

REAL ESTATE EXCISE TAX AFFIDAVIT

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)

Check box if partial sale of property

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

SELLER GRANTOR	1 Name <u>Darlene F. Plant</u>	BUYER GRANTEE	2 Name <u>Aaron R. Wojcik</u>
	Mailing Address <u>1301 Main St.</u>		Mailing Address <u>1817 Elm St.</u>
	City/State/Zip <u>Kingman AZ 86401</u>		City/State/Zip <u>Clarkston WA 99403</u>
	Phone No. (including area code)		Phone No. (including area code)
3 Send all property tax correspondence to: <input type="checkbox"/> Same as Buyer/Grantee		List all real and personal property tax parcel account numbers - check box if personal property	
Name <u>Aaron R. Wojcik</u>		<u>1251000300000000</u> <input type="checkbox"/>	
Mailing Address <u>1968 GOLFVIEW DR.</u>		<input type="checkbox"/>	
City/State/Zip <u>CLARKSTON WA 99403</u>		<input type="checkbox"/>	
Phone No. (including area code) <u>708-638-3573</u>		<input type="checkbox"/>	
		List assessed value(s) <u>266,500.00</u>	

4 Street address of property: 1968 Golfview Dr. - Clarkston, WA 99403

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.

See attached legal description.

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)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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	YES	NO
Is this property designated as forest land per chapter 84.33 RCW?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is this property receiving special valuation as historical property per chapter 84.26 RCW?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 05/04/21

Gross Selling Price	\$	<u>300,000.00</u>
*Personal Property (deduct)	\$	<u>0.00</u>
Exemption Claimed (deduct)	\$	<u>0.00</u>
Taxable Selling Price	\$	<u>300,000.00</u>
Excise Tax : State	\$	<u>3,300.00</u>
Local	\$	<u>750.00</u>
*Delinquent Interest: State	\$	<u>0.00</u>
Local	\$	<u>0.00</u>
*Delinquent Penalty	\$	<u>0.00</u>
Subtotal	\$	<u>4,050.00</u>
*State Technology Fee	\$	<u>5.00</u>
*Affidavit Processing Fee	\$	<u>0.00</u>
Total Due	\$	<u>4,055.00</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>Darlene F. Plant</u>	Signature of Grantee or Grantee's Agent <u>Aaron R. Wojcik</u>
Name (print) <u>Darlene F. Plant</u>	Name (print) <u>Aaron R. Wojcik</u>
Date & city of signing: <u>5/4/21 Clarkston, WA</u>	Date & city of signing: <u>5-4-21 CLARKSTON WA</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)).

EXHIBIT "A"

544582

That part of Lots 3 and 4 of Block Three of Golfview Addition according to the recorded plat thereof, filed in Book E of Plats, page 58, Official Records of Asotin County, Washington, more particularly described as follows: Beginning at the Northeast corner of said Lot 3; thence South $24^{\circ}40'$ East along the East line of said Lot 3 a distance of 87.75 feet to a point on the North right of way line of Golfview Drive; thence South $54^{\circ}58'$ West along said right of way line a distance of 82.48 feet to a point of curve; thence continue along said right of way line around a curve to the right with a radius of 116.53 feet for a distance of 3.32 feet; thence North $28^{\circ}14'$ West a distance of 131.64 feet to a point on the North line of said Lot 3; thence South $87^{\circ}52'$ East along said North line a distance of 70.34 feet; thence North $58^{\circ}12'$ East along said North line a distance of 30.00 feet to the place of beginning.

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<p>Return Address</p> <p>Alliance Title & Escrow, LLC 735 5th St. Clarkston, WA 99403</p>

Please print or type information

<p>Document Title(s) (or transactions contained therein):</p> <p>1. Lack of Probate Affidavit 2. 3. 4.</p>
<p>Grantor(s) (Last name first, then first name and initials):</p> <p>1. Plant, Clarence Earl Jr. 2. 3. 4. <input type="checkbox"/> Additional names on page __ of document.</p>
<p>Grantee(s) (Last name first, then first name and initials):</p> <p>1. Plant, Darlene F. 2. 3. 4. <input type="checkbox"/> Additional names on page __ of document.</p>
<p>Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.)</p> <p><input type="checkbox"/> Additional legal is on page __ of document.</p>
<p>Reference Number(s) of Documents assigned or released:</p> <p><input type="checkbox"/> Additional numbers on page __ of document.</p>
<p>Assessor's Property Tax Parcel/Account Number</p> <p><input type="checkbox"/> Property Tax Parcel ID is not yet assigned <input type="checkbox"/> Additional parcel numbers on page __ of document</p>
<p>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.</p>

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AFFIDAVIT (LACK OF PROBATE)

Darlene F. Plant, 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 Clarence Earl Plant, Jr. (decedent), who died on (date)

1/16/2018, at

Spokane Valley Spokane Washington
City County 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: 1968 Golfview Dr.

Clarkston WA 99403
City State 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)

Darlene F. Plant, Spouse

1301 Main St. - Kingman, AZ 86401

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

(Continued on next page)

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Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : _____

Darlene F. Plant

Affiant's full name

(509) 552-6220 (cell)

Telephone number

1301 Main St.

Street

Kingman

AZ

86401

City

State

Zip Code

Darlene F. Plant

Signature

5/5/2021

Date

State of Arizona County of Mohave

I know or have satisfactory evidence that Darlene F. Plant
(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: 05/05/2021

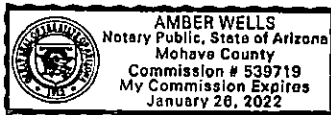
(SEAL OR STAMP)

[Signature]
Signature of Notary Public Amber Wells

Residing at: Kingman, Arizona 86409

Notary Public in and for the State of Arizona

My appointment expires: 01/26/2022



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: 2018-002535

LOCAL FILE NUMBER: 0246

DATE ISSUED: 01/25/2018
FEE NUMBER: 310118

FIRST AND MIDDLE NAME(S): CLARENCE EARL
LAST NAME(S): PLANT JR

COUNTY OF DEATH: SPOKANE
DATE OF DEATH: JANUARY 16, 2018
HOUR OF DEATH: 11:35 AM
SEX: MALE AGE: 82 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: VALLEY HOSPITAL AND MEDICAL CENTER
CITY, STATE, ZIP: SPOKANE VALLEY, WASHINGTON 99216

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

RESIDENCE STREET: 1958 GOLFVIEW DR
CITY, STATE, ZIP: CLARKSTON, WA 99403-1123
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 19 YEARS

BIRTH DATE: MAY 03, 1935
BIRTH PLACE: MUKILTEO, WA

FATHER/PARENT: CLARENCE EARL PLANT SR
MOTHER/PARENT: ALICE GERTRUDE GREGORY

MARITAL STATUS: MARRIED
SPOUSE: DARLENE FAE CONKLIN

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: CYPRESS LAWN MEMORIAL PARK

OCCUPATION: STEVEDORE
INDUSTRY: MARITIME ASSOCIATION
EDUCATION: NO DIPLOMA, 8TH - 12TH GRADE
US ARMED FORCES: YES

CITY, STATE: EVERETT, WASHINGTON
DISPOSITION DATE: JANUARY 26, 2018

INFORMANT: DARLENE FAE PLANT
RELATIONSHIP: WIFE
ADDRESS: 1958 GOLFVIEW DR, CLARKSTON, WA 99403-1123

FUNERAL FACILITY: HAZEN & JAEGER VALLEY FUNERAL HOME

ADDRESS: 1306 N PINES RD
CITY, STATE, ZIP: SPOKANE VALLEY, WASHINGTON 99205
FUNERAL DIRECTOR: CLINT CHAMPION

CAUSE OF DEATH:
A: CEREBROVASCULAR ACCIDENT
INTERVAL: DAYS

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: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: PURVI PATEL, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 12606 E. MISSION AVENUE
CITY, STATE, ZIP: SPOKANE VALLEY, WA 99216
DATE SIGNED: JANUARY 18, 2018

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: SHANNON BITTNER
DATE RECEIVED: JANUARY 19, 2018

CC# 422132 (4/16)

NOT VALID IF PHOTOCOPIED OR ALTERED

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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 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) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)

First Middle Last/Maiden 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: P.O. 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 foregoing is true and correct

16a. Signature: Date: 16b. Signature of 2nd parent (if required): 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

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.

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Child under 18</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>Adult (18 years or older)</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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

*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 2016



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



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