



Form 84 0001a

# 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 Michael P. Sinek, deceased  
Mailing address 615 16th Ave  
City/state/zip Clarkston WA 99403  
Phone (including area code) N/A

**2 Buyer/Grantee**  
Name Doris B.A. Sinek, surviving spouse  
Mailing address 615 16th Ave  
City/state/zip Clarkston WA 99403  
Phone (including area code) (253) 677-2340

**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)
1-004-01-011-0002-0000	<input type="checkbox"/>	\$ 270,400.00
_____	<input type="checkbox"/>	\$ 0.00
_____	<input type="checkbox"/>	\$ 0.00

**4** Street address of property 615 16th Ave, Clarkston, WA 99403  
This property is located in Select Location (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).

Please see attached Exhibit A.

**5** 11 - Household, single family units  
Enter any additional codes \_\_\_\_\_  
(see back of last page for instructions)

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

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).

If claiming an exemption, list WAC number and reason for exemption.  
WAC number (section/subsection) WAC 458-61A-202(6)(i)  
Reason for exemption  
Transfer by inheritance under non-probated Will

**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

Type of document	Date of document	Gross selling price	*Personal property (deduct)	Exemption claimed (deduct)	Taxable selling price	Excise tax: state	Less than \$500,000.01 at 1.1%	From \$500,000.01 to \$1,500,000 at 1.28%	From \$1,500,000.01 to \$3,000,000 at 2.75%	Above \$3,000,000 at 3%	Agricultural and timberland at 1.28%	Total excise tax: state	0.0000 Local	*Delinquent interest: state	Local	*Delinquent penalty	Subtotal	*State technology fee	Affidavit processing fee	Total due
<u>Affidavit of Lack of Probate</u>	<u>06/17/2021</u>	<u>270,400.00</u>	<u>0.00</u>	<u>270,400.00</u>	<u>0.00</u>		<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>5.00</u>	<u>5.00</u>	<u>10.00</u>

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 \_\_\_\_\_

**PAID**  
**JUN 18 2021**  
**ASOTIN COUNTY**  
**TREASURER**

**8 I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT**  
Signature of grantor or agent Doris B A Sinek Signature of grantee or agent Doris BA Sinek  
Name (print) Doris B.A. Sinek, Surviving Spouse Name (print) Doris B.A. Sinek  
Date & city of signing 6-17-21, CLARKSTON Date & city of signing 6-17-21 CLARKSTON

Perjury in the second degree is a class C felony which is punishable by confinement in a state correctional institution for a maximum term of five years, or by a fine in an amount fixed by the court of not more than \$10,000, or by both such confinement and fine (RCW 9A.72.030 and RCW 9A.20.021(1)(c)).  
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.

EXHIBIT A

Legal Description

That part of Lot 11 of Block "H" of Vineland according to plat recorded in Book B of Plats, Page 63, in Asotin County, Washington, to-wit: Commencing at the Northwest corner of Lot 11, which point is on the street centerline; thence Southerly along the West line of Lot 11 a distance of 238.05 feet; thence Easterly parallel to the North line of Lot 11 a distance of 104.8 feet; thence Northerly parallel to the West line of Lot 11 a distance of 238.05 feet to the centerline of the street on the North line of Lot 11; thence Westerly along said street centerline 104.8 feet to the point of beginning.

Property Tax Parcel No. 1-004-01-011-0002-0000

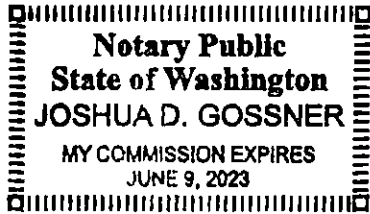
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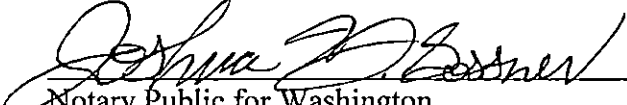




individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal this 17<sup>th</sup> day of June, 2021.



  
Notary Public for Washington  
Residing at Clarkston  
My appointment expires June 9, 2023

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-025816

DATE ISSUED: 06/02/2021

FEE NUMBER:

FIRST AND MIDDLE NAME(S): MICHAEL PAUL  
LAST NAME(S): SINEK

COUNTY OF DEATH: ASOTIN

PLACE OF DEATH: HOME

DATE OF DEATH: MAY 28, 2021

FACILITY OR ADDRESS: 615 16TH AVE

HOUR OF DEATH: 08:20 PM

CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

SEX: MALE AGE: 84 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 615 16TH AVE

CITY, STATE, ZIP: CLARKSTON, WA 99403

HISPANIC ORIGIN: NO; NOT SPANISH/HISPANIC/LATINO

INSIDE CITY LIMITS: NO COUNTY: ASOTIN

RACE: WHITE

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 5 YEARS

BIRTH DATE: SEPTEMBER 29, 1936

FATHER: FRANK MICHAEL SINEK

BIRTHPLACE: BATH, PA

MOTHER: AGNES ROSE GONDEK

MARITAL STATUS: MARRIED

METHOD OF DISPOSITION: REMOVAL FROM STATE

SURVIVING SPOUSE: DORIS KOCH

PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

OCCUPATION: HEAVY EQUIPMENT OPERATOR

CITY, STATE: LEWISTON, IDAHO

INDUSTRY: CONSTRUCTION

DISPOSITION DATE: JUNE 02, 2021

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES LLC

INFORMANT: DORIS SINEK

ADDRESS: PO BOX 107

RELATIONSHIP: WIFE

CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

ADDRESS: 615 16TH AVE, CLARKSTON WA, 99403

FUNERAL DIRECTOR: RICHARD LASSITER

CAUSE OF DEATH:

A: RESPIRATORY FAILURE

INTERVAL: MOMENTS

B: CHRONIC OBSTRUCTIVE PULMONARY DISEASE

INTERVAL: YEARS

C: CONGESTIVE HEART FAILURE

INTERVAL: YEARS

D: CORONARY ARTERY DISEASE

INTERVAL: YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH: DIABETES MELLITUS TYPE 2, HYPERTENSION,

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY

PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

CERTIFIER NAME: LISA WEBBER

TITLE: CORONER/ME

CERTIFIER ADDRESS: PO BOX 220

CITY, STATE, ZIP: ASOTIN, WASHINGTON 99402

DATE SIGNED: JUNE 02, 2021

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

TRANSPORTATION INJURY SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON

DATE RECEIVED: JUNE 02, 2021

EXHIBIT A

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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.**

**Required**

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 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:  Self  Guardian  Informant  Hospital  Parent(s)  Funeral Director  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<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

**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

\*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**

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). 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 January 2015



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

# CERTIFIED

JUN 02 2021 *JS*

*Larry Jecha*  
Dr. Larry Jecha  
Health District Officer  
Garfield County Health District



0 3 2 1 9 6 3 9

# Last Will and Testament

of

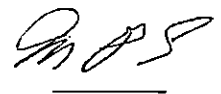
**Michael Paul Sinek**

I, Michael Paul Sinek, of Asotin County, Washington, and a citizen of the United States, declare this to be my Last Will and Testament. I revoke all Wills and Codicils previously made by me.

I.

## IDENTIFICATION OF FAMILY

My immediate family now consists of my wife, Doris Beverely Ann Sinek, my children, Marie Monet, Frank P. Sinek, Serge E. Sinek, and Barbara J. Sinek, and my stepchildren, Miki D. Hadfield and Deborah Jean Sabo. References in this Last Will to "my child" or to "my children" are intended to include the above-named children and stepchildren and any child or children later born to or legally adopted by me. Except as provided below, I make no provision in this Will for any of my children who survive me, nor for the issue of any child who does not survive me.

  
M.P.S.

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