

REAL ESTATE EXCISE TAX AFFIDAVIT

CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED  
Only for sales in a single location code on or after January 1, 2020.

This form is your receipt when stamped by cashier.

Check box if the sale occurred in more than one location code.

Check box if partial sale, indicate % sold.

List percentage of ownership acquired next to each name.

PLEASE TYPE OR PRINT

1 SELLER GRANTOR	Name <u>KINDY R. WILSON</u>	2 BUYER GRANTEE	Name <u>KINDY R. WILSON</u>
	<u>LIFE ESTATE GENA KURTH</u>		
	Mailing Address <u>427 WEST LAKE DR</u>		Mailing Address <u>427 WEST LAKE DR</u>
	City/State/Zip <u>CLARKSTON, WA 99403</u>		City/State/Zip <u>CLARKSTON, WA 99403</u>
	Phone No. (including area code) <u>206-305-0040</u>		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	List assessed value(s)
	Name <u>KINDY WILSON</u>	<u>1-132-00-306-0000</u> <input type="checkbox"/>	<u>248,400</u> <del>0.00</del>
	Mailing Address <u>427 WEST LAKE DR</u>	<input type="checkbox"/>	0.00
	City/State/Zip <u>CLARKSTON, WA 99403</u>	<input type="checkbox"/>	0.00
	Phone No. (including area code)	<input type="checkbox"/>	0.00

4 Street address of property: 427 WEST LAKE DRIVE  
This property is located in Select Location

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 ATTACHED

5 Select Land Use Code(s): 11

Select Land Use Codes  
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)?

Is this property predominantly used for timber (as classified under RCW 84.34 and 84.33) or agriculture (as classified under RCW 84.34.020)? See ETA 3215

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) NEW 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) 458-61A-202(b)(c)  
Reason for exemption INHERITANCE - LIFE ESTATES

Type of Document DEATH CERTIFICATE  
Date of Document 9-12-20

Gross Selling Price \$	_____
*Personal Property (deduct) \$	_____
Exemption Claimed (deduct) \$	_____
Taxable Selling Price \$	<u>0.00</u>
Excise Tax: State	_____
Less than \$500,000.01 at 1.1%	<u>0.00</u>
From \$500,000.01 to \$1,500,000 at 1.28%	<u>0.00</u>
From \$1,500,000.01 to \$3,000,000 at 2.75%	<u>0.00</u>
Above \$3,000,000 at 3.0%	<u>0.00</u>
Agricultural and timberland at 1.28%	<u>0.00</u>
Total Excise Tax: State \$	<u>0.00</u>
<u>0.0000</u> Local \$	<u>0.00</u>
Delinquent Interest: State \$	<u>0.00</u>
Local \$	<u>0.00</u>
Delinquent Penalty \$	<u>0.00</u>
Subtotal \$	<u>0.00</u>
State Technology Fee \$	<u>5.00</u>
Assessment Processing Fee \$	<u>5.00</u>
Total Due \$	<u>10.00</u>

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 <u>[Signature]</u>	Signature of Grantee or Grantee's Agent <u>[Signature]</u>
Name (print) <u>Kindy R. Wilson</u>	Name (print) <u>Kindy R. Wilson</u>
Date & city of signing <u>3/25/2021 Asotin</u>	Date & city of signing <u>3/25/2021 Asotin</u>

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)).

PAID  
MAR 25 2021  
ASOTIN COUNTY  
TREASURER

054033

CASH \$10.00

**EXHIBIT "A"**

That part of the Southwest Quarter of the Southeast Quarter of Section 19 of Township 11 North, Range 45 East, W.M., Asotin County, Washington, more particularly described as follows:

COMMENCING at the monument at the Southeast corner of said Section 19; thence S.  $87^{\circ}39'39''$  W. along the South line of said Section 19 a distance of 1940.90 feet to a point on the Lower Granite Dam Boundary Take Line; thence N.  $14^{\circ}55'53''$  E. along said take line a distance of 394.42 feet; thence N.  $75^{\circ}04'07''$  W., 222.50 feet; thence N.  $14^{\circ}55'53''$  E., 430.24 feet to the true place of beginning; thence N.  $38^{\circ}11'$  W., 335.80 feet; thence N.  $35^{\circ}34'$  E., 391.97 feet; thence S.  $75^{\circ}04'07''$  E., 320.08 feet; thence S.  $2^{\circ}58'04''$  E., 58.51 feet to a point on the West right-of-way line of the County Road, said point being a point on curve; thence deflect right along said right-of-way around a curve to the left with a radius of 55.00 feet for a distance of 49.83 feet; thence S.  $10^{\circ}46'25''$  E. along said right-of-way a distance of 34.79 feet to a point on the Lower Granite Dam Boundary Take Line; thence S.  $14^{\circ}55'53''$  W. along said take line a distance of 153.69 feet to a point on the West right-of-way line of the County Road, said point being a point of curve; thence deflect right along said right-of-way around a curve to the left with a radius of 565.00 feet for a distance of 111.40 feet; thence S.  $20^{\circ}29'45''$  W. along said right-of-way a distance of 165.17 feet to a point of curve; thence along said right-of-way around a curve to the left with a radius of 155.00 feet for a distance of 6.05 feet; thence N.  $75^{\circ}04'07''$  W., 184.38 feet to the place of beginning, containing 5.00 acres.

SUBJECT TO: An Easement for ingress, egress and utilities more particularly described as follows:

Beginning at the Southeast corner of the above described tract; thence N.  $75^{\circ}04'07''$  W. along the South line of the above described tract a distance of 27.30 feet to a point on curve; thence deflect right around a curve to the right with a radius of 235.17 feet for a distance of 76.82 feet to a point on the West right-of-way line of the County Road; thence S.  $20^{\circ}29'45''$  W. along said right-of-way a distance of 63.38 feet to a point of curve; thence along said right-of-way around a curve to the left with a radius of 155.00 feet for a distance of 6.05 feet to the place of beginning.

All bearings are referred to a Record of Survey recorded as Instrument No. 194954.

TOGETHER WITH an Easement for ingress, egress and utilities over and across the following described property in Asotin County, Washington:

That part of the Southeast Quarter of Section 19 of Township 11 North, Range 45 East, W.M., Asotin County, Washington, more particularly described as follows:

Beginning at a point on the Lower Granite Boundary Take Line, said point being Corps of Engineers Monument No. 906-22; thence N.  $42^{\circ}42'34''$  E. along said take line a distance of 172.42 feet; thence S.  $80^{\circ}45''$  W., 124.09 feet; thence S.  $2^{\circ}58'04''$  E., 106.89 feet to the place of beginning.

SUBJECT TO AND TOGETHER WITH the right of ingress and egress on roads as they now traverse and exist over and across aforesaid portions of Section 19.

All bearings are referred to the Washington Coordinate System (South Zone).

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-042121

DATE ISSUED: 09/15/2020  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): GENA LEA  
LAST NAME(S): KURTH

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: SEPTEMBER 12, 2020  
HOUR OF DEATH: 03:45 AM  
SEX: FEMALE AGE: 85 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 427 WESTLAKE DR  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403-9800

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

RESIDENCE STREET: 427 WESTLAKE DR  
CITY, STATE, ZIP: CLARKSTON, WA 99403-9800  
INSIDE CITY LIMITS: NO COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 17 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: POMEROY, WA

FATHER: EUGENE L WILSON  
MOTHER: DORIS RUTH MALLORY

MARITAL STATUS: WIDOWED  
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: REMOVAL FROM STATE  
PLACE OF DISPOSITION: MOUNTAIN VIEW FUNERAL HOME &  
CREMATORY  
CITY, STATE: LEWISTON, IDAHO  
DISPOSITION DATE: SEPTEMBER 14, 2020

OCCUPATION: SECRETARY  
INDUSTRY: STATE OF WASHINGTON  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: NO

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME

INFORMANT: KINDY WILSON  
RELATIONSHIP: SON  
ADDRESS: 3408 8TH ST., LEWISTON, ID 83501

ADDRESS: 3521 7TH STREET  
CITY, STATE, ZIP: LEWISTON, IDAHO 83501  
FUNERAL DIRECTOR: GERALD E. BARTLOW

CAUSE OF DEATH:  
A: GLIOSARCOMA  
INTERVAL: 1 YEAR  
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: NO  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: ELIZABETH N. BLACK, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1271 HIGHLAND AVE STE B  
CITY, STATE, ZIP: CLARKSTON, WA 99403  
DATE SIGNED: SEPTEMBER 14, 2020

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: MAURINE L. NICHOLSON  
DATE RECEIVED: SEPTEMBER 14, 2020

54033

DOH 422-132 (8/18)



# Affidavit for Correction

Mail to: Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

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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<b>Required</b>	<b>Required information must match current information on record</b>				
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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 Birth 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: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)				
	7. Return Mailing Address: PO Box or Street Address City State Zip				
Telephone Number: ( )			Email Address: <del>XXXXXXXXXX</del>		

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 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

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**

- 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 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 using this form, 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**

- 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 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

DOH 422-034 January 2015

# CERTIFIED

SEP 15 2020

Dr. Glenn Houser  
Health District Officer  
Garfield County Health District



0 3 2 1 8 9 5 2



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