



REAL ESTATE EXCISE TAX AFFIDAVIT

PLEASE TYPE OR PRINT

THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED

This form is your receipt when stamped by cashier.

Form sections 1 and 2: Seller/Grantor (Lorraine R. Jollymore) and Buyer/Grantee (Timothy K. Colgan, Beth M. Colgan) with addresses and contact info.

Form sections 3 and 4: Correspondence address (Clarkston WA 99403) and property address (2126 23rd St. - Clarkston, WA 99403).

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

Form section 6: Property classification questions (forest land, current use, special valuation).

(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...

This land [] does [X] does not qualify for continuance.

(2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY) NEW OWNER(S): To continue special valuation as historic property...

(3) OWNER(S) SIGNATURE PRINT NAME

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

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

Table with columns: Type of Document (Statutory Warranty Deed (SWD)), Date of Document (05/24/21), and various fees (Gross Selling Price, Personal Property, Exemption, Taxable Selling Price, Excise Tax, Delinquent Interest, Delinquent Penalty, State Technology Fee, Affidavit Processing Fee, Total Due).

Form section 8: I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. Includes signatures of Lorraine R. Jollymore and Timothy K. Colgan, dated 5/25/2021.

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)).

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

Please print or type information

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

54200

AFFIDAVIT (LACK OF PROBATE)

M Lofrairie R. Jollymore 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 William Gordon Jollymore (decedent), who died on (date)

5/15/2020, at

Spokane

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: 2126 23rd St.

Clarkston

WA

Street

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)

M Lofrairie R. Jollymore, spouse

Lacey, WA

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

(Continued on next page)

54200

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: May 24, 2021

u Lorraine R. Jollymore
Affiant's full name

509-758-1171

Telephone number

8353 Bainbridge Loop

Street

Lacey

WA

98516

City

State

Zip Code

[Handwritten Signature]
Signature

5/24/2021
Date

State of Washington

County of THURSTON

I know or have satisfactory evidence that u Lorraine R. Jollymore

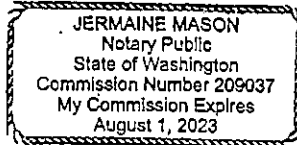
(name of person)

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: 5 / 24 / 2021

[Handwritten Signature]
Signature of Notary Public

(SEAL OR STAMP)



Residing at: THURSTON county

Notary Public in and for the State of WA

My appointment expires: 8 / 1 / 2023

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)

54200

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-022876

LOCAL FILE NUMBER: 2048

DATE ISSUED: 05/20/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): WILLIAM GORDON
LAST NAME(S): JOLLYMORE

COUNTY OF DEATH: SPOKANE

DATE OF DEATH: MAY 15, 2020

HR OF DEATH: 01:10 PM

SEX: MALE

AGE: 86 YEARS

SOCIAL SECURITY NUMBER:

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: MULTICARE DEACONESS HOSPITAL

CITY, STATE, ZIP: SPOKANE, WASHINGTON 99204

RESIDENCE STREET: 2126-23RD STREET

CITY, STATE, ZIP: CLARKSTON, WA 99403

INSIDE CITY LIMITS: NO

COUNTY: ASOTIN

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 5 YEARS

HISPANIC ORIGIN: NO; NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: JANUARY 20, 1934

BIRTH PLACE: SYDNEY, NS, CANADA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: LORRAINE RUTH HEEFINGTON

FATHER: ELMORE LAWSON JOLLYMORE

MOTHER: NELLIE LOUISE GORDON

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: VALLEY CREMATORY

OCCUPATION: SALESPERSON

INDUSTRY: SPORTING GOODS

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

CITY, STATE: LEWISTON, IDAHO

DISPOSITION DATE: MAY 20, 2020

FUNERAL FACILITY: VASSAR-RAWLS FUNERAL HOME

INFORMANT: LORRAINE R. JOLLYMORE

RELATIONSHIP: WIFE

ADDRESS: 2126-23RD STREET, CLARKSTON, WASHINGTON 99403

ADDRESS: 920 21ST AVENUE

CITY, STATE, ZIP: LEWISTON, IDAHO 83501

FUNERAL DIRECTOR: DENNIS W. HASTINGS

CAUSE OF DEATH:

A. CARDIAC ARREST

INTERVAL: 3 MINUTES

B. PULMONARY FAILURE

INTERVAL: 4 HOURS

C. RENAL FAILURE

INTERVAL: 16 HOURS

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:

HR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

CERTIFIER NAME: RYAN F. HOLBROOK, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 601 S. SHERMAN

CITY, STATE, ZIP: SPOKANE, WA 99202

DATE SIGNED: MAY 19, 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: TAYLOR L. DIGGLES

DATE RECEIVED: MAY 19, 2020

NOT VALID IF PHOTOCOPIED OR ALTERED

54200



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
-------------------	------------	----------	------	------------------

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
First	Middle	Last	MM/DD/YYYY	(City or County)
4. Father/Parent Full Birth 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
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:		

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:	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

Child under 18	Adult (18 years or older)
<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 	<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 marital status, 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.

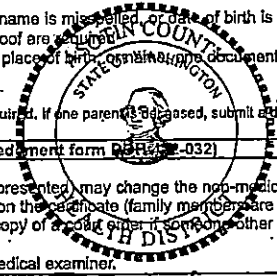
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DD-214-032)

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 member, 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



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

Health Officer

MAY 20 2020



0 3 0 4 8 8 4 1

54200