



REAL ESTATE EXCISE TAX AFFIDAVIT

CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

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 with sections 1, 2, 3, 4, 5, 6, 7 containing seller and buyer information, tax correspondence, and land use codes.

Section 4: Street address of property: 910 Vineland Drive #2, Clarkston, WA 99403. Includes checkboxes for unincorporated area and boundary line adjustments.

Section 5: Select Land Use Code(s): 14 Residential condominiums. Includes checkboxes for property tax exemptions.

Section 6: Is this property designated as forest land per chapter 84.33 RCW? Includes checkboxes for current use and special valuation.

Section 7: NOTICE OF CONTINUANCE (FOREST LAND OR CURRENT USE). NEW OWNER(S): To continue the current designation as forest land or classification as current use...

Section 8: NOTICE OF COMPLIANCE (HISTORIC PROPERTY). NEW OWNER(S): To continue special valuation as historic property, sign (3) below...

Section 7: List all personal property (tangible and intangible) included in selling price.

Section 7: If claiming an exemption, list WAC number and reason for exemption.

Table with columns for Type of Document, Date of Document, Gross Selling Price, Exemption Claimed, Taxable Selling Price, Excise Tax (State and Local), Delinquent Interest, Delinquent Penalty, Subtotal, State Technology Fee, Affidavit Processing Fee, and Total Due.

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

Section 8: I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. Includes signature lines for Grantor and Grantee.

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)).

Handwritten initials 'EFT' at the bottom left of the page.

File No. 623474

Exhibit 'A'

That part of Lots 1, 2, 3 and 4 in Block "BBB" of Vineland, according to the official plat thereof, filed in Book C of Plats at Page 3 Official Records of Asotin County, Washington, more particularly described as follows:

Commencing at the Northeast corner of Lots 1, 2, 3 and 4 in Block "BBB", said point being on the centerline of Golf View Drive and Vineland Drive; thence South $18^{\circ}46'$ West along said centerline of Vineland Drive a distance of 121.56 feet; thence North $80^{\circ}29'$ West, 51.43 feet; thence North $9^{\circ}31'$ East, 75.00 feet; thence North $80^{\circ}29'$ West, 46.00 feet to the True Place of Beginning; thence continue North $80^{\circ}29'$ West, 46.00 feet; thence South $9^{\circ}31'$ West, 10.00 feet; thence North $80^{\circ}29'$ West, 6.00 feet; thence South $9^{\circ}31'$ West, 85.00 feet; thence South $80^{\circ}29'$ East, 52.00 feet; thence North $9^{\circ}31'$ East, 95.00 feet to the True Place of Beginning.

(Also known as Lot 2 of Binding Site Plan of Phase 2 of Sunny Slope Townhomes)

55685

<p>Return Address</p> <p>Alliance Title & Escrow, LLC 735 5th Street Clarkston, WA 99403</p>

Please print or type information

<p>Document Title(s) (or transactions contained therein):</p> <p>1. Death Certificate 2. 3. 4.</p>
<p>Grantor(s) (Last name first, then first name and initials):</p> <p>1. Holm, Orville Matthew 2. 3. 4. <input type="checkbox"/> Additional names on page __ of document.</p>
<p>Grantee(s) (Last name first, then first name and initials):</p> <p>1. Public 2. 3. 4. <input type="checkbox"/> Additional names on page __ of document.</p>
<p>Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.)</p> <p><input type="checkbox"/> Additional legal is on page __ of document.</p>
<p>Reference Number(s) of Documents assigned or released:</p> <p><input type="checkbox"/> Additional numbers on page __ of document.</p>
<p>Assessor's Property Tax Parcel/Account Number</p> <p><input type="checkbox"/> Property Tax Parcel ID is not yet assigned <input type="checkbox"/> Additional parcel numbers on page __ of document</p>
<p>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.</p>

55685

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-042747

DATE ISSUED: 08/30/2022
FEE NUMBER: 148935105

FIRST AND MIDDLE NAME(S): ORVILLE MATTHEW
LAST NAME(S): HOLM

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: AUGUST 17, 2022
HOUR OF DEATH: 11:00 PM PRESUMED
SEX: MALE AGE: 80 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 910 VINELAND DRIVE #2
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 910 VINELAND DRIVE #2
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 15 YEARS

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

FATHER: WALTER HOLM
MOTHER: ANNA BERTINA KNUTSON

BIRTH DATE: OCTOBER 15, 1931
BIRTH PLACE: MONROE, WA

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FOOTHILLS CREMATORY

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

CITY, STATE: SPOKANE, WASHINGTON
DISPOSITION DATE: AUGUST 23, 2022

OCCUPATION: BRAKEMAN
INDUSTRY: RAILROAD
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE
US ARMED FORCES: NO

FUNERAL FACILITY: SMART CREMATION

INFORMANT: JUDY HOLM
RELATIONSHIP: DAUGHTER
ADDRESS: 546 MONROE STREET, CLARKSTON, WA 99403

ADDRESS: 120 15TH STREET SE SUITE 201
CITY, STATE, ZIP: PUYALLUP, WASHINGTON 98372
FUNERAL DIRECTOR: RENEE L. TORRES

CAUSE OF DEATH:
A: TRAUMATIC PERFORATING BRAIN INJURY
INTERVAL: MOMENTS

B: INTERVAL:

C: INTERVAL:

D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: SUICIDE
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE: NO
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY: JULY 17, 2022
HOUR OF INJURY: 11:00 PM PRESUMED
INJURY AT WORK: NO
PLACE OF INJURY: DECEDENT'S HOME

CERTIFIER NAME: LISA WEBBER
TITLE: CORONER/ME
CERTIFIER ADDRESS: PO BOX 220
CITY, STATE, ZIP: ASOTIN, WASHINGTON 99402
DATE SIGNED: AUGUST 22, 2022

LOCATION OF INJURY: 910 VINELAND DRIVE #10
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
COUNTY: ASOTIN

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

DESCRIBE HOW INJURY OCCURRED: SELF INFLICTED GUN SHOT WOUND

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: AUGUST 23, 2022

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

55685



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				
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 Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden		
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: 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 currently shows:	The true fact is:
8.	9.
10.	11.
12.	13.

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

14a. Signature: Printed name: Date:	14b. Signature of 2nd parent (if required): Printed name: Date:
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INSTRUCTIONS – go to www.doh.wa.gov for more information

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Copy of Passport / Enhanced ID.
- Green/Permanent Resident card (I-551)

You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

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.
- Proof documentation must be five or more years old or established within five years of birth.
- This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage from DOH 422-159).

Child under 18

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required.
- To correct the sex of the child, one proof documentation from a medical provider is required.

Adult (18 years or older)

- Only the adult can change their own birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation 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.

Death Certificates

- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified 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 proof documentation.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Jean Remsbecker, State Registrar.

Jean Remsbecker

55685



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

Return Address
Alliance Title & Escrow, LLC
735 5th Street
Clarkston, WA 99403

Please print or type information

Document Title(s) (or transactions contained therein): 1. Death Certificate 2. 3. 4.
Grantor(s) (Last name first, then first name and initials): 1. Holm, Larae 2. 3. 4. <input type="checkbox"/> Additional names on page __ of document.
Grantee(s) (Last name first, then first name and initials): 1. 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.

55685

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-000769

DATE ISSUED: 01/21/2020
FEE NUMBER:

FIRST AND MIDDLE NAME(S): LARAE
LAST NAME(S): HOLM

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: JANUARY 07, 2020
HOUR OF DEATH: 05:45 PM
SEX: FEMALE AGE: 85 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 910 VINELAND DRIVE #2
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 910 VINELAND DRIVE #2
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 10 YEARS

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

BIRTH DATE: FEBRUARY 22, 1934
BIRTH PLACE: WENATCHEE, WA

FATHER: JESS WARREN
MOTHER: LUCILLE WAGNER

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: ORVILLE MATHEW HOLM

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

OCCUPATION: REGISTERED NURSE
INDUSTRY: MEDICAL HOSPITAL
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: JANUARY 09, 2020

INFORMANT: ORVILLE MATHEW HOLM
RELATIONSHIP: SPOUSE
ADDRESS: 910 VINELAND DRIVE #2

FUNERAL FACILITY: SMART CREMATION
ADDRESS: 120 15TH STREET SE SUITE 201
CITY, STATE, ZIP: PUYALLUP, WASHINGTON 98372
FUNERAL DIRECTOR: LORRI M. DENISON

CAUSE OF DEATH:
A: MULTIPLE MYELOMA
INTERVAL: UNKNOWN

B: INTERVAL
C: INTERVAL
D: INTERVAL

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE:
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: ELIZABETH N. BLACK, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1271 HIGHLAND AVE STE B
CITY, STATE, ZIP: CLARKSTON, WA 99403
DATE SIGNED: JANUARY 08, 2020

LOCATION OF INJURY:
CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/SCORNER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: SUNDIE HOFFMAN
DATE RECEIVED: JANUARY 09, 2020

DOH 422-132 (8/18)

55685



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	File Number	Initials	Date	Affidavit Number
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Required information must match current information on record

Required	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 Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
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: 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 foregoing is true and correct

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

- 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

- | | |
|--|---|
| <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, 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.

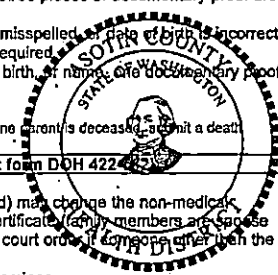
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-025)

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 or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a court order to accompany 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



PBL/s
DOH 422-025 February 2015
Health Officer

JAN 21 2020



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



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