



REAL ESTATE EXCISE TAX AFFIDAVIT

CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

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.

Form sections 1 and 2: Seller/Grantor (Arlene Noel Worthington) and Buyer/Grantee (David Marten, Donna Marten) with mailing addresses and phone numbers.

Form sections 3 and 4: Property tax correspondence and street address (70 Appleford Court, Asotin, WA) with location details.

Form section 5: Land Use Code (11 Household, single family units) and exemption questions.

Form section 6: Property classification questions (forest land, current use, special valuation).

Continuance notice text: (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...

Compliance notice text: (2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY) NEW OWNER(S): To continue special valuation as historic property... (3) OWNER(S) SIGNATURE

Form section 7: Personal property included in selling price.

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

Table with 2 columns: Description and Amount. Includes Gross Selling Price (\$565,000.00), Excise Tax (State \$6,332.00, Local \$4,237.50), and Total Due (\$10,574.50).

Form section 8: Signature lines for Grantor (Arlene Noel Worthington) and Grantee (David Marten) with dates and cities.

Perjury text: 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)).

Washington State Department of Health

Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number: _____ Fee Number: _____ Initials: _____ Date: _____ Affidavit Number: _____

Required Information must match current information on record

Record Type: Birth Death Marriage Dissolution (Divorce)

1. Name on Record: _____ 2. Date of Event: _____ 3. Place of Event: _____

4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) _____ 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) _____

6. Name of Person Requesting Correction: _____ Relationship to Person on Record: Self Guardian Informant Hospital Parent(s) Funeral Director Other (specify) _____

7. Return Mailing Address: _____ Telephone Number: _____ Email Address: _____

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

8. The record now shows:	9. The true fact is:
10.	11.
12.	13.
14.	15.

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

18a. Signature: _____ 18b. Signature of 2nd parent (if required): _____

Printed name: _____ Date: _____ Printed name: _____ Date: _____

INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

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. Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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 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

To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) 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, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a 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 documentary proof.
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

NOV 25 2019

Glenn Houser MD
Dr. Glenn Houser
Health District Officer
Garfield County Health District



0 1 2 2 0 8 3 8

53517

DOH 422-034 October 2018

Return Address
Arlene Worthington
14980 SE
Happy Valley, OR 97086

Please print or type information

Document Title(s) (or transactions contained therein): 1. Affidavit (Lack of Probate) 2. 3. 4.
Grantor(s) (Last name first, then first name and initials): 1. Worthington, Joseph G. 2. 3. 4. <input type="checkbox"/> Additional names on page __ of document.
Grantee(s) (Last name first, then first name and initials): 1. To The :Public 2. 3. 4. <input type="checkbox"/> Additional names on page __ of document.
Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.) <input type="checkbox"/> Additional legal is on page __ of document.
Reference Number(s) of Documents assigned or released: <input type="checkbox"/> Additional numbers on page __ of document.
Assessor's Property Tax Parcel/Account Number <input type="checkbox"/> Property Tax Parcel ID is not yet assigned <input type="checkbox"/> Additional parcel numbers on page __ of document
The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.



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

AFFIDAVIT (LACK OF PROBATE)

Ariene Noel Worthington, being first duly sworn, deposes and says:

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

(relationship to decedent) of Joseph G. Worthington (decedent), who died on (date)

November 22, 2019, 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: _____

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)

Ariene Noel Worthington, spouse

14980 SE Happy Valley, DR 97086
 Full name, age, relationship, address

 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 : September 24, 2020

Arlene Noel Worthington

Affiant's full name

509-780-1437

Telephone number

Happy Valley 14980 SE Happy Street OR 97086
City State Zip Code

Arlene Noel Worthington
Signature

9/24/2020
Date

State of Washington County of Asotin

I know or have satisfactory evidence that Arlene Noel Worthington

(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: 9/24/2020

(SEAL OR STAMP)



Signature of Notary Public
Residing at: [Signature], WA Lewiston

Notary Public in and for the State of WA

My appointment expires: 12/20/2021