

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

Form 84 0001a

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 Heirs of Walter Briscoe, Deceased

Mailing address 1908 4th Avenue

City/state/zip Clarkston WA 99403

Phone (including area code) _____

2 Buyer/Grantee

Name Ryan N. Puhl

Amy N. Puhl

Mailing address 3145 21st Street

City/state/zip Clarkston WA 99403

Phone (including area code) _____

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

Name Ryan N. Puhl Amy N. Puhl

Mailing address 3145 21st Street

City/state/zip Clarkston WA 99403

List all real and personal property tax parcel account numbers	Personal property?	Assessed value(s)
11220201400010000	<input type="checkbox"/>	273,700.00
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

4 Street address of property 3145 21st Street, Clarkston, WA 99403

This property is located in Asotin Unincorp (for unincorporated locations please select your county) X

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).

-See Attached Exhibit "A"

5 Land use code 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 [Signature]

Name (print) Heirs of Walter Briscoe, Deceased

Date & city of signing 3/22/23 Clarkston

Signature of grantee or agent [Signature]

Name (print) Ryan N. Puhl

Date & city of signing 3/22/23 Clarkston

Property is the real and personal property of the grantor which is transferred by conveyance in confidence and is not to be used for any purpose other than that stated in this affidavit.

To ask about the availability of this public use, or any other information, please call 360-705-6705. Teletype

EFT

File No. 631866

Exhibit 'A'

That part of Lots 14 and 15 in Block Two of Town & Country Estates Addition according to the official plat thereof, filed in Book C of plats at Page(s) 126, records of Asotin County, Washington, more particularly described as follows:

Commencing at the Southwest corner of said Lot 14; thence South 53°46' East along South lot line of said Lot 14 for a distance of 125.0 feet to the true place of beginning; thence North 22°55' East for a distance of 162.65 feet; thence East for a distance of 25.0 feet; thence South 13°17' East for a distance of 149.57 feet; thence South 11°43' West for a distance of 60.23 feet; thence South 87°08' West for a distance of 175.95 feet; thence North 45°45' East for a distance of 91.11 feet to the true place of beginning.

And

That part of Lots 14 and 15 of Block Two of Town and Country Estates Addition to Clarkston Heights, Asotin County, Washington, more particularly described as follows: Commencing at the Northwest corner of said Lot 14; thence East along the North lot line of said Lot 14 a distance of 150.0 feet to the true place of beginning; thence continue along said North line a distance of 29.19 feet; thence South 8°34'30" East a distance of 145.58 feet; thence South 2°01' East a distance 123.80 feet; thence North 73°34'13" West a distance of 195.66 feet thence North 87°08' East a distance of 154.74 feet; thence North 11°43' East a distance of 60.29 feet; thence North 13°17' West a distance of 149.57 feet to the true place of beginning.

And

That part of Lot 15 of Block Two of Town and Country Estates Addition to Clarkston Heights, Asotin County, Washington, more particularly described as follows: Commencing at the most Northerly corner of said Lot 15; thence South 53°46' East along the Northerly line of said Lot 15 a distance of 121.45 feet to the true place of beginning; thence continue along said Northerly line a distance of 3.55 feet; thence South 45°45' West a distance of 15.48 feet; thence North 32°32 1/2' East a distance of 15.30 feet to the true place of beginning.

And

That part of Lot 14 of Block Two of Town and Country Estates Addition to Asotin County, Washington, more particularly described as follows: Commencing at the Northwest corner of said Lot 14, said point being on the Easterly right-of-way line of 21st Street; thence East along the North line of said Lot 14 a distance of 114.14 feet to the true place of beginning; thence continue East 10.88 feet; thence South 22°55' West 162.65 feet to a point on the South line of said Lot 14; thence North 53°46' West along said South line 10.28 feet; thence North 22°55' East 156.05 feet to the true place of beginning.

EXCEPTING THEREFROM: That part of Lot 15 of Block 2 of Town and Country Estates Addition to Clarkston Heights, Asotin County, Washington, more particularly described as follows: Commencing at the most Northerly corner of said Lot 15; thence South 53°46' East along the Northerly line of said Lot 15 a distance of 125.0 feet; thence South 45°45' West a distance of 15.48 feet to the true place of beginning; thence south 12°32' West a distance of 61.36 feet; thence South 87°08' West a distance of 21.21 feet; thence North 45°45' East a distance of 75.63 feet to the true place of beginning.

55926

CHECK ALL BOXES WHICH APPLY IN EACH SECTION:

1. That on the date the real property was purchased the Decedent was:
 - married to _____.
 - unmarried, not a registered domestic partner
 - unmarried, a registered domestic partner of _____.
2. That on the date of death the Decedent was
 - married to _____.
 - unmarried, not a registered domestic partner
 - unmarried, a registered domestic partner of _____.
3. That the decedent left a Will.
 - That the decedent left no Will.
 - That the decedent executed a Community Property Agreement. It was recorded under _____ County recording number _____. (if unrecorded, attach a copy)
4. That the decedent's estate is not being probated.
 - That the decedent's estate is subject to probate proceedings in _____ County, State of _____, under Probate No. _____
5. That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.
 - That State and/or Federal succession or inheritance taxes in the amount of \$ _____ have been paid. Copies of the release/discharge are attached hereto.
 - That State and/or Federal succession or inheritance taxes are due, but have not been paid.
6. That the decedent has not received assistance from the State of Washington for medical care.
 - That the decedent has received assistance from the State of Washington for medical care.
 - That the State of Washington has been fully reimbursed for assistance for medical care.

That, with respect to the property, if any, owned by the Decedent in joint tenancy as described above, at all times from the time of the execution of the instrument by which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the above described joint tenancy property was held in joint tenancy, and that the interest of no one or more of said joint tenants has ever been conveyed, encumbered or otherwise separated from the interest of the other joint tenant(s), either voluntarily or involuntarily, whether by specific act or by operation of law; and that said joint tenancy continued in full force until the death of the Decedent with respect to the interest of the Decedent and, if there are two or more surviving joint tenants, including the Affiant, the joint tenancy continues with respect to the interests of the said surviving joint tenants.

That Affiant knows of the Affiant's own knowledge, and so states, that each and all of the obligations against the estate of said Decedent (including, but not limited to: all the debts of decedent; all of the expenses of Decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon Decedent's estate, if applicable) have been paid in full, except as follows (use reverse side or attach a list if necessary): _____

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ 273,700.00, including the value of community property of Decedent and Decedent's surviving spouse, if any, of approximately \$ 0.00, and including the value of Decedent's separate property, if any, of approximately \$ 0.00, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ 0.00.

This affidavit is made to induce CHICAGO TITLE INSURANCE COMPANY (the Company) to insure real property covered by the Company's order number set forth above, in which Decedent held an interest at the time of the Decedent's death. Affiant urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein. The Affiant, for the Affiant and for the Affiant's heirs, executors and administrators, covenants to indemnify said Company or any other person, including a purchaser of said real estate, for any loss arising from reliance on any misstatement of fact herein.

DATED: March 22, 20 23

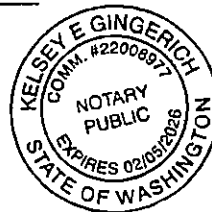
Thomas A. Briscoe
(Signature)

Thomas A. Briscoe
(Print or type Affiant's full name)

1908 4th Avenue
(Full address and telephone number)
Clarkston, WA 99403

SUBSCRIBED and SWORN TO before me this 22 day of March, 20 23

Kelsey E. Gingerich
Notary Public in and for the State of
Washington, residing at Clarkston, WA



55924

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-065599

DATE ISSUED: 12/23/2022
FEE NUMBER

FIRST AND MIDDLE NAME(S): WALTER MERRITT
LAST NAME(S): BRISCOE

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: DECEMBER 13, 2022
HOUR OF DEATH: 02:52 AM
SEX: MALE AGE: 80 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 3145 21ST STREET
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

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

RESIDENCE STREET: 3145 21ST STREET
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: YES COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 5 YEARS

BIRTH DATE: APRIL 28, 1942
BIRTH PLACE: YAKIMA, WA

FATHER: ARTHUR WALTER BRISCOE
MOTHER: VIOLET ORA TAYLOR

MARITAL STATUS: DIVORCED
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: WENAS CEMETERY

OCCUPATION: BRICKLAYER
INDUSTRY: CONSTRUCTION
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

CITY, STATE: SELAH, WASHINGTON
DISPOSITION DATE: DECEMBER 23, 2022

INFORMANT: TOM BRISCOE
RELATIONSHIP: SON
ADDRESS: 1908 4TH AVENUE, CLARKSTON, WASHINGTON 99403

FUNERAL FACILITY: SHAW & SONS FUNERAL HOME

ADDRESS: 201 N 2ND STREET
CITY, STATE, ZIP: YAKIMA, WASHINGTON 98901
FUNERAL DIRECTOR: DONNA B. MOWERY

CAUSE OF DEATH:
A: COLON CANCER
INTERVAL: 3 MONTHS

B: INTERVAL:

C: INTERVAL:

D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION, CORONARY ARTERY DISEASE

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH: NOT APPLICABLE

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

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSE

LOCATION OF INJURY:

CERTIFIER NAME: ELIZABETH N. BLACK, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1271 HIGHLAND AVE STE B
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
DATE SIGNED: DECEMBER 13, 2022

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LORA L. GITTINS
DATE RECEIVED: DECEMBER 22, 2022

5592L



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.

DOH 422-034 August 2019

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

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 <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: 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 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 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.

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.

*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.



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

CERTIFIED

Neil Barg

Neil Barg, M.D.
Health Officer
Yakima Health District

55926



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