

REAL ESTATE EXCISE TAX AFFIDAVIT
CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

This form is your receipt when stamped by cashier.

THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED
Only for sales in a single location code on or after January 1, 2020.

PLEASE TYPE OR PRINT

Check box if the sale occurred in more than one location code.

Check box if partial sale, indicate % sold.

List percentage of ownership acquired next to each name.

SELLER GRANTOR	1 Name <u>Estate of Donald M. Osterberg</u>	BUYER GRANTEE	2 Name <u>Frank H. Mignerey and Marlene A. Mignerey, H&W</u>
	Mailing Address <u>1350 Peaslee Ave.</u>		Mailing Address <u>3171 21st St.</u> <i>M. Lindsey</i>
	City/State/Zip <u>Clarkston, WA 99403</u>		City/State/Zip <u>Clarkston, WA 99403</u>
	Phone No. (including area code) _____		Phone No. (including area code) _____
3	Send all property tax correspondence to: <input checked="" type="checkbox"/> Same as Buyer/Grantee	List all real and personal property tax parcel account numbers - check box if personal property	
Name _____		<u>11220201600010000</u> <input type="checkbox"/>	List assessed value(s) <u>198,100.00</u>
Mailing Address _____		_____ <input type="checkbox"/>	<u>0.00</u>
City/State/Zip _____		_____ <input type="checkbox"/>	<u>0.00</u>
Phone No. (including area code) _____		_____ <input type="checkbox"/>	<u>0.00</u>

4 Street address of property: 3171 21st St. - Clarkston, WA 99403

This property is located in Asotin 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 more space is needed, you may attach a separate sheet to each page of the affidavit)

See attached legal description.

5 Select Land Use Code(s):
11 - Household, single family units
enter any additional codes: _____
(See back of last page for instructions) YES NO

Was the seller receiving a property tax exemption or deferral under chapters 84.36, 84.37, or 84.38 RCW (nonprofit organization, senior citizen, or disabled person, homeowner with limited income)? YES NO

Is this property predominantly used for timber (as classified under RCW 84.34 and 84.33) or agriculture (as classified under RCW 84.34.020)? See ETA 3215 YES NO

6 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

Is this property receiving special valuation as historical property per chapter 84.26 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. 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 RCW 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

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) does not wish to continue, all additional tax calculated pursuant to chapter 84.26 RCW, shall be due and payable by the seller or transferor at the time of sale.

(3) NEW OWNER(S) SIGNATURE

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 No. (Section/Subsection) _____
Reason for exemption _____

Type of Document Statutory Warranty Deed
Date of Document 1/14/20

Gross Selling Price \$	<u>269,000.00</u>
*Personal Property (deduct) \$	_____
Exemption Claimed (deduct) \$	_____
Taxable Selling Price \$	<u>269,000.00</u>
Excise Tax: State	
Less than \$500,000.01 at 1.1% \$	<u>2,959.00</u>
From \$500,000.01 to \$1,500,000 at 1.28% \$	<u>0.00</u>
From \$1,500,000.01 to \$3,000,000 at 2.75% \$	<u>0.00</u>
Above \$3,000,000 at 3.0% \$	<u>0.00</u>
Agricultural and timberland at 1.28% \$	<u>0.00</u>
Total Excise Tax: State \$	<u>2,959.00</u>
<u>0.0025</u> Local \$	<u>672.50</u>
*Delinquent Interest: State \$	<u>0.00</u>
Local \$	<u>0.00</u>
*Delinquent Penalty \$	<u>0.00</u>
Subtotal \$	<u>3,631.50</u>
*State Technology Fee \$	<u>5.00</u>
*Affidavit Processing Fee \$	<u>0.00</u>
Total Due \$	<u>3,636.50</u>

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 Grantor's Agent *Charles Osterberg*
Name (print) Charles Osterberg
Date & city of signing 01/17/2020 - Clarkston, WA

Signature of Grantee or Grantee's Agent *Jeannette A. Klobetanz*
Name (print) Jeannette A. Klobetanz
Date & city of signing 01/16/2020 - 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)).

CK Alec 3/16/20 BF

EXHIBIT "A"

462049

That part of Lot 16 in Block 2 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:

Beginning at the Northwest corner of said Lot 16, said point being on the Southerly right of way line of the County Road; thence South 14°39' East along the West lot line of said Lot 16 a distance of 134.0 feet; thence North 58°55' East a distance of 76.0 feet; thence North 6°46' West a distance of 80.01 feet to a point of curve; thence around a curve to the left with a radius of 20.0 feet for a distance of 10.69 feet; thence North 37°23' West a distance of 37.59 feet to a point on the Southerly right of way line of the County Road; thence deflect left and continue around a curve to the right with a radius of 200.0 feet for a distance of 69.35 feet to the place of beginning.

That part of Lot 16 in Block 2 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, described as follows:

Commencing at the Northwest corner of said Lot 16; thence South 14°39' East, along the West lot line of said Lot 16 a distance of 134.0 feet; thence North 58°55' East, 76.0 feet to the point of beginning; thence North 6°46' West, 80.01 feet; thence along a curve to the left with a radius of 20 feet, a distance of 10.69 feet; thence North 37°23' West, 37.59 feet, to the Northwesterly line of said Lot 16; thence Northeasterly along said Northwesterly line, on a curve to the left, with a radial bearing of North 34°29'42" West and a radius of 200 feet, a distance of 3.90 feet; thence South 36°08'51" East, 23.82 feet; thence South 27°16'48" East, 22.50 feet; thence South 6°01'35" East 82.59 feet more or less to the Point of Beginning.

That part of Lot 16 in Block 2 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, described as follows:

Commencing at the Northwest corner of said Lot 16; thence South 14°39' East, along the West lot line of said Lot 16 a distance of 134.0 feet; thence North 58°55' East, 76.0 feet to the point of beginning; thence continuing North 58°55' East, 75.32 feet more or less to the Northeasterly line of said Lot 16; thence North 38°30' West, along said Northeasterly line 125.00 feet more or less to the most Northerly corner of said Lot 16; thence South 51°30' West, along the Southerly right of way of 21st Street, 15.00 feet; thence along a curve to the right with a radius of 200 feet, a distance of 10.00 feet; thence South 36°08'51" East, 23.82 feet; thence South 27°16'48" East, 22.50 feet; thence South 6°01'35" East 82.59 feet more or less to the point of beginning.

52879



AFFIDAVIT (LACK OF PROBATE)

Charles Osterberg, being first duly sworn, deposes and says:

The undersigned affiant is the rightful heir to the real property described below, and is ~~son~~ Stepson ^(4D)
 (relationship to decedent) of Marian Maxine Osterberg (decedent), who died on (date)
1/12/2015, 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: 3171 21st St.

Clarkston Washington Asotin
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)

Charles Osterberg - Stepson

1350 Peaslee Ave. - Clarkston, WA 99403
 Full name, age, relationship, address

Brenda Olesen -

 Full name, age, relationship, address

 Full name, age, relationship, address

 Full name, age, relationship, address

(Continued on next page)

52879

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : _____

Charles Osterberg

Affiant's full name

Charles D. Osterberg

Telephone number

1350 PEASLEE AVE.

Street

Clarkston

City

WA.

State

99403

Zip Code

Charles D. Osterberg

Signature

1-17-2020

Date

State of Washington County of Asotin

I know or have satisfactory evidence that Charles Osterberg

(name of person)

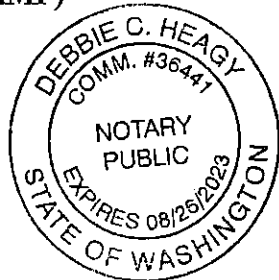
is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 1/17/2020

Debbie C. Heagy

Signature of Notary Public

(SEAL OR STAMP)



Residing at: Clarkston, WA

Notary Public in and for the State of Washington

My appointment expires: 08/26/2023

For tax assistance call (360) 534-1503, option 2. To request this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711.

REV 84 0017 (5/16/16)

52879



AFFIDAVIT (LACK OF PROBATE)

Brenda Olesen, being first duly sworn, deposes and says: b2

The undersigned affiant is the rightful heir to the real property described below, and is daughter granddaughter
 (relationship to decedent) of Marian Maxine Osterberg (decedent), who died on (date)

1/12/2015, 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: 3171 21st St.

Clarkston Washington Asotin
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)

Charles Osterberg -

Full name, age, relationship, address
Brenda Olesen - 43, granddaughter
1751 N Polk #22, Moscow ID 83843
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

(Continued on next page)

52879

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

* Dated: 1.17.2020

Brenda Olesen

Affiant's full name

* (208) 669-1096

Telephone number

* 1751 N Polk #22

Street

* Moscow ID 83843

City

State

Zip Code

* Brenda Olesen

Signature

* 1.17.2020

Date

State of Washington County of Asotin Whitman

* I know or have satisfactory evidence that Charles Osterberg
(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: 1/17/20

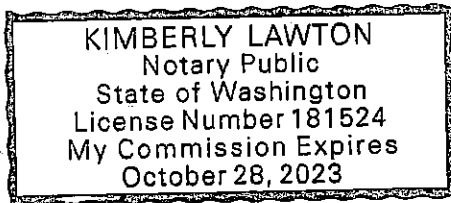
Kimberly Lawton
(Signature of Notary Public)

(SEAL OR STAMP)

Residing at: Clarkston, WA Moscow, ID

Notary Public in and for the State of Washington

My appointment expires: 08/26/2023 10/28/2023



For tax assistance call (360) 534-1503, option 2. To request this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711.

REV 84 0017 (5/16/16)

52879

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-002486

DATE ISSUED: 01/29/2015

FEE NUMBER: 0000243268

GIVEN NAMES: MARIAN MAXINE
LAST NAME: OSTERBERG

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: JANUARY 12, 2015
HOUR OF DEATH: 05:05 P.M. FOUND
SEX: FEMALE
AGE: 81 YEARS

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 3171 21ST ST.
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 3171 21ST ST.
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
INSIDE CITY LIMITS? YES

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 32 YEARS

BIRTHDATE: [REDACTED]
BIRTHPLACE: TROY, LATAH CNTY, IDAHO

FATHER: HENRY K JOHNSON
MOTHER: JENNIE E PERKINS

MARITAL STATUS: MARRIED
SPOUSE: DONALD OSTERBERG

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY [LEWIS
CITY, STATE: LEWISTON, ID
DISPOSITION DATE: JANUARY 27, 2015

OCCUPATION: JANITOR
INDUSTRY: UNIVERSITY OF IDAHO
EDUCATION: 8 YEARS
US ARMED FORCES? NO

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME
ADDRESS: 3521 7TH STREET
CITY, STATE, ZIP: LEWISTON ID 83501
FUNERAL DIRECTOR: TERESA GATES

INFORMANT: DONALD OSTERBERG
RELATIONSHIP: HUSBAND
ADDRESS: 3171 21ST ST., CLARKSTON, WA, 99403

- CAUSE OF DEATH:
- A. CHRONIC OBSTRUCTIVE PULMONARY DISEASE
INTERVAL: YEARS
 - B. RESPIRATORY FAILURE
INTERVAL: DAYS
 - C. _____
INTERVAL: _____
 - D. _____
INTERVAL: _____

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

MANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? UNKNOWN
DID TOBACCO USE CONTRIBUTE TO DEATH? PROBABLY
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

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

CERTIFIER NAME: GLENN JEFFERSON MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 2315 8TH STREET
CITY, STATE, ZIP: LEWISTON ID 83501
DATE SIGNED: JANUARY 26, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

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

ITEM(S) AMENDED: NONE

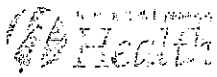
LOCAL DEPUTY REGISTRAR:
SUNDIE HOFFMAN
DATE RECEIVED: JANUARY 28, 2015

NUMBER(S): NONE
DATE(S): NONE



52879

DOH 01-003 (1/14)



Affidavit for Correction

Washington State Department of Health
Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300
www.doh.wa.gov

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:
--------------------	-------------	-----------	-------	-------------------

Use the section below for requesting any changes on the record

Record Type:	<input type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Dissolution
--------------	--------------------------------	--------------------------------	-----------------------------------	--------------------------------------

1. Name on record:	2. Date of Event:	3. Place of Event:
--------------------	-------------------	--------------------

4. Father/Parent Full Birth Name	5. Mother/Parent Full Birth Name
----------------------------------	----------------------------------

The record is incorrect or incomplete as follows:

The record now shows:		The true fact is:	
6.		7.	
8.		9.	
10.		11.	
12.		13.	

14. I represent the person as:	<input type="checkbox"/> Self	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Informant	Telephone Number:
	<input type="checkbox"/> Funeral Director	<input type="checkbox"/> Other (Specify)			

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:
(Printed Name)		

All vital records are registered as received. Most changes must be established by documentary proof submitted with the affidavit. We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.

Examples of acceptable documentary proof:

Birth Record	Numerid Report (Social Security Administration)	School Transcripts (Official)
Certificate of Naturalization	Marriage/Divorce Record	Alien Registration (front and back)
Military Record (DD-214)	Life Insurance Policy	
Passport	Hospital /Medical Record	

Birth Certificates

- Only a parent, 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 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.
- Child under 18
 - Only parent(s) or legal guardian can change the birth certificate.
 - Guardian must submit court order giving them authority to act on behalf of child(ren)
 - Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
- Adult (18 years or older)
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, 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.
 - Proof must be five (or more) years old or have been established within five years of birth.

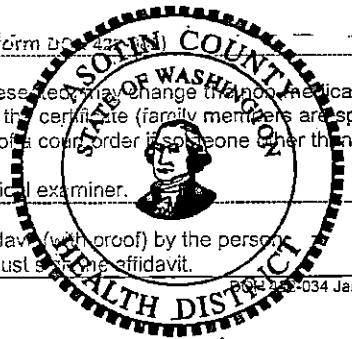
4. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form DC-42)

Death Certificates

- Only the informant, the funeral director, or executor/administrator (if evidence confirming such position is present) 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, 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 fact(s) such as 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 of date of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.



Lawrence M. Garges, M.D.
Lawrence M. Garges, M.D.
Health Officer

JAN 29 2015
AA00243270

52879