

**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 <u>HUSTEN P. HOLDREN</u>	BUYER GRANTEE	2 Name <u>BETTY JO HOLDREN</u>
	<u>BETTY JO HOLDREN</u>		
	Mailing Address <u>1715 POWE DR.</u>		Mailing Address <u>1715 POWE DR.</u>
	City/State/Zip <u>CLARKSTON, WA 99403</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:  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

<u>1-004-14-007-004</u> <input type="checkbox"/>	List assessed value(s)
<input type="checkbox"/>	<u>152,000 -0.00</u>
<input type="checkbox"/>	0.00
<input type="checkbox"/>	0.00
<input type="checkbox"/>	0.00

4 Street address of property: 1715 POWE 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): 11

Select Land Use Codes \_\_\_\_\_

enter any additional codes: \_\_\_\_\_

(See back of last page for instructions)

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

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

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 taxes 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 (6) (H)

Reason for exemption INHERITANCE - COMMUNITY PROPERTY

Type of Document COMMUNITY PROP AGREE.

Date of Document 9-16-26

Gross Selling Price \$ \_\_\_\_\_

\*Personal Property (deduct) \$ \_\_\_\_\_

Exemption Claimed (deduct) \$ \_\_\_\_\_

0200 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 \$ 0.00

\*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 -0.00

Total Due \$ 10.00 -5.00

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 [Signature] Signature of Grantee or Grantee's Agent [Signature]

Name (print) Betty Jo Holdren Name (print) Betty Jo Holdren

Date & city of signing 6-8-21 ASOTIN Date & city of signing 6-8-21 ASOTIN

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)).

REV 84 0001a (12/6/19) THIS SPACE - TREASURER'S USE ONLY COUNTY TREASURER

CASH \$10.00

054243

That portion of Lot 7, Block "U" of Vineland, according to the plat recorded in Book A of Plats, page 34, in Asotin County Washington, more particularly described as follows:

Commencing at the southeast corner of said Lot 7, which is in the center of the county road; thence West along the South boundary line of Lot 7 a distance of 423.8 feet to the place of beginning; thence continue West along the South line of said Lot 7 a distance of 150.0 feet; thence at right angles due North a distance of 249.3 feet to the North boundary line of said Lot 7; thence at right angles due East along said North line a distance of 150.0 feet; thence at right angles due South a distance of 249.32 feet to the place of beginning, together with the existing roadway casement over, along and across the East 16 feet of Lot 12, Block "U" Vineland, said East 16 feet extended North into Lot 7 a distance of 30 feet;

SUBJECT TO Real Estate Mortgage dated August 10, 1972 from Ronald Horne and Leah K. Horne, husband and wife, to Lewis and Clark Savings and Loan Association, recorded August 18, 1972 as Instrument No. 113746, records of Asotin County, Washington; and

SUBJECT TO Power line easement granted to the Washington Water Power Company by Instrument recorded in Book 48 of Deeds, page 341, records of Asotin County; Washington; and

SUBJECT TO rights of the public in and to that portion within roads or rights of way,

Situated in the County of Asotin, State of Washington.

54243

**AGREEMENT TO PASS PROPERTY  
AT DEATH TO SURVIVING SPOUSE**

THIS AGREEMENT, made and entered into this 11<sup>th</sup> day of September, 1996, by and between Husten Paul Holdren, husband, and Betty Jo Holdren, 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 January 15, 1971, 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:

AGREEMENT TO PASS PROPERTY  
AT DEATH TO SURVIVING SPOUSE  
Page - 1  
db\wills\holdren.cpa

Asotin County, WA  
Darla McKay Auditor

**372265**  
06/08/2021 01:58 PM



I-2 AGR  
Pgs=6 Fee:\$108.50  
BETTY JO HOLDREN

54243

That portion of Lot 7; Block "U" of Vineland, according to the plat recorded in Book A of Plats, page 34, in Asotin County Washington, more particularly described as follows:

Commencing at the southeast corner of said Lot 7, which is in the center of the county road; thence West along the South boundary line of Lot 7 a distance of 423.8 feet to the place of beginning; thence continue West along the South line of said Lot 7 a distance of 150.0 feet; thence at right angles due North a distance of 249.3 feet to the North boundary line of said Lot 7; thence at right angles due East along said North line a distance of 150.0 feet; thence at right angles due South a distance of 249.32 feet to the place of beginning, together with the existing roadway casement over, along and across the East 16 feet of Lot 12, Block "U" Vineland, said East 16 feet extended North into Lot 7 a distance of 30 feet;

SUBJECT TO Real Estate Mortgage dated August 10, 1972 from Ronald Horne and Leah K. Horne, husband and wife, to Lewis and Clark Savings and Loan Association, recorded August 18, 1972 as Instrument No. 113746, records of Asotin County, Washington; and

SUBJECT TO Power line easement granted to the Washington Water Power Company by Instrument recorded in Book 48 of Deeds, page 341, records of Asotin County, Washington; and

SUBJECT TO rights of the public in and to that portion within roads or rights of way,

Situated in the County of Asotin, State of Washington.

**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.

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.

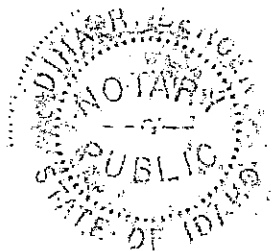
Husten P. Holdren  
Husten Paul Holdren, Husband

Betty Jo Holdren  
Betty Jo Holdren, Wife

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

On this 10<sup>th</sup> day of September, 1996, before me, the undersigned, a Notary Public in and for the State of Idaho, personally appeared Husten Paul Holdren and Betty Jo Holdren, 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.



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

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-051146

DATE ISSUED: 11/25/2019  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): HUSTEN PAUL  
LAST NAME(S): HOLDREN

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: NOVEMBER 19, 2019  
HOUR OF DEATH: 04:15 AM  
SEX: MALE AGE: 79 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 1715 POWE DRIVE  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

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

RESIDENCE STREET: 1715 POWE DRIVE  
CITY, STATE, ZIP: CLARKSTON, WA 99403  
INSIDE CITY LIMITS: YES COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 40 YEARS

BIRTH DATE: NOVEMBER 17, 1940  
BIRTHPLACE: KAMIAH, ID

FATHER: RICHARD E HOLDREN  
MOTHER: HELENE A SAUER

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: BETTY MCCLAIN

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: VALLEY CREMATORY

OCCUPATION: CHIMNEY TECHNICIAN  
INDUSTRY: CHIMNEY MAINTENANCE  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

CITY, STATE: LEWISTON, IDAHO  
DISPOSITION DATE: NOVEMBER 21, 2019

INFORMANT: BETTY HOLDREN  
RELATIONSHIP: WIFE  
ADDRESS: 1715 POWE DRIVE, CLARKSTON, WASHINGTON 99403

FUNERAL FACILITY: VASSAR-RAWLS FUNERAL HOME

ADDRESS: 920 21ST AVENUE  
CITY, STATE, ZIP: LEWISTON, IDAHO 83501  
FUNERAL DIRECTOR: DENNIS W. HASTINGS

CAUSE OF DEATH:  
A: LEUKEMIA  
INTERVAL: UNKNOWN

B: INTERVAL:  
C: INTERVAL:  
D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PROSTATE CANCER

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: NOVEMBER 21, 2019

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: NOVEMBER 21, 2019

54243



# 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.

<b>Required</b>	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	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: \_\_\_\_\_

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 <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

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

#### 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

\*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, you still need a death certificate with request.

#### 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

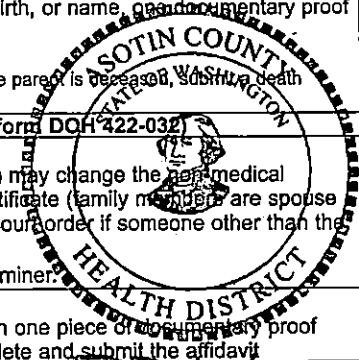
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

#### Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the 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.
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 422-032 January 2015

Bob Lutz, M.D., MPH  
Health Officer  
NOV 25 2019



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



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