Department of Revenue
Washington State

REAL ESTATE EXCISE TAX AFFIDAVIT

PLEASE TYPE OR PRINT

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

(See back of last page for instructions)

☐ Check box if partial sale of property

If multiple owners, list percentage of ownership next to name.

1 SELLER GRANTOR

Name: Richard L. Anthony
Rebecca J. Anthony, deceased
Mailing Address: 2015 10th Ave #138
City/State/Zip: Clarkston, WA 99403
Phone No. (including area code):

2 BUYER GRANTEE

Name: Chad B. Hendrickson
LaNae S. Hendrickson
Mailing Address: 2636 19th Street
City/State/Zip: Clarkston WA 99403
Phone No. (including area code):

3 Send all property tax correspondence to: ☒ Same as Buyer/Grantee

Name: Chad B. Hendrickson LaNae S. Hendrickson
Mailing Address: 2636 19th Street
City/State/Zip: Clarkston WA 99403
Phone No. (including area code):

List all real and personal property tax parcel account numbers – check box if personal property	List assessed value(s)
11360200700000000 ☐	160,600.00
☐	
☐	
☐	

4 Street address of property: 2636 19th Street, Clarkston, WA

This property is located in ☒ unincorporated Asotin County OR within ☐ city of Unincorp

☐ 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.

Lot 7 in Block 2 of Stember Addition according to the official plat thereof, filed in Book D of Plats at Page(s) 23 Official Records of Asotin County, Washington.

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)?	☐	☒

6

	YES	NO
Is this property designated as forest land per chapter 84.33 RCW?	☐	☒
Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW?	☐	☒
Is this property receiving special valuation as historical property per chapter 84.26 RCW?	☐	☒

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) 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 (SWD)

Date of Document: 09/26/18

Gross Selling Price	$ 230,000.00	
*Personal Property (deduct)	$ 0.00	
Exemption Claimed (deduct)	$ 0.00	
Taxable Selling Price	$ 230,000.00	
Excise Tax : State	$ 2,944.00	
Local	$ 575.00	
*Delinquent Interest: State	$ 0.00	
Local	$ 0.00	
*Delinquent Penalty	$ 0.00	
Subtotal	$ 3,519.00	
*State Technology Fee	$ 5.00	5.00
*Affidavit Processing Fee	$ 0.00	
Total Due	$ 3,524.00	

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: Richard L. Anthony
Name (print): Richard L. Anthony
Date & city of signing: 9.27.18, Clarkston, WA

Signature of Grantee or Grantee's Agent:
Name (print): Chad B. Hendrickson
Date & city of signing: 9.27.18 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)).

REV 84 0001a (6/26/14)

THIS SPACE - TREASURER'S USE ONLY

COUNTY TREASURER

ATEC CC#25271

PAID
SEP 28 2018
ASOTIN COUNTY
TREASURER

51630

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Return Address

Richard L. Anthony
2015 6th Avenue #138
Clarkston, WA 99403

Please print or type information

Document Title(s) (or transactions contained therein):
1. Affadavit for Lack of Probate
2.
3.
4.

Grantor(s) (Last name first, then first name and initials):
1. Anthony, Rebecca Joyce
2.
3.
4.

☐ Additional names on page __ of document.

Grantee(s) (Last name first, then first name and initials):
1. To The Public
2.
3.
4.

☐ Additional names on page __ of document.

Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.)

☐ Additional legal is on page __ of document.

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page __ of document.

Assessor's Property Tax Parcel/Account Number

☐ Property Tax Parcel ID is not yet assigned
☐ 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.

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

AFFIDAVIT (LACK OF PROBATE)

Richard L. Anthony, being first duly sworn, deposes and says:

The undersigned affiant is the rightful heir to the real property described below, and is Spouse (relationship to decedent) of Rebecca Joyce Anthony (decedent), who died on (date) 08-05-2018, at

Clarkston (City) Asotin (County) WA (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: 2636 19th St. (Street)

Clarkston (City) WA (State) 99403 (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)

Richard L. Anthony - Spouse

Full name, age, relationship, address

n/a

Full name, age, relationship, address

n/a

Full name, age, relationship, address

n/a

Full name, age, relationship, address

(*Continued on next page*)

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n/a

Full name, age, relationship, address

n/a

Full name, age, relationship, address

n/a

Full name, age, relationship, address

n/a

Full name, age, relationship, address

Dated: 09.27.18

Richard C. Anthony

Affiant's full name

Telephone number

2636 19th St

Street

Clarkston WA 99403

City *State* *Zip Code*

Richard C. Anthony

Signature

9.27.18

Date

State of Washington County of Asotin

I know or have satisfactory evidence that Richard C. Anthony

(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: 9/27/18

(SEAL OR STAMP)

CELINA D. REYNOLD
NOTARY PUBLIC
COMMISSION EXPIRES
DEC. 20, 2021
STATE OF WASHINGTON

Signature of Notary Public

Residing at: LEWISTON, ID

Notary Public in and for the State of WA

My appointment expires: 12/20/2021

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)

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2018-034505

DATE ISSUED: 08/08/2018
FEE NUMBER:

FIRST AND MIDDLE NAME(S): REBECCA JOYCE
LAST NAME(S): ANTHONY

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: AUGUST 05, 2018
HOUR OF DEATH: 05:55 PM
SEX: FEMALE AGE: 74 YEARS
SOCIAL SECURITY NUMBER: [redacted]

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

BIRTH DATE: MAY 02, 1944
BIRTHPLACE: CRAIGMONT, ID

MARITAL STATUS: MARRIED
SPOUSE: RICHARD ANTHONY

OCCUPATION: TEACHING
INDUSTRY: EDUCATION
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: NO

INFORMANT: RICHARD ANTHONY
RELATIONSHIP: HUSBAND
ADDRESS: 2636 19TH ST, CLARKSTON WA, 99403

CAUSE OF DEATH:
A: EMBOLIC STROKES
INTERVAL: MONTHS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:
OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 2636 19TH ST
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 2636 19TH ST
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 18 YEARS

FATHER/PARENT: ELMER JAMESON
MOTHER/PARENT: MYRTLE MAXINE OSBURN

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: AUGUST 08, 2018

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES LLC
ADDRESS: PO. BOX 107
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
FUNERAL DIRECTOR: RICHARD LASSITER

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

CERTIFIER NAME: CARSON SEEBER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1221 HIGHLAND AVE
CITY, STATE, ZIP: CLARKSTON, WA 99403
DATE SIGNED: AUGUST 08, 2018

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

LOCAL DEPUTY REGISTRAR: SUNDIE HOFFMAN
DATE RECEIVED: AUGUST 08, 2018

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DOH 422-132 (4/16)

NOT VALID IF PHOTOCOPIED OR ALTERED

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: First Middle Last	2. Date of Event: MM/DD/YYYY	3. Place of Event: City or County

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

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: City State Zip

Telephone Number: ( )

Email Address:

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

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

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

16a. Signature:		16b. 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
- Certificate of Naturalization
- Military record (DD-214)
- Hospital/medical record
- School transcripts
- Passport
- Social Security Numident Report
- 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.

DOH 422-034 October 2015

CERTIFIED

AUG 08 2018

51630

Dr. Glenn Houser
Health District Officer
Garfield County Health District

0 1 2 1 9 8 1 8

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

Last Will and Testament

OF

REBECCA J. ANTHONY

I, REBECCA J. ANTHONY, being of sound and disposing mind and memory, and not acting under duress, fraud or undue influence of any person whomsoever, do make, publish, and declare this to be my LAST WILL AND TESTAMENT, revoking all other or former Wills and Codicils by me at any time made.

I.

I hereby declare that I am a married woman. My husband's name is, RICHARD L. ANTHONY. My husband and I have no children as issue of our marriage to each other.

I have the following children as issue of a previous relationship, both of whom are adults: ROBYN L. BONNER of Pierce, Idaho and MICHELLE L. ROTH of Prosser, Washington.

My husband, RICHARD L. ANTHONY, has the following children as issue of a previous marriage, both of whom are adults: CAROL A. ANTHONY, of Mt. Vernon, Washington and MICHAEL D. ANTHONY of Tucson, Arizona.

II.

I direct that all of my just debts, expenses of my last illness and funeral, the costs and charges of the administration of my estate, inheritance or transfer taxes and other taxes due thereon or therefrom, be paid as soon as convenient after my death from the residue of my estate. I waive for my estate all rights of reimbursement for any such payments. PROVIDED,

RJA 5/4/30

HOWEVER, that this direction shall not authorize any creditor to require payment of any debt or obligation prior to its normal maturity in due course.

III.

I give, devise and bequeath all of my property and estate, wheresoever situated, real, personal, and mixed, to my beloved husband, RICHARD L. ANTHONY, if he survives me by thirty (30) days. My husband and I have entered into a Community Property Agreement. It is my intention that all of our property be considered community property and be transferred to my husband, RICHARD L. ANTHONY, by virtue of the Community Property Agreement, without the necessity of a probate of this Last Will and Testament.

IV.

If my husband, RICHARD L. ANTHONY, does not survive me by thirty (30) days, then I give my property as follows:

4.1 I may have prepared, dated, and signed a list of specific bequests of personal property which will be found near or attached to this, my Last Will and Testament, and have indicated thereon my desires as to distribution of items after my death. I direct that my personal representative distribute the items on the list to the person(s) indicated. My personal representative shall not make a reduction from the respective beneficiary's share of any other portion of my estate based on these items. 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 of this Will.

RAJA 5/4/30

4.2 All of the rest, residue, and remainder of my estate I give to our respective children, ROBYN L. BONNER, MICHELLE L. ROTH, CAROL A. ANTHONY and MICHAEL D. ANTHONY, in equal shares, share and share alike.

PROVIDED, in the event that any of our said children shall have predeceased me or die within thirty (30) days of the date of my death, then said deceased child's share shall be distributed to that child's surviving child or children in equal shares. If any of our children have predeceased me leaving no surviving children, then said deceased child's share shall be distributed to our other surviving children in equal shares.

V.

I hereby nominate and appoint my husband, RICHARD L. ANTHONY, as personal representative of this, my LAST WILL AND TESTAMENT, and I direct that he be permitted to act as such without bond and without intervention of any court.

In the event my husband, RICHARD L. ANTHONY, is unable or unwilling to qualify as such personal representative, then, and in that event, I name and designate DANA CHANDLER of College Place, Washington, to serve in such capacity, and I direct that she be permitted to act as such without bond and without intervention of any court.

In the event DANA CHANDLER is unable or unwilling to qualify as such personal representative, then, and in that event, I name and designate MICHELLE L. ROTH and CAROL A. ANTHONY, as co-personal representatives, to serve in such capacity, and I direct that they be permitted to act as such without bond and without intervention of any court.

RLA 51630

VI.

In the event DANA CHANDLER is appointed and serves as personal representative, I direct that she be paid the sum of Three Thousand Five Hundred Dollars ($3,500) as fees for personal representative services.

IN WITNESS WHEREOF, I have hereunto set my hand in the presence of these subscribed witnesses at Clarkston, Asotin County, Washington, on this 15th day of April, 2016.

Rebecca J. Anthony
TESTATRIX

The foregoing instrument, consisting of four (4) pages, including this page, was at the date thereof, by the said REBECCA J. ANTHONY, sealed, published and declared by her to be her LAST WILL AND TESTAMENT, in the presence of us, who at her request and in her presence and in the presence of each other, have subscribed our names as witnesses thereto, REBECCA J. ANTHONY appearing to us to be at the time of sound and disposing mind and memory, and not acting under duress or the undue influence of anyone whomsoever.

Thomas L. Edgerwood

Siena Crawford

51630

AFFIDAVIT OF SUBSCRIBING WITNESSES

STATE OF WASHINGTON }
} ss.
County of Asotin }

We, the undersigned, being first duly sworn upon oath, depose and say:

That we and each of us are over the age of 18 years; that we each know the Testatrix herein, REBECCA J. ANTHONY, on the date of the instrument to which this affidavit is attached, to wit: The 15th day of April, 2016. That said instrument was signed and executed by the said Testatrix at Clarkston, Asotin County, Washington, on the date it bears, in our presence, and that said Testatrix thereupon published and declared said instrument to be her LAST WILL AND TESTAMENT, and requested us in attestation thereof to act as witnesses thereto; and that we then and there, in the presence of said Testatrix and in the presence of each other, subscribed our names as witnesses to this affidavit.

At the time of the execution of said instrument and this affidavit, the said Testatrix was of the age of majority, and was of sound and disposing mind and not acting under duress, fraud, menace, undue influence of misrepresentation, or any other liability heretofore unnamed which might militate against the validity of said instrument's being the LAST WILL AND TESTAMENT of said Testatrix.

This affidavit is made at the request of the Testatrix, pursuant to the provisions of RCW 11.20.020(2), who signed the instrument to which this affidavit is attached.

Thomas L. Ledgerwood
Thomas L. Ledgerwood
2520 Valleyview Drive
Clarkston, WA 99403

Sierra Shankel
Name: Sierra Shankel
922 6th Street
Clarkston, WA 99403

SIGNED AND SWORN to before me this 15th day of April, 2016, by Thomas L. Ledgerwood and Sierra Shankel.

TAMMY R. NICHOLS
STATE OF WASHINGTON
NOTARY PUBLIC
MY COMMISSION EXPIRES
03-15-17

Tammy R. Nichols
Notary Public in and for the State of Washington residing at Lewiston, ID. Expires: 3-15-2017

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