

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 Gail D. DeBorde, deceased

Mailing address 2130 Valleyview Dr

City/state/zip Clarkston, WA 99403

Phone (including area code) N/A

2 Buyer/Grantee

Name Estate of Walter R. DeBorde, surviving spouse

c/o Dana R. Woodbury, Personal Representative

Mailing address 133 MacArthur St

City/state/zip St Helens, OR 97051

Phone (including area code) (503) 396-0989

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)
<u>1-041-05-012-0003-0000</u>	<input type="checkbox"/>	<u>\$ 262,700.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>

4 Street address of property 2130 Valleyview Dr, Clarkston, WA 99403

This property is located in Clarkston Asotin (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 _____

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

Signature of grantor or agent Dana R. Woodbury

Name (print) Dana R. Woodbury, PR of Surviving Spouse

Date & city of signing 3/3/23 Scappoose Or

Signature of grantee or agent Dana R. Woodbury

Name (print) Dana R. Woodbury, Personal Representative

Date & city of signing 3/3/23 Scappoose Or

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.

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)(h)
Reason for exemption Transfer by inheritance of community property interest to surviving spouse.

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

Gross selling price	<u>262,700.00</u>
*Personal property (deduct)	<u>0.00</u>
Exemption claimed (deduct)	<u>262,700.00</u>
Taxable selling price	<u>0.00</u>
Excise tax: state	
Less than \$525,000.01 at 1.1%	<u>0.00</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>0.00</u>
0.0025 Local	<u>0.00</u>
*Delinquent interest: state	<u>0.00</u>
Local	<u>0.00</u>
*Delinquent penalty	<u>0.00</u>
Subtotal	<u>0.00</u>
*State technology fee	<u>5.00</u>
Affidavit processing fee	<u>5.00</u>
Total due	<u>10.00</u>

PAID
MAR 10 2023
ASOTIN COUNTY
TREASURER

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

EXHIBIT A

Legal Description

That part of Lot 12 in Block 'D-1' of Clarkston Heights, according to the official plat thereof, filed in Book C of Plats at Page(s) 30-33 Official Records of Asotin County, Washington, described as follows:

Beginning at a point on the South line of Lot 12, lying Westerly 27 feet from the Southeast corner of said Lot 12; thence Westerly 170 feet along the South line of said Lot 12; thence deflect right 90° for a distance of 195.34 feet; thence deflect right 90° for a distance of 170 feet; thence deflect right 90° for a distance of 195.34 feet to the place of beginning.

SUBJECT TO: Rights of the public in and to that portion within streets, alleys and/or rights of way.

Property Tax Parcel No. 1-041-05-012-0003-0000

more commonly known as 2130 Valleyview Dr, Clarkston, WA 99403.

55902

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-007286

DATE ISSUED: 02/21/2023
FEE NUMBER: 157435959

FIRST AND MIDDLE NAME(S): GAIL
LAST NAME(S): DEBORDE

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: FEBRUARY 12, 2018
HOUR OF DEATH: 05:15 PM
SEX: FEMALE AGE: 80 YEARS

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 2130 VALLEY VIEW
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

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

RESIDENCE STREET: 2130 VALLEY VIEW
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 11 YEARS

BIRTH DATE: NOVEMBER 06, 1937
BIRTHPLACE: GRANGEVILLE, ID

FATHER: GLENN SEAY
MOTHER: BERTHA SCHROEDER

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: RAY DEBORDE

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

OCCUPATION: BOOKKEEPER
INDUSTRY: BOOKKEEPING
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: FEBRUARY 14, 2018

INFORMANT: RAY DEBORDE
RELATIONSHIP: SPOUSE
ADDRESS: 2130 VALLEY VIEW DR, CLARKSTON WA, 99403

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

LOCAL DEPUTY REGISTRAR: LORA L. GITTINS
DATE RECEIVED: FEBRUARY 15, 2018

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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
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Required	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 forgoing is true and correct.

14a. Signature: Printed name: Date:	14b. Signature of 2 nd 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

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 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

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.

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 70.58A RCW, and at the direction of Katherine Hutchinson, PhD, MSPH, Deputy State Registrar.

Katherine Hutchinson

SCP/...

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CERTIFIED

FILED

2021 NOV -3 PM 2:55

MCKENZIE A. CAMPBELL
COUNTY CLERK
ASOTIN COUNTY, WA

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SUPERIOR COURT OF WASHINGTON FOR ASOTIN COUNTY

In re the Estate of:

No. 21-4-00085-02

WALTER R. DeBORDE,

LETTERS TESTAMENTARY WITH
NONINTERVENTION POWERS

Deceased.

WHEREAS, the Last Will and Testament of Walter R. DeBorde, deceased, was on the
3rd day of November, 2021, duly exhibited, proven, and recorded in our said Superior
Court;

WHEREAS, Dana R. Woodbury is the person nominated as Personal Representative
in said Will;

WHEREAS, Dana R. Woodbury has petitioned this court to be appointed Personal
Representative thereof; and

WHEREAS, this court has entered an order granting nonintervention powers to the
Personal Representative,

NOW, THEREFORE, know all people by these presents, that we do hereby authorize
the said Dana R. Woodbury to execute the terms of the Will with nonintervention powers
according to law.

LETTERS TESTAMENTARY WITH
NONINTERVENTION POWERS

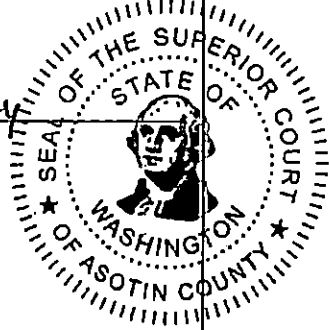
Gittins & Dukes, PLLC
843 Seventh Street
Clarkston, WA 99403
(509)758-2501
Facsimile: (509) 758-3576

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WITNESS, TINA KERNAN,
pro-tem Judge/Commissioner of our Superior Court, and
the seal of said Court hereto affixed this 3rd
day of November, 2021.

M. Brown, Deputy
Clerk of the Superior Court



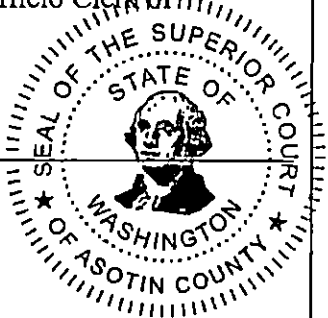
STATE OF WASHINGTON)
: ss.
County of Asotin)

I, McKenzie A. Campbell, County Clerk of the County of Asotin, State of Washington, and ex-officio Clerk of the Superior Court of the State of Washington for Asotin County, do hereby certify that the within and foregoing is a full, true, and correct copy of the Letters Testamentary and of the whole thereof, as the same are now on file and of record in the above entitled cause in my office and custody. Said Letters have never been revoked and are still in Full Force and Effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Superior Court this 3rd day of November, 2021.

County Clerk & Ex-Officio Clerk of
the Superior Court

By M. Brown
Deputy



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