2019 11:55 AM Page: 1 of 2  
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. LAZZARINI, Peter A.
2. LAZZARINI, Donna J.

Grantee(s) :

1. LAZZARINI, Peter A.
2. LAZZARINI, Donna J.

Asotin County, WA  
Darla McKay Auditor

361098

03/18/2019 11:22 AM



00025149201903610980040046

I-15 CP

Pgs=4 Fee:\$102.00

CARPENTER MCGUIRE &  
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COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this day, by and between PETER A. LAZZARINI and DONNA J. LAZZARINI, husband and wife, pursuant to the provisions of R.C.W. 26.16.120,

W I T N E S S E T H :

In consideration of the love and affection 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, covenanted, and promised as follows:

1. That all property now owned or hereafter acquired by the parties shall be considered and is hereby declared to be their community property; and

2. That upon the death of either of the spouses, title to all community property shall vest immediately in the surviving spouse.

DATED this 26<sup>th</sup> day of April, 2002.

Peter A. Lazzarini

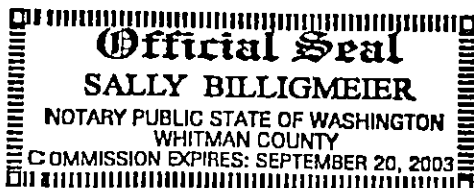
Donna J. Lazzarini

STATE OF WASHINGTON )

County of Whitman )

I certify that I know or have satisfactory evidence that PETER A. LAZZARINI and DONNA J. LAZZARINI, husband and wife, are the individuals who appeared before me, and said individuals acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 17<sup>th</sup> day of June, 2002.



Print Name: Sally Billigmeier  
Notary Public in and for the State of Washington, residing at Thornton  
My appointment expires 09-20-2003

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-007960

LOCAL FILE NUMBER: 1309

DATE ISSUED: 02/22/2019  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): PETER ALAN  
LAST NAME(S): LAZZARINI

COUNTY OF DEATH: WHITMAN  
DATE OF DEATH: FEBRUARY 19, 2019  
HOUR OF DEATH: 08:25 PM  
SEX: MALE AGE: 70 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: EMERGENCY ROOM  
FACILITY OR ADDRESS: WHITMAN MEDICAL CENTER  
CITY, STATE, ZIP: COLFAX, WASHINGTON 99111

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

RESIDENCE STREET: 1402 ELBERTON ROAD  
CITY, STATE, ZIP: GARFIELD, WA 99130  
INSIDE CITY LIMITS: NO COUNTY: WHITMAN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 15 YEARS

BIRTH DATE: DECEMBER 18, 1948  
BIRTHPLACE: MARTINEZ, CA

FATHER/PARENT: PETER JOSEPH LAZZARINI  
MOTHER/PARENT: KATHLEEN LOUISE CAUDEL

MARITAL STATUS: MARRIED  
SPOUSE: DONNA JEAN STRATING

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: WHEATLAND CREMATORY

OCCUPATION: LINEMAN  
INDUSTRY: UTILITY COMPANY  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: NO

CITY, STATE: PULLMAN, WASHINGTON  
DISPOSITION DATE: FEBRUARY 25, 2019

INFORMANT: DONNA JEAN LAZZARINI  
RELATIONSHIP: WIFE  
ADDRESS: 1402 ELBERTON ROAD, GARFIELD, WASHINGTON, 99130

FUNERAL FACILITY: BRUNING FUNERAL HOME

ADDRESS: PO BOX 739  
CITY, STATE, ZIP: COLFAX, WASHINGTON 99111  
FUNERAL DIRECTOR: CRAIG A. CORBEILL

CAUSE OF DEATH:

- A: ACUTE MYOCARDIAL INFARCTION  
INTERVAL: MINUTES
- B: CHRONIC COMBINED SYSTOLIC AND DIASTOLIC CONGESTIVE HEART FAILURE  
INTERVAL: YEARS
- C: DILATED CARDIOMYOPATHY  
INTERVAL: YEARS
- D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION,  
HYPERLIPIDEMIA, OBSTRUCTIVE SLEEP APNEA, USE OF CPAP

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: ANNIE P. PILLERS  
TITLE: CORONER/ME  
CERTIFIER ADDRESS: 411 NORTH MILL STREET  
CITY, STATE, ZIP: COLFAX, WA 99111  
DATE SIGNED: FEBRUARY 21, 2019

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: 19-WC013  
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: VICKY L. COCHRAN  
DATE RECEIVED: FEBRUARY 22, 2019

55599



# 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

<b>Required</b>	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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) 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: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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 foregoing is true and correct

16a. Signature:	16b. Signature of 2 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	Date:

### INSTRUCTIONS – go to [www.doh.wa.gov](http://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

- 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.
- 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.
- 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

- 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, 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

#### Marriage/Dissolution (Divorce) Certificates

- 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.
- 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

FEB 22 2019

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



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