

REAL ESTATE EXCISE TAX AFFIDAVIT
CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

This form is your receipt when stamped by cashier.

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.

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

PLEASE TYPE OR PRINT

Check box if partial sale, indicate % sold. List percentage of ownership acquired next to each name.

| | | | | | |
|----------------|---------------------------------|----------------------------------|---------------|---------------------------------|---------------------|
| SELLER GRANTOR | 1 Name | MEVIN MCCLAIN GEORGIE MCCLAIN | BUYER GRANTEE | 2 Name | GEORGIE MCCLAIN |
| | Mailing Address | 1703 CHARENNE DR | | Mailing Address | 1703 CHARENNE DR |
| | City/State/Zip | CLARKSTON, WA 99403 | | City/State/Zip | CLARKSTON, WA 99403 |
| | Phone No. (including area code) | | | Phone No. (including area code) | |

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

Name _____
Mailing Address _____
City/State/Zip _____
Phone No. (including area code) _____

| List all real and personal property tax parcel account numbers - check box if personal property | List assessed value(s) |
|-------------------------------------------------------------------------------------------------|------------------------|
| 1-04-14-013-0001 <input type="checkbox"/> | \$1,400 -0.00 |
| <input type="checkbox"/> | 0.00 |
| <input type="checkbox"/> | 0.00 |
| <input type="checkbox"/> | 0.00 |

4 Street address of property: 1703 CHARENNE DR.
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): U

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)? YES NO

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 YES NO

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

PER REET # 52209, 5-31-19, GEORGIE TRANSFERS OWNERSHIP TO BETTY.

If claiming an exemption, list WAC number and reason for exemption:
WAC No. (Section/Subsection) 458-61A-202(6) (H)
Reason for exemption INHERITANCE - COMMUNITY PROPERTY

6 YES NO

Is this property designated as forest land per chapter 84.33 RCW? YES NO

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

Is this property receiving special valuation as historical property per chapter 84.26 RCW? YES NO

Type of Document COMMUNITY PROP AGREE.
Date of Document 7-12-95

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.

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

DEPUTY ASSESSOR _____ DATE _____

(2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY)
NEW OWNER(S): To continue special valuation as historic property, sign on (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 _____

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>BETTY HOLDREN</u> | Signature of Grantee or Grantee's Agent <u>BETTY HOLDREN</u> |
| Name (print) <u>BETTY HOLDREN</u> | Name (print) <u>BETTY HOLDREN</u> |
| Date & city of signing <u>6-8-21 ASOTU</u> | Date & city of signing <u>6-8-21 ASOTU</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)).

CASH \$10.00

054242

Situate in the County of Asotin, State of Washington, to-wit:

PARCEL I:

That part of Lot 13 of Block "U" of VINELAND, Asotin County, Washington, more particularly described as follows:

Beginning at the Northeast corner of said Lot 13; thence along the East line of said Lot 13 a distance of 140.0 feet; thence West a distance of 96.12 feet to a point on curve; then deflect right and continue around a curve to the left with a radius of 45.0 feet for a distance of 47.06 feet; thence North 30°05' East a distance of 116.80 feet to a point on the North line of said Lot 13; thence East along said North line a distance of 60.0 feet to the place of beginning.

PARCEL II:

An easement for ingress and egress over and across Lots 13 and 14 in said Block "U", said easement being 7½ feet on either side of the following described centerline: Commencing at the Northeast corner of said Lot 13; thence South along the East line of said Lot 13 a distance of 140.0 feet; thence West a distance of 96.12 feet to the TRUE PLACE OF BEGINNING; thence continue West a distance of 136.90 feet; thence South a distance of 800.36 feet to a point on the centerline of 18th Avenue, said point being the terminus of the above described centerline.

54242

215684

AGREEMENT TO PASS PROPERTY
AT DEATH TO SURVIVING SPOUSE

THIS AGREEMENT, made and entered into this 12th day of July, 1995, by and between Melvin McClain, husband, and Georgie McClain, wife, residents of Asotin County, State of Washington, is relative to property in which the parties, or either of them, have any interest, and the disposition thereof upon the death of either of them. The parties hereby declare that all property acquired by them, whether real or personal, is community property and shall pass absolutely to the survivor.

WITNESSETH:

1. **Marriage:** The parties were married on September 18, 1948, and since that date have been, and now are, husband and wife.

2. **Devolution of Real Property:** Upon the death of either party all right, title and interest of that party, whether separate, community, or quasi-community property in character, in and to the following described real property, shall pass to and absolutely vest in the survivor:

Situate in the County of Asotin, State of Washington, to-wit:

PARCEL I:

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Beginning at the Northeast corner of said Lot 13; thence along the East line of said Lot 13 a distance of 140.0 feet; thence West a distance of 96.12 feet to a point on curve; then deflect right and continue around a curve to the left with a radius of 45.0 feet for a distance of 47.06 feet; thence North 30°05' East a distance of 116.80 feet to a point on the North line of said Lot 13; thence East along said North line a distance of 60.0 feet to the place of beginning.

PARCEL II:

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3. Devolution of Personal Property: Upon the death of either party, all right, title and interest in the decedent, whether separate, community, or quasi-community property in character, in and to any personal property in which the decedent has any interest shall pass to and absolutely vest in the survivor.

4. Liabilities: All real and personal property described in the preceding paragraphs shall vest in the surviving spouse subject to any and all liabilities imposed upon the survivor.

AGREEMENT TO PASS PROPERTY
AT DEATH TO SURVIVING SPOUSE

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5. **Binding Effect:** This agreement shall bind and inure to the benefit of the parties and their respective legal representatives, successors, heirs, grantees and assigns.

6. **Constructional Rules:** In construing this agreement, words in any gender shall be deemed to include the other genders, and the singular shall be deemed to include the plural and vice versa. The paragraph headings are for convenience only and are not a part of this agreement and shall not be used in interpreting this agreement.

IN WITNESS WHEREOF, the parties have executed this agreement the day and year hereinabove first written.

Melvin M^cClain
Melvin McClain, Husband

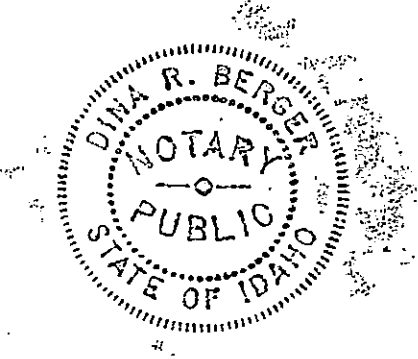
Georgie McClain
Georgie McClain, Wife

STATE OF IDAHO)
 : SS.
County of Nez Perce)

On this 12th day of July, 1995, before me, the undersigned, a Notary Public in and for the State of Idaho, personally appeared Melvin McClain and Georgie McClain, known or identified to me to be the persons whose names are subscribed to the within and foregoing instrument and acknowledge to me that they executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.

Dina Berger
Notary Public for Idaho.
Residing at Lewiston, therein.
My commission expires: Aug 29, 2000.



54242

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

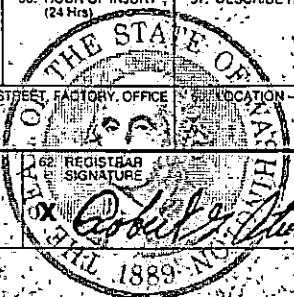
146

STATE FILE NUMBER

LOCAL FILE NUMBER

OFFICE USE ONLY
DISTRICT
COPIES
HOSPITAL
OCCURRENCE
RESIDENCE
OCCUPATION
PARENTS
DISPOSITION
CERTIFIER
OCCASION OF DEATH
ACC LOG
QUERIES

| | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|
| 1. NAME First: MELVIN Middle: CLIFFORD Last: McCLAIN | | | 2. SEX (M/F) Male | 3. DEATH DATE (Mo, Day, Yr) October 31, 1999 | | | |
| 4. AGE LAST BIRTH-DAY (Yrs) 81 | 5. UNDER 1 YEAR MOS: DAYS: HOURS: MINS: | 6. UNDER 1 DAY | 7. BIRTHDATE (Mo, Day, Yr) Aug. 15, 1918 | 8. BIRTHPLACE (City, State or Foreign Country) Genesee, Idaho | 9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) Yes | 10. COUNTY OF DEATH Asotin | |
| 11. CITY, TOWN OR LOCATION OF DEATH Clarkston | | | 12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <input checked="" type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG. RM/OUTPTN. <input type="checkbox"/> HOSP. <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE | | 13. SMOKING IN LAST 15 YEARS? (Yes/No) Yes | | |
| 14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married | | 15. SURVIVING SPOUSE (If wife, give maiden name) Georgie E. Parsley | | 16. SOCIAL SECURITY NO. [REDACTED] | 17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 8 College (1-4 or 5-): | | |
| 18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Log Scaler | | 19. KIND OF BUSINESS OR INDUSTRY Timber | | 20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No | 21. RACE (Specify) White | | |
| 22. RESIDENCE — NUMBER AND STREET 1703 Charene Drive | | 23. CITY/TOWN OR LOCATION Clarkston | 24. INSIDE CITY LIMITS? (Yes/No) No | 25A. COUNTY Asotin | 25B. LENGTH OF RES. IN CO. 5 years | 26. STATE Washington | 27. ZIP CODE 99403 |
| 28. FATHER'S NAME — FIRST, MIDDLE, LAST Herberton Benton McClain | | | 29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Marie Jekeal | | | | |
| 30. INFORMANT — NAME Georgie E. McClain | | 31. MAILING ADDRESS — STREET OR RFD NO., CITY OR TOWN, STATE, ZIP 1703 Charene Drive, Clarkston, Washington 99403 | | | | | |
| 32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Removal | 33. DATE (Mo, Day, Yr) Oct. 31, 1999 | 34. CEMETERY/CREMATORY — NAME Valley Crematory | | 35. LOCATION — CITY/TOWN, STATE Lewiston, Idaho | | | |
| 36. GENERAL DIRECTOR SIGNATURE Richard O. Vassar | | 37. NAME OF FACILITY Vassar-Rawls Funeral Home | | 38. ADDRESS OF FACILITY 320-21st Avenue, Lewiston, Idaho 83501 | | | |
| 39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X | | | 43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE [Signature] | | | | |
| 40. DATE SIGNED (Mo., Day, Yr) | | 41. HOUR OF DEATH (24 Hrs.) | | 44. DATE SIGNED (Mo., Day, Yr) 11/2/99 | | | |
| 42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | 45. PRONOUNCED DEAD (Mo., Day, Yr) October 31, 1999 | | 47. HOUR PRONOUNCED DEAD (24 Hrs.) 1030 | | |
| 48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Ray D. Lutes, Coroner, P.O. Box 180, Asotin, Washington 99402 | | | 49. ME/CORONER FILE NUMBER 12:15 | | | | |
| 50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: | | | | | | | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST. | | A. PROBABLE CVA DUE TO, OR AS A CONSEQUENCE OF: | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| | | B. DUE TO, OR AS A CONSEQUENCE OF: | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| | | C. DUE TO, OR AS A CONSEQUENCE OF: | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| | | D. DUE TO, OR AS A CONSEQUENCE OF: | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| 51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE: | | | 52. AUTOPSY? (Yes/No) No | 53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) Yes | | | |
| 54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) UNDET | | 55. INJURY DATE (Mo, Day, Yr) | 56. HOUR OF INJURY (24 Hrs.) | 57. DESCRIBE HOW INJURY OCCURRED | | | |
| 58. INJURY AT WORK? (Yes/No) | | 59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (Specify) | | | | | |
| 61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE | | 62. REGISTRAR SIGNATURE [Signature] | | 63. DATE RECEIVED (Mo., Day, Yr) NOV 02 1999 | | | |



FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)

DOH 01-003 (5/99)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

AFFIDAVIT FOR CORRECTION

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE; A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------|-------------------------------------------------------------------------|-------------------------------------|
| NUMBER OF CERTIFICATES | FEE NUMBER | INITIALS | DATE | AFFIDAVIT NUMBER |
| STATE OFFICE USE ONLY | | | STATE OFFICE USE ONLY | |
| The record of Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution <input type="checkbox"/> with | | 1. STATE FILE NUMBER | | for |
| 2. NAME | | 3. DATE OF EVENT | | 4. PLACE OF EVENT (City and County) |
| 5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution) | | | 6. MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Dissolution) | |
| THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS: | | | | |
| THE RECORD NOW SHOWS: | | | THE TRUE FACT IS: | |
| 7. | | 8. | | |
| 9. | | 10. | | |
| 11. | | 12. | | |
| 13. | | 14. | | |
| I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY | | | | 15. |
| PHONE NUMBER: | | | | |
| I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT. | | | | |
| 16. SIGNATURE | | 17. DATE | | 18. ADDRESS |

DCH 110-007 (Rev. 2/99)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

1. All changes must be established by documentary proof submitted with the affidavit.
2. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
3. 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.
4. Proof must be five (or more) years old or established within five years of birth.
5. Examples of documents of proof:

| | | |
|-------------------------------|---------------------------|-----------------------------------------------------------|
| Certificate of Naturalization | Marriage Record | School Record |
| Census Record | Medical Record | Voter's Registration Card (if it bears an effective date) |
| Hospital Records | Military Record (DD-214) | Alien Registration Card (front and back) |
| Insurance Records | Your Child's Birth Record | Passport |
6. Up to age one, the parent(s) or legal guardian may change the child's surname with an affidavit for correction provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
7. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
8. This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DOH 110-001)

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.
2. The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

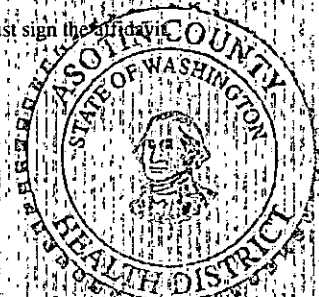
Marriage/Dissolution (Divorce) Certificates

1. Personal fact (minor spelling changes) in name, date, or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
 Center for Health Statistics
 1112 Quince Street South
 P.O. Box 9709
 Olympia, WA 98507-9709

This is a legal document.
 Complete in ink and do not alter.



Robert G. Atwood, M.D.

Robert G. Atwood, M.D.
 Health Office

NOV 02 1999
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