



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 (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 (Edna V. Olsen) and Buyer/Grantee (Betty J. Olsen, Trustee of the Special Needs Trust for Jeffrey Haubner Trust est. 1/19/17) with mailing addresses and phone numbers.

Form section 3: Property details including street address (635 7th St - Clarkston, WA 99403), county (Asotin), and city (Clarkston).

Form section 5: Land Use Code (11 Household, single family units) and checkboxes for tax exemptions.

Form section 6: Checkboxes for forest land, current use, and special valuation.

Form section 7(1): NOTICE OF CONTINUANCE (FOREST LAND OR CURRENT USE) with instructions for the new owner.

Form section 7(2): NOTICE OF COMPLIANCE (HISTORIC PROPERTY) and OWNER(S) SIGNATURE area.

Form section 7: List all personal property (tangible and intangible) included in selling price.

Form section 7: If claiming an exemption, list WAC number and reason for exemption.

Table with columns for Type of Document, Date of Document, and various tax amounts (Gross Selling Price, Exemption Claimed, Taxable Selling Price, Excise Tax, Delinquent Interest, Delinquent Penalty, Subtotal, State Technology Fee, Affidavit Processing Fee, Total Due).

Form section 8: CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. Includes signatures of Edna V. Olsen and Betty J. Olsen.

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)).

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2012-015496

LOCAL FILE NUMBER: 3571

DATE ISSUED: 10/22/2012

FEE NUMBER: 0003201060

GIVEN NAMES: FLOYD REX  
LAST NAME: OLSEN

COUNTY OF DEATH: SPOKANE  
DATE OF DEATH: OCTOBER 15, 2012  
HOUR OF DEATH: 12:43 P.M.  
SEX: MALE  
AGE: 87 YEARS

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

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 635 7TH ST  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

INSIDE CITY LIMITS: YES  
COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 30 YEARS

BIRTHDATE: [REDACTED]  
BIRTHPLACE: SUBLETT, CASSIA CNTY, IDAHO

FATHER: EARL O OLSEN  
MOTHER: ETHEL HORN

MARITAL STATUS: MARRIED  
SPOUSE: EDNA V MOCK

METHOD OF DISPOSITION: REMOVAL FROM STATE  
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY  
CITY, STATE: LEWISTON, ID  
DISPOSITION DATE: OCTOBER 19, 2012

OCCUPATION: STEAM FITTER  
INDUSTRY: CONSTRUCTION  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: YES

FUNERAL FACILITY: MERCHANT FUNERAL HOME  
ADDRESS: 1000 - 7TH ST  
CITY, STATE, ZIP: CLARKSTON WA 99403  
FUNERAL DIRECTOR: GERALD E. BARTLOW

INFORMANT: EDNA V. OLSEN  
RELATIONSHIP: WIFE  
ADDRESS: 635 7TH ST. - CLARKSTON, WASHINGTON 99403

CAUSE OF DEATH:  
A. ACUTE GASTROINTESTINAL BLEED  
INTERVAL: DAYS

B. INTERVAL:

C. INTERVAL:

D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
CORONARY ARTERY DISEASE CHRONIC-OBSTRUCTIVE-PULMONARY DISEASE

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

MANNER OF DEATH: NATURAL  
AUTOPSY: UNKNOWN  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH: UNKNOWN  
DID TOBACCO USE CONTRIBUTE TO DEATH? YES  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

LOCATION OF INJURY:

CERTIFIER NAME: DIETER F. LUBBE, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 422 W 7TH AVE SUITE 450  
CITY, STATE, ZIP: SPOKANE WA 99204  
DATE SIGNED: OCTOBER 19, 2012

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

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

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

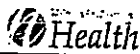
ITEM(S) AMENDED: NONE

ATTENDING PHYSICIAN:  
NOT APPLICABLE

NUMBER(S) NONE  
DATE(S) NONE

LOCAL DEPUTY-REGISTRAR:  
LINDA WAHMOOD  
DATE RECEIVED: OCTOBER 19, 2012





# Affidavit for Correction

Center for Health Statistics  
P.O. Box 47314  
Olympia, WA 98504-7814  
(360) 225-4300

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
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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: (City or County) \_\_\_\_\_

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) \_\_\_\_\_ 5. Mother's Full Maiden Name (For Birth): (Wife for Marriage or Dissolution) \_\_\_\_\_

### 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 foregoing is true and correct.

15. Signature: \_\_\_\_\_ 16. Date: \_\_\_\_\_ 17. Address: \_\_\_\_\_

All vital records are registered as received.  
 Most changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:	Certificate of Naturalization	Numident Report (Social Security Administration)	School Transcripts (Official)
	Hospital /Medical Record	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Life Insurance Policy	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Record	Passport	We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

- Birth Certificates:**
- Only a parent, legal guardian (if the child is under 18), or the adult themselves (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's maiden name, father's 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 birth date, place of birth or parent's information, one documentary proof is required.
  - 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 and/or middle name is misspelled, two pieces of documentary proof are required.
    - To correct birth date, place of birth or 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.
4. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOW/CHS 021)

- Death Certificates:**
- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
  - The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
  - If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.
- 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.

DOW/CHS 023a January 2012

**CERTIFIED**  
SPOKANE REGIONAL HEALTH DISTRICT

OCT 22 2012



*Peggy J. Wetmore*  
PEGGY J. WETMORE  
CHIEF DEPUTY REGISTRAR W W 00558838

53948

RECEIVED  
FILED  
DELIVERED  
MAILED

MICROFILMED

350349

214686

RECORDED 5-15-85 AT 2:20 PM

COMMUNITY PROPERTY AGREEMENT  
BETWEEN HUSBAND AND WIFE

PREPARED BY Edna Olson  
ELLING JONSTON, ASOTIN COUNTY, WASHINGTON

THIS AGREEMENT Made and entered into this 21 day of April, 1971

by and between Floyd R. Olson husband and

Edna J. Olson wife, relative to community property and disposition thereof

upon the death of either of the parties hereto as provided by Section 32-921, Idaho Code.

WITNESSETH:

1. The parties were married November 26, 1948 and ever since have been and now are husband and wife.

2. We certify that the following described real and personal property was acquired by us from our joint efforts while married and while living together as husband and wife in a community property State, and that no part of said property owned by either of us prior to this marriage, or which either of us have acquired since by gift, devise or as an heir at law of any person and that the same is the community property of the parties hereto.

3. The legal description of said real property covered by this agreement is as follows:  
NEZ PERCE COUNTY, IDAHO: Lot 2 Block 9, University 2nd Addition,

CLEARWATER COUNTY: The South Half of Lots 2 and 3, Block 19, Riverview Subdivision,

ASOTIN COUNTY, WASHINGTON: Lot 4 Block 25 Clarkston,

4. The personal property affected by this agreement is described as follows:

5. That upon the death of either of the parties hereto the property described herein shall vest in the survivor absolutely subject to the liabilities imposed by Section 32-921, Idaho Code.

IN WITNESS WHEREOF, The parties have hereunto set their hands the day and year first above written.

INST. NO. 350349  
FILED FOR RECORD  
REQUESTED BY Floyd R. Olson  
FEE \$7.00

Floyd R. Olson  
Husband

Edna J. Olson  
Wife

'71 APR 21 PM 1:35

JAMES E. LLOYD  
RECORDER, NEZ PERCE COUNTY, IDAHO

STATE OF IDAHO

County of

On this 21st day of April, 1971, before me the undersigned, a Notary Public in and for said State, personally appeared Floyd R. Olson husband and Edna J. Olson wife, known to me to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same.



Carol J. McKay  
Notary Public for Idaho  
Residing at Lewiston, Idaho

mail: 109 2nd 18th Ave  
Lewiston, Idaho