



REAL ESTATE EXCISE TAX AFFIDAVIT

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

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.

Seller/Grantor: David M. Crymes, Connie Sue Swan & Harold M. Crymes Estate. Buyer/Grantee: Moore Quality Design, Inc. an ID Corp dba Quality Design Homes. Includes mailing addresses and phone numbers.

Street address of property: Land Only, Clarkston, WA. This property is located in Asotin County OR within Unincorp. Includes checkboxes for segregated parcels and legal description reference.

Select Land Use Code(s): 91 Undeveloped land (land only). Includes instructions to enter additional codes.

Was the seller receiving a property tax exemption or deferral under chapters 84.36, 84.37, or 84.38 RCW? YES NO

Is this property designated as forest land per chapter 84.33 RCW? YES NO. Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW? 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.

DEPUTY ASSESSOR DATE. (2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY) NEW OWNER(S): To continue special valuation as historic property, sign (3) below. (3) OWNER(S) SIGNATURE PRINT NAME

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

If claiming an exemption, list WAC number and reason for exemption: WAC No. (Section/Subsection) Reason for exemption

Table with 2 columns: Description, Amount. Includes rows for Gross Selling Price (\$550,000.00), Exemption Claimed (\$0.00), Taxable Selling Price (\$550,000.00), Excise Tax (State \$7,040.00, Local \$1,375.00), Delinquent Interest, Delinquent Penalty, Subtotal (\$8,415.00), State Technology Fee (\$5.00), Affidavit Processing Fee (\$0.00), Total Due (\$8,420.00).

0209

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

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. Signature of Grantor or Grantor's Agent: David M. Crymes. Signature of Grantee or Grantee's Agent: Moore Quality Design, Inc. an ID Corp. Date & city of signing: 1-31-19, Clarkston, WA.

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)).

**EXHIBIT "A"**

414544

**Description 1:**

The South 365.00 feet of Lot 1, Block I-3, of Clarkston Heights according to the recorded plat thereof, records of Asotin County, Washington.

Except that portion lying within 20th Street and 6th Avenue.

**Also Except**

That part of Lot 1, Block I-3, of Clarkston Heights according to the recorded plat thereof, records of Asotin County, Washington, more particularly describes as follows:

From the Southeast corner of said Lot 1, being a point at the intersection of the centerlines of 6th Avenue and 20th Street; thence West along the South line of lot 1 a distance of 45.00 feet; thence deflect right 90°00' a distance of 25.00 feet to a point on the North right of way line of 6th Avenue, the True Point of Beginning; thence deflect right 90°00' a distance of 20.00 feet; thence deflect left 90°00' along the West right of way line of 20th Street a distance of 20.00 feet; thence deflect 180°00' and proceed around a curve to the right with a radius of 20.00 feet a distance of 31.42 feet to the True Point of Beginning.

**Description 2:**

The South 622.02 feet of Lot 2, Block I-3, of Clarkston Heights according to the recorded plat thereof, records of Asotin County, Washington.

Except that portion lying with in Appleside Boulevard and 6th Street.

**Also Except**

The North 100 feet thereof.

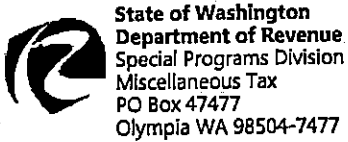
**And Also Except**

All that portion of the hereinafter described Parcel "A" lying Southwesterly of a line described as beginning at a point opposite Station 10+24.99 of the Appleside Boulevard line survey of the Appleside Boulevard Project and 50 feet Easterly therefrom, said point being on the North right of way of 6th Avenue; thence Northwesterly to a point opposite Station 10+50.00 on said Appleside Boulevard line survey and 25 feet Easterly therefrom, said point being on the East right of way of Appleside Boulevard and the end of the line description

**Parcel A**

Situated in the County of Asotin, State of Washington to wit:

The South 622.02 feet of Lot 2, Block I-3, of Clarkston Heights according to the recorded plat recorded in Book B of Plats, Page 97-99, records of Asotin County, Washington. EXCEPTING THEREFROM any portion lying within Appleside Boulevard and 6th Avenue.



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

**AFFIDAVIT (LACK OF PROBATE)**

Connie Sue Swan and David M. Crymes, being first duly sworn, deposes and says:

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

(relationship to decedent) of Harold Martin Crymes (decedent), who died on (date)

March 9, 2011, at

Yakima Yakima 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:

\_\_\_\_\_  
 Street  
 \_\_\_\_\_  
 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)

Connie Sue Swan, daughter

406 Viewmont Dr. Yakima WA 98908  
 Full name, age, relationship, address

David M. Crymes, son - 69

17809 NE Marine Dr. B-4, Portland, OR 97230  
 Full name, age, relationship, address

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

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

(Continued on next page)

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: January 30, 2019

Connie Sue Swan

Affiant's full name

509-952-4892

Telephone number

406 Viewmont Dr

Street

Yakima

City

WA

State

98908

Zip Code

Connie Sue Swan

Signature

1-30-19

Date

State of Washington County of Yakima

I know or have satisfactory evidence that Connie Sue Swan

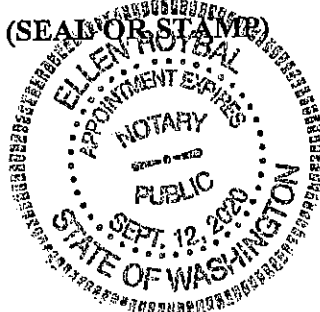
(name of person)

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

Dated: 1/30/2019

[Signature]

Signature of Notary Public



Residing at: Yakima

Notary Public in and for the State of WA

My appointment expires: 9/1/2020

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

✓ Dated: January 30, 2019

David M. Crymes  
Affiant's full name

✓ 503 465 0754  
Telephone number

✓ 17809 N.E. MARINE DR. SLIP B-4  
Street

✓ Portland OR 97230  
City State Zip Code

✓ David M. Crymes  
Signature

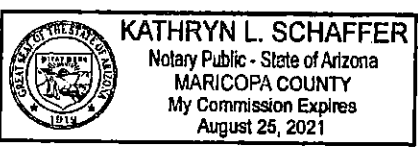
✓ 1/30/2019  
Date

✓ State of Arizona County of Maricopa

I know or have satisfactory evidence that David M. Crymes  
(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/her free and voluntary act for the uses and purposes mentioned in this affidavit.

✓ Dated: 1.30.2019  
(SEAL OR STAMP)



✓ Kathryn L. Schaffer  
Signature of Notary Public

✓ Residing at: 1528 E Williams Field Rd #10  
Glendale, AZ 85296

✓ Notary Public in and for the State of Arizona

My appointment expires: 8/25/21

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

Local File Number **352** Washington State Certificate of Death State/File Number

1. Legal Name (include AKA's if any) First Middle LAST Suffix: **Harold Martin Crymes** 2. Death Date: **03/09/2011**

3. Sex (M/F): **M** 4a. Age - Last Birthday: **91** 4b. Under 1 Year: Months: Days: 4c. Under 1 Day: Hours: Minutes: 5. Social Security Number: **[REDACTED]** 6. County of Death: **Yakima**

7. Birthdate: **07/12/1919** 8a. Birthplace (City, Town, or County): **Edmonds** 8b. (State or Foreign Country): **WA** 9. Decedent's Education: **High School graduate**

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: **No** 11. Decedent's Race(s): **White** 12. Was Decedent ever in U.S. Armed Forces? **Yes**

13a. Residence: Number and Street (e.g., 624 SE 5<sup>th</sup> St.) (Include Apt. No.): **226 S. 16th Ave.** 13b. City or Town: **Yakima**

13c. Residence: County: **Yakima** 13d. Tribal Reservation Name (if applicable): 13e. State or Foreign Country: **WA** 13f. Zip Code + 4: **98902** 13g. Inside City Limits?  Yes  No  Unk

14. Estimated length of time at residence: **Four months** 15. Marital Status at Time of Death: **Widowed** 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage):

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)): **Owner/Operator** 18. Kind of Business/Industry (Do not use Company Name): **Plumbing**

19. Father's Name (First, Middle, Last, Suffix): **John Crymes** 20. Mother's Name Before First Marriage (First, Middle, Last): **Elizabeth Bunnell**

21. Informant's Name: **Connie Swan** 22. Relationship to Decedent: **Daughter** 23. Mailing Address: Number and Street or RFD No. City or Town State Zip: **406 Viewmont Dr. Yakima WA 98908**

24. Place of Death, if Death Occurred in a Hospital: **Nursing Home** (Place of Death, if Death Occurred Somewhere Other than a Hospital)

25. Facility Name (if not a facility, give number & street or location): **Covenant House** 26a. City, Town, or Location of Death: **Yakima** 26b. State: **WA** 27. Zip Code: **98902**

28. Method of Disposition: **Cremation** 29. Place of Final Disposition (Name of cemetery, crematory, other place): **Valley Hills Crematory** 30. Location-City/Town, and State: **Yakima, WA**

31. Name and Complete Address of Funeral Facility: **Valley Hills Funeral Home 2600 Business Ln. Yakima, WA** 32. Date of Disposition: **03/11/2011**

33. Funeral Director Signature X: *Mark A. Williams* Mark A. Williams

34. Cause of Death (See instructions and examples). Enter the chain of events - diseases, injuries, or complications - that directly caused the death; DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. **Aspiration Pneumonia** Interval between Onset & Death

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST → b. **Generalized Weakness** Interval between Onset & Death

c. **Prostate Cancer** Interval between Onset & Death

d.

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: **Congestive Heart Failure** 36. Autopsy?  Yes  No 37. Were autopsy findings available to complete the Cause of Death?  Yes  No

38. Manner of Death:  Natural  Homicide  Accident  Undetermined  Suicide  Pending 39. If female:  Not pregnant within past year  Not pregnant, but pregnant within 42 days before death  Pregnant at time of death  Not pregnant, but pregnant 43 days to 1 year before death  Unknown if pregnant within the past year 40. Did tobacco use contribute to death?  Yes  Probably  No  Unknown

41. Date of Injury (MM/DD/YYYY): 42. Hour of Injury (24hrs): 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area): 44. Injury at Work?  Yes  No  Unk

45. Location of Injury: Number & Street: Apt No.: City or Town: County: State: Zip Code + 4:

46. Describe how injury occurred: 47. If transportation injury, specify:  Driver/Operator  Pedestrian  Passenger  Other (Specify):

48a. Certifying Physician: For the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. *David W. Doornink M.D.* 48b. Medical Examiner/Coroner: On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): **David Doornink 402 S. 12th Ave. Yakima WA 98902** 50. Hour of Death (24hrs): **2345**

51. Name and Title of Attending Physician if other than Certifier (Type or Print): 52. Date Signed (MM/DD/YYYY):

53. Title of Certifier: **MD** 54. License Number: 55. ME/Coroner File Number: 56. Was case referred to ME/Coroner?  Yes  No

57. Registrar Signature: *Sharon M. [Signature]* 58. Date Received (MM/DD/YYYY): **03/10/2011** **51923**

59. Amendments:

FOR VETERAN'S USE ONLY





# Affidavit for Correction

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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Use the section below for requesting any changes on the record.

Record Type:  Birth  Death  Marriage  Dissolution

1. Name on record: \_\_\_\_\_ 2. Date of Event: \_\_\_\_\_ 3. Place of Event: (City or County) \_\_\_\_\_

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) \_\_\_\_\_ 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution) \_\_\_\_\_

The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as:  Self  Parent  Guardian  Informant  Funeral Director  Other (Specify) \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

15. Signature: \_\_\_\_\_ 16. Date: \_\_\_\_\_ 17. Address: \_\_\_\_\_

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order.  
**All changes must be established by documentary proof submitted with the affidavit**  
 Examples of documentary proof: Certificate of Naturalization Medical Record School Transcripts  
 Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date)  
 Insurance Records Birth Record Alien Registration Card (front and back)  
 Marriage/Divorce Records Passport We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

**Birth Certificates:**

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
  - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
  - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
  - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit – form DOH/CHS 021)**

**Death Certificates:**

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

**Marriage/Dissolution (Divorce) Certificates:**

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023a 6/11/10

# CERTIFIED

MAR 10 2011

51923

UU00054789

*C. Spillers, MD*  
 C. Spillers, M.D., Health Officer  
 Yakima County Health District

**FIRST CODICIL TO  
LAST WILL AND TESTAMENT OF  
HAROLD M. CRYMES**

I, Harold M. Crymes, being of sound mind and over the age of 18 years, and a resident of Yakima County, State of Washington, declare this to be my First Codicil to my Last Will and Testament executed by me, and bearing the date of June 19, 2001.

I.

I hereby amend Article 2 of my Last Will and Testament dated June 19, 2001 to read as follows:

I am a widower. I further declare that I have two living adult children, namely: my son DAVID M. CRYMES, and my daughter, CONNIE SUE SWAN. I have one deceased child. I have no adopted children. Except as provided below, I make no provisions in this Will for any child who survives me, or for the descendants of any child who does not survive me.

II.

In all other respects, I hereby reaffirm my said Last Will and Testament dated June 19, 2001, and declare that except as otherwise hereinabove specifically changed, the same shall be and remain in full force and effect.

DATED this 15<sup>th</sup> day of September, 2009.

  
HAROLD M. CRYMES, Testator

51923



STATE OF WASHINGTON )

: ss.

County of Yakima )

Each of the undersigned being first duly sworn, on oath, states that on this day of September, 2009.

I am over the age of twenty-one years and competent to be a witness to the Codicil to the Last Will and Testament of, (the "Testator").

2. The Testator in my presence and in the presence of the other witness whose signature appears below:

- (a) Declared he was over the age of 18 years and of sound mind;
- (b) Declared the foregoing instrument consisting of 3 pages, of which this is next to the last, to be the Codicil to his Last Will and Testament;
- (c) Requested me and the other witness to act as witnesses to his Codicil to his Last Will and Testament and to make this affidavit; and
- (d) Signed such instrument.

3. I believe the Testator to be of sound mind, and that in so declaring and signing, he was not acting under any duress, menace, fraud or undue influence.

51923

4. The other witness and I in the presence of the Testator and of each other now affix our signatures as witnesses to the First Codicil to the Last Will and Testament and make this affidavit.

Diane Pearson  
Residing at Yakima, Washington

Donna Trammell  
Residing at Yakima, Washington

Signed or attested before me on September 15, 2009, by Diane Pearson  
and Donna Trammell.



Brooke Maloney  
NOTARY PUBLIC in and for the  
State of Washington  
Residing at Yakima  
Appointment expires 11/13/12

# ***LAST WILL AND TESTAMENT***

OF

***HAROLD M. CRYMES***

KNOW ALL MEN BY THESE PRESENTS, that I, HAROLD M. CRYMES, being of lawful age and of sound and disposing mind and memory, do declare this to be my Last Will and Testament.

1. **Residence:** I am a resident of Clarkston, Asotin County, Washington.

2. **Marital Status and Family Identification:** I am a widower. I further declare that I have two living adult children, namely: my son, DAVID M. CRYMES, and my daughter, CONNIE SUE SWAN. ~~I have no deceased children.~~ I have no adopted children. Except as provided below, I make no provisions in this Will for any child who survives me, or for the descendants of any child who does not survive me.

3. **Personal Representative:** I nominate my son, DAVID M. CRYMES, and my daughter, CONNIE SUE SWAN as co-personal representative's of my estate to act without bond. If one of my said personal representative's does not survive me or for any reason is unwilling, unable, or incompetent to serve as my personal representative, the survivor shall continue to act as personal representative, likewise to act without bond. The words "personal representative" refer to executor or executrix, as the case may be.

4. **Non-Intervention Powers:** I declare this instrument to be a non-intervention Will and expressly direct that my estate be settled by my personal representative's, without the intervention of the court.

I give and grant to my personal representative's power to sell, transfer, convey, encumber, hypothecate, or otherwise dispose of any and all of the real or personal property of my estate, without notice or order of the court, at such price and to such purchaser and upon such terms as my personal representative's shall decide.

5. Letter of Instructions: I direct that my personal representative's follow my directions in any letter of instructions that I might leave concerning the distribution of any articles of personal property including clothing, jewelry, purely personal effects, household furniture and furnishings, silver, linen, china, glassware, objects of art, books, sporting equipment and all other household goods and tangible articles of a personal nature. Further I direct my personal representative's to honor such list, and in any event, whether such list exists or not, distributions of the above described personal property shall not act as a reduction from the respective beneficiary's share. It is possible that the respective value or dollar amount of these items may not necessarily be equal; however, this shall have no effect on the balance of the provisions in this Will. In the event I choose not to leave a letter of instructions the personal representative's opinion as to what is a most equitable division shall be final. Optional( I have prepared such a list and it is attached to this my Last Will and Testament as Exhibit A).

6. Disposition of Property: I give, devise and bequeath all property of every kind and character of which I may die seized or possessed to my son, DAVID M. CRYMES and my daughter, CONNIE SUE SWAN, share and share alike. In the event that one of my children should predecease me, then his/her share shall pass to his/her then living issue. In the event that a deceased child of mine has no living issue, then his or her share shall pass to



(c) Signed such instrument.

3. I believe the Testator to be of sound mind, and that in so declaring and signing, she was not acting under any duress, menace, fraud or undue influence.

4. The other witness and I in the presence of the Testator and of each other now affix our signatures as witnesses to said Last Will and Testament and make this affidavit.

Vonda K. Pittman  
Print name: VONDA K. FITTENS  
Resides at: Clarkston, WA

Shannon K. Worthington  
Print name: Shannon K. Worthington  
Resides at: Clarkston, WA

SUBSCRIBED AND SWORN to before me this 19<sup>th</sup> day of June, 2001

Robert D. [Signature]  
Notary Public in and For the  
State of Washington  
My Commission expires 09/29/03

CERTIFICATION

I, the undersigned Judge of the above-entitled Court, do hereby certify that the foregoing is the evidence of the witness given in affidavit form at the hearing on this matter.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
JUDGE