

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

Check box if partial sale, indicate % sold. List percentage of ownership acquired next to each name.

| | | | |
|------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------|
| SELLER GRANTOR | 1 Name: <u>Terri L. Patton</u> <u>James P. Patton</u> | BUYER GRANTEE | 2 Name: <u>Terri L. Patton</u> |
| | Mailing Address: <u>39280 Snake River Road</u> | | Mailing Address: <u>39280 Snake River Road</u> |
| | City/State/Zip: <u>Asotin, WA 99402</u> | | City/State/Zip: <u>Asotin, WA 99402</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: _____ | | 1-049-00-050-0004-0000 <input type="checkbox"/> | |
| Mailing Address: _____ | | Levy Code <input type="checkbox"/> | |
| City/State/Zip: _____ | | List assessed value(s) <u>273,300</u> | |
| Phone No. (including area code): _____ | | | |

4 Street address of property: 39280 Snake River Road
This property is located in Asotin
 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 EXHIBIT A ATTACHED HERETO AND INCORPORATED HEREIN BY THIS REFERENCE.

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5 Select Land Use Code(s): <u>11 - Household, single family units</u> enter any additional codes: _____ (See back of last page for instructions) | 7 List all personal property (tangible and intangible) included in selling price. |
| 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> | If claiming an exemption, list WAC number and reason for exemption: WAC No. (Section/Subsection) <u>WAC 458-61A-202(6)(f)</u> Reason for exemption _____ Nonprobated Estate; see attached Lack of Probate Affidavit and Copy of Death Certificate |
| 6 Is this property designated as forest land per chapter 84.33 RCW? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Is this property receiving special valuation as historical property per chapter 84.26 RCW? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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 <input type="checkbox"/> does <input type="checkbox"/> does not qualify for continuance. | Type of Document <u>September 7, 2018</u> Date of Document <u>Affidavit of Lack of Probate</u> |
| 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) OWNER(S) SIGNATURE _____ PRINT NAME _____ | Gross Selling Price \$ _____ 0.00 *Personal Property (deduct) \$ _____ Exemption Claimed (deduct) \$ _____ Taxable Selling Price \$ _____ 0.00 Excise Tax: State \$ _____ 0.00 <u>0.0075</u> Local \$ _____ 0.00 *Delinquent Interest: State \$ _____ Local \$ _____ *Delinquent Penalty \$ _____ Subtotal \$ _____ 0.00 *State Technology Fee \$ _____ 5.00 *Affidavit Processing Fee \$ _____ 5.00 Total Due \$ _____ 10.00 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: Terri L. Patton
Name (print): Terri L. Patton
Date & city of signing: September 7, 2018/Asotin

Signature of Grantee or Grantee's Agent: Terri L. Patton
Name (print): Terri L. Patton
Date & city of signing: September 7, 2018/Asotin

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), or by both imprisonment and fine (RCW 9A.20.020 (1C)).

REV 84 0001a (09/06/17)

THIS SPACE - TREASURER'S USE ONLY

COUNTY TREASURER

T. Patton CK # 11603 am

SEP 10 2018

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ASOTIN COUNTY
TREASURER

EXHIBIT A TO REAL ESTATE EXCISE TAX AFFIDAVIT

LEGAL DESCRIPTION OF REAL PROPERTY

PARCEL NO. 1-049-00-050-0004-0000

THAT PART OF THE SOUTHWEST QUARTER OF SECTION 24, TOWNSHIP 7 NORTH, RANGE 46 EAST OF THE WILLAMETTE MERIDIAN, ASOTIN COUNTY, WASHINGTON, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE NORTHWEST CORNER OF SAID SOUTHWEST QUARTER; THENCE NORTH $89^{\circ}05'18''$ EAST ALONG THE NORTH LINE OF SAID SOUTHWEST QUARTER A DISTANCE OF 1268.16 FEET TO THE TRUE PLACE OF BEGINNING; THENCE SOUTH $5^{\circ}38'48''$ EAST A DISTANCE OF 1640.66 FEET TO A POINT ON THE NORTHERLY RIGHT OF WAY LINE OF THE COUNTY ROAD; THENCE SOUTH $79^{\circ}47'52''$ WEST ALONG SAID RIGHT OF WAY LINE A DISTANCE OF 99.68 FEET TO A POINT OF CURVE; THENCE AROUND A CURVE TO THE RIGHT WITH A RADIUS OF 2745.0 FEET FOR A DISTANCE OF 210.73 FEET; THENCE LEAVING SAID RIGHT OF WAY LINE NORTH $4^{\circ}56'38''$ EAST A DISTANCE OF 1685.95 FEET TO THE TRUE PLACE OF BEGINNING.

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DISTANCE OF 1640.66 FEET TO A POINT ON THE NORTHERLY RIGHT OF WAY LINE OF THE COUNTY ROAD; THENCE SOUTH 79°47'52" WEST ALONG SAID RIGHT OF WAY LINE A DISTANCE OF 99.68 FEET TO A POINT OF CURVE; THENCE AROUND A CURVE TO THE RIGHT WITH A RADIUS OF 2745.0 FEET FOR A DISTANCE OF 210.73 FEET; THENCE LEAVING SAID RIGHT OF WAY LINE NORTH 4°56'38" EAST A DISTANCE OF 1685.95 FEET TO THE TRUE PLACE OF BEGINNING.

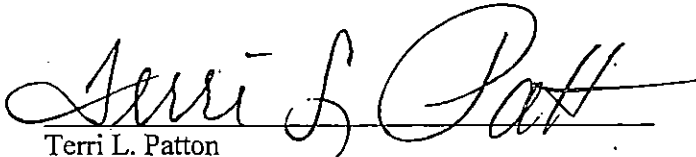
3. I am the lawful surviving spouse of the Decedent.

4. All of the heirs at law and next of kin of the Decedent that were living at the time of Decedent's Death are listed below:

Terri L. Patton (Age: 68), Surviving Spouse, 39280 Snake River Road, Asotin, WA 99402.

5. The Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

DATED this 14th day of September, 2018.



Terri L. Patton
39280 Snake River Road
Asotin, WA 99402
509-243-4253

STATE OF WASHINGTON)
) ss.
COUNTY OF ASOTIN)

I certify that I know or have satisfactory evidence that Terri L. Patton is the individual who appeared before me, and acknowledged that she signed this Affidavit and on oath stated that she acknowledged it to be her free and voluntary act for the uses and purposes mentioned in this Affidavit.

Dated: 9-7-18

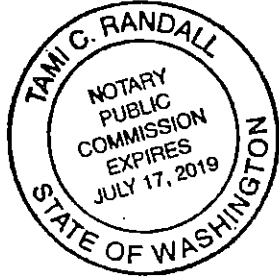


(Signature) Tami Randall

(Name legibly printed or stamped)

Notary Public in and for the State of
Washington, residing at Clarkston

My appointment expires: 7/17/19



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-015576

LOCAL FILE NUMBER: 1401

DATE ISSUED: 04/13/2018
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JAMES PHILIP
LAST NAME(S): PATTON

COUNTY OF DEATH: SPOKANE
DATE OF DEATH: APRIL 02, 2018
HOUR OF DEATH: 04:06 AM

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: PROVIDENCE SACRED HEART MEDICAL CENTER
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99204

SEX: MALE AGE: 73 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 39280 SNAKE RIVER RD
CITY, STATE, ZIP: ASOTIN, WA 99402
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 5 YEARS

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

FATHER/PARENT: JAMES DANIEL PATTON
MOTHER/PARENT: LOIS EVELYNN PFAFF

BIRTH DATE: MAY 12, 1944
BIRTHPLACE: FORT SMITH, AR

MARITAL STATUS: MARRIED
SPOUSE: TERRI LYNN EICHELBERGER

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FOOTHILLS CREMATORY

OCCUPATION: EXPEDITOR
INDUSTRY: AEROSPACE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

CITY, STATE: SPOKANE, WASHINGTON
DISPOSITION DATE: APRIL 06, 2018

INFORMANT: TERRI LYNN PATTON
RELATIONSHIP: SPOUSE
ADDRESS: 39280 SNAKE RIVER RD, ASOTIN, WA 99402

FUNERAL FACILITY: SPOKANE CREMATION & FUNERAL SERVICE

ADDRESS: 2832 N RUBY
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99207
FUNERAL DIRECTOR: WILLIAM D ROSSEY

CAUSE OF DEATH:
A: RUPTURED ABDOMINAL AORTIC ANEURYSM AND INTRAABDOMINAL HEMORRHAGE
INTERVAL: UNKNOWN

B: INTERVAL:

C: INTERVAL:

D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: ADNAN Z. RIZVI, MD.
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 122 W 7TH AVENUE #420
CITY, STATE, ZIP: SPOKANE, WA 99204
DATE SIGNED: APRIL 06, 2018

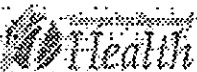
LOCATION OF INJURY:
CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: REBECCA MESSICK
DATE RECEIVED: APRIL 06, 2018

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

P.O. Box 47614
Olympia, WA 98504-7614
360-236-4330

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 of 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 this record. The record is incorrect or incomplete as follows:

| This record now shows: | The true fact is: |
|------------------------|-------------------|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |
| 6. | 6. |

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

16a. Signature: _____ Date: _____ 16b. Signature of 2nd parent (if required): _____ 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 reestablished within five years of birth.
- Child under 18**
- If legal guardian(s), include certified court order proving guardianship
 - Up to age one, first 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 DOR 422-032)

- Death Certificates**
1. Only the informant, the funeral director, or executor/administrator (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.

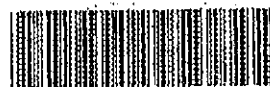
- Marriage/Dissolution (Divorce) Certificates**
1. Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
 2. To change the date or place of marriage or dissolution, the officiant (minister) or clerk of court (dissolution) must complete and submit the affidavit.

CERTIFIED
SPOKANE REGIONAL HEALTH DISTRICT

APR 13 2018



Paula L Maxwell
CHIEF DEPUTY REGISTRAR



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