

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

Only for sales in a single location code on or after January 1, 2023.  
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 Audrey R. Oliver

**2 Buyer/Grantee**  
Name Mavon Kay Lee

Mailing address 1550 Cherry Street, Rm 171  
City/state/zip Wenatchee, WA 98801  
Phone (including area code) \_\_\_\_\_

Mailing address 1324 McCarroll Street  
City/state/zip Clarkston, WA 99403  
Phone (including area code) \_\_\_\_\_

**3** Send all property tax correspondence to:  Same as Buyer/Grantee  
Name Mavon Kay Lee

List all real and personal property tax parcel account numbers	Personal property?	Assessed value(s)
<u>1-097-00-015-0001-0000</u>	<input type="checkbox"/>	<u>\$ 237,800.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>

Mailing address \_\_\_\_\_  
City/state/zip \_\_\_\_\_

**4** Street address of property 1324 McCarroll Street, Clarkston, WA 99403  
This property is located in Clarkston (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).

The South 5 feet of the West 73 feet of the South 52 feet of Lot 14 and the North half of Lot 15, EXCEPT the North 5 feet of the East 67.0 feet of Lot 15 of McCarroll's Subdivision, according to the official plat thereof, filed in Book B at Page(s) 79 Official Records of Asotin County, Washington.

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

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

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

If claiming an exemption, list WAC number and reason for exemption.  
WAC number (section/subsection) \_\_\_\_\_

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

Reason for exemption \_\_\_\_\_

**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

Type of document Statutory Warranty Deed  
Date of document 1/31/2023

Is this property receiving special valuation as historical property per RCW 84.26?  Yes  No

Gross selling price	<u>280,000.00</u>
*Personal property (deduct)	<u>0.00</u>
Exemption claimed (deduct)	<u>0.00</u>
Taxable selling price	<u>280,000.00</u>
Excise tax: state	
Less than \$525,000.01 at 1.1%	<u>3,080.00</u>
From \$525,000.01 to \$1,525,000 at 1.28%	<u>0.00</u>
From \$1,525,000.01 to \$3,025,000 at 2.75%	<u>0.00</u>
Above \$3,025,000 at 3%	<u>0.00</u>
Agricultural and timberland at 1.28%	<u>0.00</u>
Total excise tax: state	<u>3,080.00</u>
0.0025 Local	<u>700.00</u>
*Delinquent interest: state	<u>0.00</u>
Local	<u>0.00</u>
*Delinquent penalty	<u>0.00</u>
Subtotal	<u>3,780.00</u>
*State technology fee	<u>5.00</u>
Affidavit processing fee	<u>0.00</u>
Total due	<u>3,785.00</u>

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 \_\_\_\_\_

**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 agent Audrey R. Oliver Signature of grantee or agent Mavon Kay Lee  
Name (print) Audrey R. Oliver Name (print) Mavon Kay Lee  
Date & city of signing 2-2-2023, Wenatchee Date & city of signing 2/3/23 Clarkston

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.



State of Washington  
 Department of Revenue  
 Special Programs Division  
 Miscellaneous Tax  
 PO Box 47477  
 Olympia WA 98504-7477

### AFFIDAVIT (LACK OF PROBATE)

Audrey R. Oliver, being first duly sworn, deposes and says:

The undersigned affiant is the rightful heir to the real property described below, and is Spouse

(relationship to decedent) of Lowell A. Oliver (decedent), who died on (date)

April 24, 2021, at

Clarkston Asotin 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: 1324 McCarroll Street

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)

David Andrew Oliver, son 69

\_\_\_\_\_  
*Full name, age, relationship, address*  
Debra Rose Oliver, daughter 68

\_\_\_\_\_  
*Full name, age, relationship, address*  
Anthony Julius Oliver, son 67

\_\_\_\_\_  
*Full name, age, relationship, address*  
John Franklin Oliver, son 63

\_\_\_\_\_  
*Full name, age, relationship, address*

(Continued on next page)

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Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: February 2, 2023

Affiant's full name Audrey B. Oliver

Telephone number 509-884-8045 (son job)

Street 1550 Cherry Street #171

City Wenatchee State WA Zip Code 98801

Signature Audrey B. Oliver

Date 2/2/2023

State of Washington County of Chelan

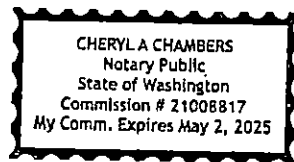
I know, or have satisfactory evidence that Audrey B. Oliver (name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/hers) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 02/02/2023

Cheryl A Chambers  
Cheryl A Chambers, Signature of Notary Public

(SEAL OR STAMP)



Residing at: East Wenatchee

Notary Public in and for the State of Washington

My appointment expires: May 2, 2025

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STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-019749

DATE ISSUED: 04/27/2021  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): LOWELL A  
LAST NAME(S): OLIVER

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: APRIL 24, 2021  
HOUR OF DEATH: 06:17 PM

SEX: MALE AGE: 88 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: DECEMBER 26, 1932  
BIRTH PLACE: GRANGEVILLE, ID

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: AUDREY BACHMAN

OCCUPATION: ELECTRICAL ENGINEER  
INDUSTRY: ELECTRICAL ENGINEERING  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: YES

INFORMANT: AUDREY OLIVER  
RELATIONSHIP: SPOUSE  
ADDRESS: 1324 MCCARROLL ST, CLARKSTON, WASHINGTON 99403

CAUSE OF DEATH:  
A: ACUTE ON CHRONIC RENAL FAILURE

INTERVAL: DAYS  
B: DIABETES MELLITUS  
INTERVAL: YEARS

C: INTERVAL:  
D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: DEMENTIA

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: NURSING HOME/LONG TERM CARE FACILITY  
FACILITY OR ADDRESS: PRESTIGE CARE AND REHABILITATION OF  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 1324 MCCARROLL STREET  
CITY, STATE, ZIP: CLARKSTON, WA 99403  
INSIDE CITY LIMITS: YES COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 24 YEARS

FATHER: ANDREW OLIVER  
MOTHER: SYLVIA MASON

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: VINELAND CEMETERY

CITY, STATE: CLARKSTON, WASHINGTON  
DISPOSITION DATE: UNKNOWN

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES  
LLC

ADDRESS: PO. BOX 107  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403  
FUNERAL DIRECTOR: RICHARD LASSITER

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

CERTIFIER NAME: DENNIS G. MOUNTJOY, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1271 HIGHLAND AVE SUITE A  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403  
DATE SIGNED: APRIL 26, 2021

CASE REFERRED TO MEICORNER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON  
DATE RECEIVED: APRIL 27, 2021

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### Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

#### 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 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 forgoing is true and correct

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

- 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.
- 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 January 2015



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

# CERTIFIED

APR 27 2021

*[Signature]*  
 Dr. Larry Jecha  
 Health District Officer  
 Garfield County Health District

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