

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

Only for sales in a single location code on or after March 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 Quentin D. Walker, deceased

Mailing address 2111 10th Avenue

City/state/zip Clarkston WA 99403

Phone (including area code) N/A

**2 Buyer/Grantee**

Name Rita M. Walker, surviving spouse

Mailing address 2111 10th Avenue

City/state/zip Clarkston WA 99403

Phone (including area code) (509) 751-9608

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

Name \_\_\_\_\_

Mailing address \_\_\_\_\_

City/state/zip \_\_\_\_\_

List all real and personal property tax parcel account numbers	Personal property?	Assessed value(s)
1-122-02-038-0003-0000	<input type="checkbox"/>	\$ 145,700.00
_____	<input type="checkbox"/>	\$ 0.00
_____	<input type="checkbox"/>	\$ 0.00

**4 Street address of property** 2111 10th Avenue, 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).

Please see attached 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 \_\_\_\_\_

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

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

WAC number (section/subsection) WAC 458-61A-202(6)(i)

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

Transfer by inheritance to surviving spouse under non-probated Will.

Type of document Lack of Probate Affidavit  
Date of document 03/01/2023

Gross selling price	145,700.00
*Personal property (deduct)	0.00
Exemption claimed (deduct)	145,700.00
Taxable selling price	0.00
Excise tax: state	
Less than \$525,000.01 at 1.1%	0.00
From \$525,000.01 to \$1,525,000 at 1.28%	0.00
From \$1,525,000.01 to \$3,025,000 at 2.75%	0.00
Above \$3,025,000 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

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

Signature of grantor or agent Rita M. Walker  
Name (print) Rita M. Walker, Surviving Spouse  
Date & city of signing 03/01/2023, Clarkston, WA

Signature of grantee or agent Rita M. Walker  
Name (print) Rita M. Walker  
Date & city of signing 03/01/2023, Clarkston, WA

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.

EXHIBIT A

**Legal Description**

The West 90.0 feet of the East 185.6 feet of the North 125.0 feet of Lot 38, Block 2 of TOWN AND COUNTRY ESTATES ADDITION to Clarkston Heights, according to plat recorded in Book C of Plats, page 126, in Asotin County, Washington.

SUBJECT TO: Protective Covenants including the terms and conditions thereof, recorded on October 1, 1968 under Instrument No. 102452 and amended on March 12, 1969 under Instrument No. 103449, records of Asotin County, Washington.

SUBJECT TO: Easement as shown by recorded plat thereof. (Affects the South five feet of said Lot.)

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

Property Tax Parcel No. 1-122-02-038-0003-0000

more commonly known as 2111 10<sup>th</sup> Ave, Clarkston, WA 99403.

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STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-067041

DATE ISSUED: 01/04/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): QUENTIN DARL  
LAST NAME(S): WALKER

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: DECEMBER 31, 2021  
HOUR OF DEATH: 01:27 AM  
SEX: MALE AGE: 90 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: TRI-STATE MEMORIAL HOSPITAL, INC.  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

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

RESIDENCE STREET: 2111 10TH AVENUE  
CITY, STATE, ZIP: CLARKSTON, WA 99403  
INSIDE CITY LIMITS: NO COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 27 YEARS

BIRTH DATE: MARCH 05, 1931  
BIRTHPLACE: MALVERN, IA

FATHER: QUENTIN R WALKER  
MOTHER: EDITH MCCURDY

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: RITA BARNHART

METHOD OF DISPOSITION: REMOVAL FROM STATE  
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

OCCUPATION: MAINTENANCE  
INDUSTRY: HIGHER EDUCATION  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: YES

CITY, STATE: LEWISTON, IDAHO  
DISPOSITION DATE: JANUARY 04, 2022

INFORMANT: RITA WALKER  
RELATIONSHIP: SPOUSE  
ADDRESS: 2111 10TH AVENUE - CLARKSTON, WASHINGTON 99403

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES  
LLC  
ADDRESS: PO. BOX 107  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403  
FUNERAL DIRECTOR: RICHARD LASSITER

CAUSE OF DEATH:  
A: CARDIOPULMONARY ARREST  
INTERVAL: IMMEDIATE  
B: PNEUMOHEMOTHORAX  
INTERVAL: 2 DAYS  
C: FALL  
INTERVAL: 2 DAYS  
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: NO  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: CHI L. PUI, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1221 HIGHLAND AVE.  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403  
DATE SIGNED: DECEMBER 31, 2021

LOCATION OF INJURY:

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON  
DATE RECEIVED: JANUARY 03, 2022

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# 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
<b>Required information must match current information on record</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 and County)
4. Father/Parent Full Birth 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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <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 forgoing is true and correct.

14a. Signature: Printed name: Date:	14b. Signature of 2 <sup>nd</sup> parent (if required): Printed name: Date:
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INSTRUCTIONS go to [www.doh.wa.gov](http://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 Number 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**  
 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. Proof documentation must be five or more years old or established within five years of birth.  
 4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form 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.  
 \*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.  
**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 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.

**Death Certificates**  
 1. 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.  
 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 proof documentation.  
 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.

# CERTIFIED

JAN 04 2022

*Dr. Daniel Kaminsky*

Dr. Daniel Kaminsky  
Health District Officer  
Garfield County Health District

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