



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)

Form sections 1-4: Seller/Grantor (Doug Hund), Buyer/Grantee (Warren Michael Mooney, Jr.), correspondence info, and assessed value table.

Section 4: Street address (1532 Libby St.), location (Asotin County), and legal description.

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

Section 6: Continuation and compliance questions regarding property classification.

Signatures and stamps: Deputy Assessor, Owner's Signature, and Print Name.

Section 7: Personal property included in selling price.

Section 7 continued: Exemption reasons, document type (Statutory Warranty Deed), date (01/27/21), and tax calculation table.

Section 8: Certification of truth and correctness with signatures of Grantor (Doug Hund) and Grantee (Warren Michael Mooney, Jr.).

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)).

EXHIBIT "A"

530605

That part of Lot 2 of Block "UU" of Vineland according to plat recorded in Book A of Plats, page 23, in Asotin County, Washington, described as follows:

From the intersection of the centerlines of 15th and Libby Streets; thence West along the centerline of Libby Street 330 feet to the Southeast corner of said Lot 2; thence continue on this course 83.0 feet to the POINT OF BEGINNING; thence deflect right 90°00' a distance of 165.0 feet; thence deflect left 90°00' a distance of 91.0 feet; thence deflect left 90°00' a distance of 165.0 feet to the center of Libby Street; thence defect left 90°00' a distance of 91.0 feet to the place of beginning.

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FILED

2020 JUL -7 PM 3:38

MCKENZIE A. CAMPBELL  
COUNTY CLERK  
ASOTIN COUNTY, WA

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SUPERIOR COURT OF WASHINGTON FOR ASOTIN COUNTY

In re the Estate of:	No. 20-4-00053-02
GARY EARL HUND, Deceased.	LETTERS TESTAMENTARY WITH NONINTERVENTION POWERS

WHEREAS, the Last Will and Testament of Gary Earl Hund, deceased, was on the 7<sup>th</sup> day of July, 2020, duly exhibited, proven, and recorded in our said Superior Court;

WHEREAS, Doug K. Hund is the person nominated as Personal Representative in said Will;

WHEREAS, Doug K. Hund has petitioned this court to be appointed Personal Representative thereof; and

WHEREAS, this court has entered an order granting nonintervention powers to the Personal Representative,

NOW, THEREFORE, know all people by these presents, that we do hereby authorize the said Doug K. Hund to execute the terms of the Will with nonintervention powers according to law.

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NH

LETTERS TESTAMENTARY WITH  
NONINTERVENTION POWERS 1

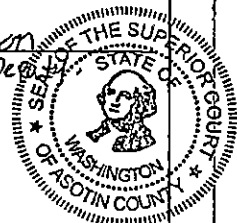
Gittins & Dukes, PLLC  
843 Seventh Street  
Clarkston, WA 99403  
(509)758-2501  
Facsimile: (509) 758-3576

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WITNESS, Brooke J. Burns, Commissioner of our Superior Court, and the seal of said Court hereto affixed this 7<sup>th</sup> day of July, 2020.

Cheyenne Nelson  
Clerk of the Superior Court, Deputy



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 Testamentary and of the whole thereof, as the same are now on file and of record in the above entitled cause in my office and custody. Said Letters have never been revoked and are still in Full Force and Effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Superior Court this 7<sup>th</sup> day of July, 2020.

\_\_\_\_\_  
County Clerk & Ex-Officio Clerk of  
the Superior Court

By \_\_\_\_\_  
Deputy

LETTERS TESTAMENTARY WITH  
NONINTERVENTION POWERS 2

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

After recording return to:

Gitins & Dukes, PLLC  
P.O. Box 191  
Clarkston, WA 99403

Asotin County, WA  
Darla McKay Auditor

363433  
10/07/2019 10:58 AM



I-127 LOP  
Pgs#6 Fee:\$108.50  
DAVID A GITINS

<b>Document Title(s)</b> or transactions contained therein: 1. Affidavit (Lack of Probate)
<b>Grantor</b> (Last name first, then first name and initials) 1. Hund, Gloria Laura <input type="checkbox"/> Additional names on page ____ of document.
<b>Grantees</b> (Last name first, then first name and initials) 1. Hund, Gary E. <input type="checkbox"/> Additional names on page 1 of document.
<b>Legal Description</b> (abbreviated: i.e. lot, block, plat or section, township, range) Part Lot 2, Block "UU", Vineland <input type="checkbox"/> Additional legal is on page 1-2 of document.
<b>Assessor's Property Tax Parcel/Account Number</b> 1-004-34-002-0005-0000 <input type="checkbox"/> Additional legal is on page ____ of document.

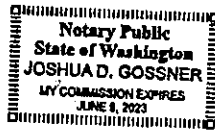
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acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal this 3<sup>rd</sup> day of October, 2019.



Joshua D. Gossner  
Notary Public for Washington  
Residing at Clarkston  
My appointment expires: June 9, 2023



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-025261

DATE ISSUED: 06/09/2017  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): GLORIA LAURA  
LAST NAME(S): HUND

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: JUNE 04, 2017  
HOUR OF DEATH: 01:46 PM  
SEX: FEMALE AGE: 75 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 1532 LIBBY STREET  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

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

RESIDENCE STREET: 1532 LIBBY STREET  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403  
INSIDE CITY LIMITS: YES COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 30 YEARS

BIRTH DATE: [REDACTED]  
BIRTH PLACE: SPOKANE, SPOKANE COUNTY, WASHINGTON

FATHER/PARENT: VERNON KENNETH HARMON  
MOTHER/PARENT: BERNICE ELIZABETH REITH

MARITAL STATUS: MARRIED  
SPOUSE: GARY EARL HUND

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: VALLEY CREMATORY

OCCUPATION: HOUSEKEEPER  
INDUSTRY: HOTEL  
EDUCATION: 8TH GRADE OR LESS  
US ARMED FORCES: NO

CITY, STATE: LEWISTON, IDAHO  
DISPOSITION DATE: JUNE 06, 2017

INFORMANT: GARY E HUND  
RELATIONSHIP: HUSBAND  
ADDRESS: 1532 LIBBY STREET

FUNERAL FACILITY: MALCOLM'S BROWER-WANN FUNERAL HOME

ADDRESS: 1711 10TH STREET  
CITY, STATE, ZIP: LEWISTON, IDAHO 83501  
FUNERAL DIRECTOR: JASON M. HARWICK

CAUSE OF DEATH:  
A: PROBABLE CARDIAC DYSRHYTHMIA  
INTERVAL: MOMENTS  
B: DEMENTIA  
C: INTERVAL: YEAR  
D: INTERVAL:  
E: 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: NO  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: LISA WEBBER  
TITLE: CORONER/ME  
CERTIFIER ADDRESS: PO BOX 220  
CITY, STATE, ZIP: ASOTIN, WA 99402  
DATE SIGNED: JUNE 06, 2017

LOCATION OF INJURY:

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

CASE REFERRED TO MEDICORNER: YES  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: SUNDIE HOFFMAN  
DATE RECEIVED: JUNE 07, 2017

NOT VALID IF PHOTOCOPIED OR ALTERED

DOH 420-132 (4/16)

53899



# Affidavit for Correction

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

Mailed to: Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
(360) 225-4300

### STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
Required information must match current information on record				
Record Type	<input type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> 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	<input type="checkbox"/> Self	<input type="checkbox"/> Guardian
			<input type="checkbox"/> Parent(s)	<input type="checkbox"/> Funeral Director
			<input type="checkbox"/> Informant	<input type="checkbox"/> Hospital
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:

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 foregoing is true and correct.  
 (15a) Signature \_\_\_\_\_ (15b) Signature of 2<sup>nd</sup> parent (if required) \_\_\_\_\_

Printed name \_\_\_\_\_ Date \_\_\_\_\_ Printed name \_\_\_\_\_ Date \_\_\_\_\_

### INSTRUCTIONS - go to [www.doh.wa.gov](http://www.doh.wa.gov) for more information

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 records (DD-214) • School transcripts • Social Security Number Report  
 • Certificate of Naturalization • Hospital/medical record • Passport • Green/Permanent Resident card (I-551)

- Birth Certificates**
- 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.
  - 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.
  - 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 onto to other 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 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, parents to both cooperate with genetic testing. This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DGH 250-030).

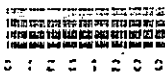
- Death Certificates**
- Only the informant, the funeral director, or executor/administrator (if evidence confirming such position is presented) may change the medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouses 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).
  - The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

- Marriage/Dissolution (Divorce) Certificates**
- 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.
  - To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

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

JUN 08 2017

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



53899

After recording return to:

David A. Gittins  
843 Seventh Street  
P.O. Box 191  
Clarkston, WA 99403



00021255201803577270020022

I-178 TOD  
Pgs=2 Fee:\$75.00  
DAVID A GITTINS

### TRANSFER ON DEATH DEED

The Grantor, Gary E. Hund, an unmarried man, for and in consideration of a gift, conveys and quitclaims to Doug Hund and Bryan Hund, both married men dealing in their sole and separate property, each an undivided one-half interest, the Grantees, the following described real property, situate in the County of Asotin, State of Washington, including any after-acquired title and reserving unto Grantor a life estate:

That part of Lot 2 of Block "UU" of Vineland according to plat recorded in Book A of Plats, page 23, in Asotin County, Washington, described as follows:


From the intersection of the centerlines of 15<sup>th</sup> and Libby Streets; thence West along the centerline of Libby Street 330 feet to the Southeast corner of said Lot 2; thence continue on this course 83.0 feet to the POINT OF BEGINNING; thence deflect right 90°00' a distance of 165.0 feet; thence deflect left 90°00' a distance of 91.0 feet; thence deflect left 90°00' a distance of 165.0 feet to the center of Libby Street; thence deflect left 90°00' a distance of 91.0 feet to the place of beginning.

Tax Parcel No.

The transfer as described above is to occur upon Grantor's death. This Deed is made pursuant to RCW Chapter 64.80.

Transfer on Death Deed

Dated this 30 day of April, 2018.


  
\_\_\_\_\_  
Gary E. Hund

STATE OF WASHINGTON        )  
  : ss.  
County of Asotin                )

I certify that I know or have satisfactory evidence that Gary E. Hund is the person who appeared before me, and said person acknowledged that he signed this instrument, on oath stated that he was authorized to execute the instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 30<sup>th</sup> day of April, 2018.



  
\_\_\_\_\_  
Notary Public for Washington  
Residing at Clarkston  
My appointment expires March 28, 2021