



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 (Shirley Jo Monter, Administratrix) and Buyer/Grantee (David Baer, Jackie Baer) with addresses and contact information.

Form section 3: Property tax correspondence and parcel information (10030101100030000, assessed value 95,500.00).

Form section 4: Street address of property (1123 9th Street, Clarkston, WA) and location details.

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

Form section 6: Continuation and compliance notices for forest land or historic property.

Form section 7: Tax calculation table showing Gross Selling Price (\$112,000.00), Excise Tax (\$1,232.00), and Total Due (\$1,517.00).

Form section 8: Signature and date of signing for both Grantor and Grantee.

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)...

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

FILED
OFFICE OF COUNTY CLERK
ASOTIN COUNTY, WA
AUG 18 2020
lmae
CLERK/DEPUTY

SUPERIOR COURT OF WASHINGTON FOR ASOTIN COUNTY

| | |
|---------------------|-----------------------------|
| In re the Estate of | No. 20-4-00063-02 |
| MARY L. LORENTZEN, | LETTERS OF ADMINISTRATION |
| Deceased. | WITH NONINTERVENTION POWERS |

WHEREAS, Mary L. Lorentzen, of Clarkston, Asotin County, Washington, died intestate on or about December 1, 2019, leaving at the time of her death property subject to administration; and;

WHEREAS, Shirley Jo Monter has petitioned this court to be appointed Administratrix of decedent's estate; and

WHEREAS, Shirley Jo Monter has duly qualified;

NOW, THEREFORE, know all persons by these presents:

We hereby appoint Shirley Jo Monter as Administratrix of said estate; and

We hereby authorize Shirley Jo Monter to administer the same according to law.

WITNESS, Douglas Robinson, Commissioner of our Superior Court, and the seal of said Court hereto affixed this 18th day of August, 2020.

McKenzie Campbell
Clerk of the Superior Court



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

LETTERS OF ADMINISTRATION WITH NONINTERVENTION POWERS 1

lmae

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

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 of Administration as the same appear on file and of record in my office, and that said Letters are now in full force and effect and have never been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Superior Court this 18th day of August, 2020.

Clerk

By _____
Deputy



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

AFFIDAVIT (LACK OF PROBATE)

Estate of Mary Lee Lorentzen, deceased by Shirly Jo Monter, PR, being first duly sworn, deposes and says:

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

(relationship to decedent) of Loren Earl Lorentzen (decedent), who died on (date)

February 3, 2016, 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)

Estate of Mary Lee Lorentzen, deceased (alive at Loren's Death), spouse

to Shirly Monter, 9714th St, Lewiston, ID 83501
 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: October 2, 2020

Estate of Mary Lee Lorentzen, deceased

Affiant's full name

509-254-4581

Telephone number

c/o Shirley Jo Monter, 917 14th St

Lewiston

Street

10

State

83501

Zip Code

Shirley Jo Monter
Signature

10-2-2020
Date

State of Washington County of Asotin

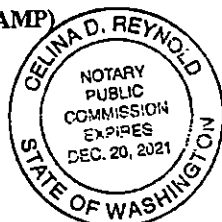
I know or have satisfactory evidence that Shirley Jo Monter
(name of person)

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: 10, 2, 2020

[Signature]
Signature of Notary Public

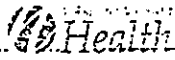
(SEAL OR STAMP)



Residing at: Lewiston, ID

Notary Public in and for the State of WA

My appointment expires: 12, 20, 2021



Affidavit for Correction

Mail to: 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: Birth Death Marriage 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: 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: _____
(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 | Numident 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 certified 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.

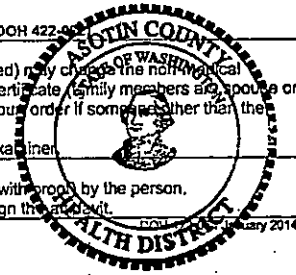
4. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form DOH 422-001)

Death Certificates

- 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). 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) (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.



Joel McCullough
Joel McCullough, M.D., MPH, MS
Health Officer

FEB 11 2016

AA00244349

53541