

Real Estate Excise Tax Affidavit (RCW 82.45 WAC 458-61A)

Only for sales in a single location code on or after January 1, 2020.
This affidavit will not be accepted unless all areas on all pages are fully completed.
This form is your receipt when stamped by cashier. *Please type or print.*

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.

1 Seller/Grantor

Name Charles W. Hay, deceased

Mailing address _____

City/state/zip _____

Phone (including area code) _____

2 Buyer/Grantee

Name Lillian M. Hay, a widow

Mailing address PO Box 368

City/state/zip Clarkston, WA 99403

Phone (including area code) (509) 758-9057

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

Name _____

Mailing address _____

City/state/zip _____

List all real and personal property tax parcel account numbers	Personal property?	Assessed value(s)
<u>1-235-01-002-0000</u>	<input type="checkbox"/>	<u>\$ 314,500.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>

4 Street address of property 435 Silcott Hills Terrace, Clarkston, WA 99403

This property is located in Clarkston (for unincorporated locations please select your county)

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 you need more space, attach a separate sheet to each page of the affidavit).

Lot 2 of Block 1 of Silcott Hills Addition according to the recorded plat thereof, records of Asotin County, Washington.

5 11 - Household, single family units

Enter any additional codes _____

(see back of last page for instructions)

Was the seller receiving a property tax exemption or deferral under RCW 84.36, 84.37, or 84.38 (nonprofit org., senior citizen or disabled person, homeowner with limited income)? Yes No

Is this property predominantly used for timber (as classified under RCW 84.84 and 84.33) or agriculture (as classified under RCW 84.34.020)? See ETA 3215. Yes No

If yes, complete the predominate use calculator (see instructions for section 5).

6 Is this property designated as forest land per RCW 84.33? Yes No

Is this property classified as current use (open space, farm and agricultural, or timber) land per RCW 84.34? Yes No

Is this property receiving special valuation as historical property per RCW 84.26? Yes No

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 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 signature _____ 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) doesn't wish to continue, all additional tax calculated pursuant to RCW 84.26, shall be due and payable by the seller or transferor at the time of sale.

(3) NEW OWNER(S) SIGNATURE

Signature _____ Signature _____
Print name _____ Print name _____

8 I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature of grantor or agent Lillian M. Hay

Name (print) Lillian M. Hay, surviving spouse

Date & city of signing 04/02/2021, Clarkston, WA

Signature of grantee or agent Lillian M. Hay

Name (print) Lillian M. Hay

Date & city of signing 04/02/2021, 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 \$5000, or by both imprisonment and fine (RCW 9A.20.020(1c)).

To ask about the availability of this publication in an alternate format for the visually impaired, please call 360-705-6705. Teletype (TTY) users may use the WA Relay Service by calling 711.

7 List all personal property (tangible and intangible) included in selling price.
If claiming an exemption, list WAC number and reason for exemption.
WAC number (section/subsection) WAC 458-61A-202(6)(a) and (i)
Reason for exemption _____

Transfer by inheritance under non-probated Will and community property agreement.

Type of document Lack of Probate Affidavit

Date of document 04/02/2021

Gross selling price	<u>314,500.00</u>
*Personal property (deduct)	<u>0.00</u>
Exemption claimed (deduct)	<u>314,500.00</u>
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%	<u>0.00</u>
Agricultural and timberland at 1.28%	<u>0.00</u>
Total excise tax: state	<u>0.00</u>
0.0025 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>
Affidavit 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

0200

APR 06 2021

ASOTIN COUNTY
TREASURER

Lillian Hay ck#7101

056038

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-000782

LOCAL FILE NUMBER: 0101

DATE ISSUED: 01/15/2021
FEE NUMBER:

FIRST AND MIDDLE NAME(S): CHARLES WILLIAM
LAST NAME(S): HAY

COUNTY OF DEATH: SPOKANE
DATE OF DEATH: JANUARY 08, 2021
HOUR OF DEATH: 06:21 AM
SEX: MALE AGE: 82 YEARS
SOCIAL SECURITY NUMBER: 541-42-4781

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

BIRTH DATE: APRIL 04, 1938
BIRTHPLACE: CORVALLIS, OR

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: LILLIAN GASSNER

OCCUPATION: BUSINESS OWNER
INDUSTRY: FOOD SALES
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: NO

INFORMANT: LILLIAN HAY
RELATIONSHIP: SPOUSE
ADDRESS: 435 SILCOTT HILLS TERRACE, CLARKSTON, WA 99403

CAUSE OF DEATH:
A: PULMONARY ASPIRATION
INTERVAL: MINUTES
B: GASTROINTESTINAL HEMORRHAGE
INTERVAL: HOURS
C: RECENT RESECTION OF GASTRIC MYOFIBROBLASTIC TUMOR
INTERVAL: 10 DAYS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ACUTE AND CHRONIC RENAL FAILURE ACUTE HYPOXIC RESPIRATORY FAILURE DELIRIUM

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: HOSPITAL
FACILITY OR ADDRESS: PROVIDENCE HOLY FAMILY HOSPITAL
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99208

RESIDENCE STREET: 435 SILCOTT HILLS TERRACE
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: WILLIAM C HAY
MOTHER: GEORGIA LOVELL

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: VINELAND CEMETERY

CITY, STATE: CLARKSTON, WASHINGTON
DISPOSITION DATE: JANUARY 13, 2021

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES LLC
ADDRESS: P.O. 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: MICHAEL R. MOORE, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 105 W. 8TH AVENUE, SUITE 7010
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99203
DATE SIGNED: JANUARY 11, 2021

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

LOCAL DEPUTY REGISTRAR: TAYLOR L. DIGGLES
DATE RECEIVED: JANUARY 11, 2021

EXHIBIT A

54058

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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Required	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: 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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <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:

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 nd parent (if required):
Printed name:	Printed name:
Date:	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

- 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

<p><u>Child under 18</u></p> <ul style="list-style-type: none"> • 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 	<p><u>Adult (18 years or older)</u></p> <ul style="list-style-type: none"> • 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
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*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

JAN 15 2021

[Signature]
 Dr. Larry Jecha
 Health District Officer
 Garfield County Health District



0 3 2 1 9 2 9 2

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

Last Will and Testament

OF

CHARLES W. HAY

I, CHARLES W. HAY, 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 man, and my heirs consist of my wife, LILLIAN M. HAY, and our four children, WILLIAM C. HAY of Green Valley, Arizona, BRENDA M. HAY of Issaquah, Washington, STEVEN M. HAY of Clarkston, Washington, and DENNIS M. HAY of Chula Vista, California. All of my children are of legal age.

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, 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 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.


IV.

I give, devise and bequeath all of my property and estate, wheresoever situated, real, personal, and mixed, to my beloved wife, LILLIAN M. HAY, if she survives me by thirty (30) days.

PROVIDED if my wife, LILLIAN M. HAY, does not survive me by thirty (30) days, then I give my property as follows:

- 4.1 \$50,000.00 to WILLIAM C. HAY.
- 4.2 \$150,000.00 each to BRENDA M. HAY, STEVEN M. HAY, and DENNIS M. HAY.
- 4.3 If there are not sufficient funds in my Estate to pay those sums to my children, the funds that remain in my Estate shall be divided up so as to keep the same percentage proportions for each beneficiary even though the amount they each receive will be less than the sums noted above.
- 4.4 All remaining personal property is to be auctioned off after my attached personal property list is distributed.

All of the rest, residue, and remainder of my estate I give to St. Vincent De Paul of Clarkston, Washington.



PROVIDED FURTHER, in the event that any of my 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 spouse, if any. If any of my children have predeceased me leaving no surviving spouse, said deceased child's share shall be distributed to that child's surviving child or children in equal shares. If any of my children have predeceased me leaving no surviving spouse or children, then said deceased child's share shall be distributed to my other surviving children in equal shares.

V.

I hereby nominate and appoint my wife, LILLIAN M. HAY, as personal representative of this, my LAST WILL AND TESTAMENT, and I direct that she be permitted to act as such without bond and without intervention of any court.

In the event my wife, LILLIAN M. HAY, is unable or unwilling to qualify as such personal representative, then, and in that event, I name and designate my daughter, BRENDA M. HAY 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 WITNESS WHEREOF, I have hereunto set my hand in the presence of these subscribed witnesses at Clarkston, Asotin County, Washington, on this 13th day of February, 2019.

Charles W Hay
CHARLES W. HAY, TESTATOR

ch

The foregoing instrument, consisting of four (4) pages, including this page, was at the date thereof, by the said CHARLES W. HAY, sealed, published and declared by him to be his LAST WILL AND TESTAMENT, in the presence of us, who at his request and in his presence and in the presence of each other, have subscribed our names as witnesses thereto, CHARLES W. HAY 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.

Brookley Burns

Thomas J. Seligwood

cl

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 Testator herein, CHARLES W. HAY, on the date of the instrument to which this affidavit is attached, to wit: The 13th day of February, 2019. That said instrument was signed and executed by the said Testator at Clarkston, Asotin County, Washington, on the date it bears, in our presence, and that said Testator thereupon published and declared said instrument to be his 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 Testator and in the presence of each other, subscribed our names as witnesses to this affidavit.

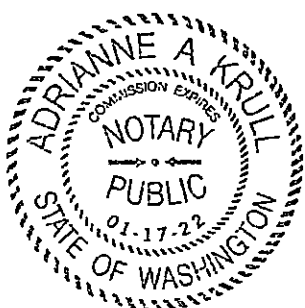
At the time of the execution of said instrument and this affidavit, the said Testator was of the age of majority, and was of sound and disposing mind and not acting under duress, fraud, menace, undue influence of misrepresentation, or any other liability heretofore unnamed which might militate against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

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

Brooke J. Burns
Brooke J. Burns
922 6th Street
Clarkston, WA 99403

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

SIGNED AND SWORN to before me this 13th day of February, 2019, by Brooke J. Burns and Thomas L. Ledgerwood.



Adrienne A. Krull
Notary Public in and for the State of Washington,
residing at Clarkston. Expires: 1/17/2022

After Recording Return to:
Ledgerwood & Burns, PLLC
Brooke J. Burns
922 6th Street
Clarkston, WA 99403

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, Made and entered into this 13th day of February, 2019, by and between CHARLES W. HAY and LILLIAN M. HAY, husband and wife,


WITNESSETH:

WHEREAS, The parties are husband and wife and residents of Asotin County, Washington; and it is the intention of the parties that all of the property now owned or hereafter acquired by them, or either of them, shall be community property and shall vest in the survivor upon the death of one of them,


NOW, THEREFORE, for and in consideration of the covenants herein contained and the mutual benefits to be derived therefrom, the parties hereto covenant and agree that every piece, parcel and item of property, whatever its nature and wherever situate, be and have the status of community property, and all of such property is hereby conveyed by each and both to themselves as a marital community, and upon the death of either party, title to such property shall immediately pass to, and become vested in, the survivor as his or her sole and separate property.

THIS AGREEMENT will be automatically revoked by a decree of legal separation or dissolution, unless otherwise provided in such decree. This agreement will not control the division of property in any such proceeding.

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



CHARLES W. HAY



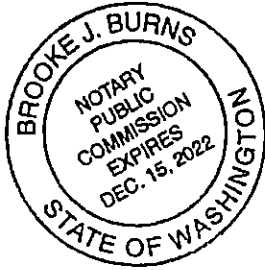
LILLIAN M. HAY

COMMUNITY PROPERTY AGREEMENT -1

EXHIBIT C

54058

SIGNED AND SWORN to before me this 13th day of February, 2019, by CHARLES W. HAY and LILLIAN M. HAY, husband and wife,



Brooke Burns
NOTARY PUBLIC in and for the State of Washington, residing at Clarkston.
Commission expires: 12/15/2022