



REAL ESTATE EXCISE TAX AFFIDAVIT

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

CHAPTER 82.45 RCW - CHAPTER 458-61A WAC 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.

Form section 1-3: Seller/Grantor (Shari Janowski) and Buyer/Grantee (Katelyn Morris) details including names, addresses, and tax correspondence information.

Form section 4: Property address (320 Adams Street, Clarkston, WA) and location details (Asotin County, Asotin city).

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

Form section 6: Property classification questions regarding forest land, current use, and special valuation.

Form section 6 (continued): Continuation notices and owner signature line.

Form section 7: Personal property included in selling price.

Form section 7 (continued): Exemption details, document type (Statutory Warranty Deed), date (06/16/21), and tax calculation table.

Form section 8: Certifications and signatures of Grantor (Shari Janowski) and Grantee (Katelyn Morris).

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)...

EPT

EXHIBIT "A"

558613

That part of the Northwest Quarter of the Northeast Quarter of Section 21 of Township 10 North, Range 46, East of the Willamette Meridian, Asotin County, Washington, more particularly described as follows: Beginning at the Southeast corner of Block 27 of Schank and Reed's First Addition to the Town of Asotin, said point being on the West right of way line of Adams Street; thence North 82°54' West along the South boundary line of said Block 27 a distance of 164.23 feet; thence South 62°01'50" East, 176.63 feet; thence South 0°24'30" West, 57.56 feet; thence South 78°38' East, 172.95 feet; thence North 7°06' East 132.94 feet to a point on the South boundary line of Block 26 of Schank and Reed's First Addition; thence North 82°54' West along said South line and said line extended 180.00 feet to the Place of Beginning.

AND ALSO

That part of the Northwest Quarter of the Northeast Quarter of Section 21 of Township 10 North, Range 46 East of the Willamette Meridian, Asotin County, Washington, more particularly described as follows: Commencing at the Southwest corner of said Northwest Quarter of the Northeast Quarter; thence North 89°46' East 712.47 feet; thence North 0°24'30" East, 914.17 feet to the True Place of Beginning; thence continue North 0°24'30" East 57.56 feet; thence North 62°01'50" West 176.63 feet to a point on the South line of Block 27 of Schank and Reed's First Addition to the Town of Asotin; thence South 83°54' East along the South platted boundary line of said Schank and Reed's First Addition for 525.15 feet; thence South 0°24'30" West 120.31 feet; thence South 44°55'39" West 33.50 feet; thence North 78°38' West 347.83 feet to the True Place of Beginning, EXCEPTING THEREFROM that part of the Northwest Quarter of the Northeast Quarter of Section 21 of Township 10 North, Range 46 East of the Willamette Meridian, Asotin County, Washington, more particularly described as follows: Commencing at the Southeast corner of Block 27 of Schank and Reed's First Addition to the Town of Asotin, said point being on the West right of way line of Adams Street; thence South 82°54' East along the South boundary line of said Schank and Reed's First Addition a distance of 270.00 feet to the True Place of Beginning; thence continue South 82°54' East, 90.92 feet, thence South 0°24'30", West 120.31 feet; thence South 44°55'39", West 33.50 feet; thence North 78°38' West, 84.63 feet; thence North 7°06' East, 139.65 feet to the True Place of Beginning. ALSO EXCEPTING that part of the Northwest Quarter of the Northeast Quarter of Section 21 of Township 10 North, Range 46, East of the Willamette Meridian, Asotin County, Washington, more particularly described as follows: Beginning at the Southeast corner of Block 27 of Schank and Reed's First Addition to the Town of Asotin, said point being on the West right of way line of Adams Street; thence North 82°54' West along the South boundary line of said Block 27 a distance of 164.23 feet; thence South 62°01'50" East, 176.63 feet; thence South 0°24'30" West, 57.56 feet; thence South 78°38' East, 172.95 feet; thence North 7°06' East, 132.94 feet to a point on the South boundary line of Block 26 of Schank and Reed's First Addition; thence North 82°54' West along said South line and said line extended 180.00 feet to the Place of Beginning.

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Return Address  
Shari Janowski  
PO Box 24  
Asotin, WA 99402

Please print or type information

Document Title(s) (or transactions contained therein):

1. Affidavit (Lack of Probate)
- 2.
- 3.
- 4.

Grantor(s) (Last name first, then first name and initials):

1. Walters-Lewis, Dorothy
  - 2.
  - 3.
  - 4.
- Additional names on page \_\_ of document.

Grantee(s) (Last name first, then first name and initials):

1. To the Public
  - 2.
  - 3.
  - 4.
- Additional names on page \_\_ of document.

Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.)

- Additional legal is on page \_\_ of document.

Reference Number(s) of Documents assigned or released:

- Additional numbers on page \_\_ of document.

Assessor's Property Tax Parcel/Account Number

- Property Tax Parcel ID is not yet assigned  
 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.

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## AFFIDAVIT (LACK OF PROBATE)

Shari D. Janowski (formerly Shari George), being first duly sworn, deposes and says:

The undersigned affiant is the rightful heir to the real property described below, and is daughter

(relationship to decedent) of Dorothy Walters-Lewis (decedent), who died on (date)

February 18, 2019, at

Clarkston Asotin 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: \_\_\_\_\_

Street

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)

Shari D. Janowski, daughter

PO Box 24 Asotin WA 99402

Full name, age, relationship, address

n/a

Full name, age, relationship, address

n/a

Full name, age, relationship, address

n/a

Full name, age, relationship, address

(Continued on next page)

n/a

Full name, age, relationship, address

n.a

Full name, age, relationship, address

n/a

Full name, age, relationship, address

n/a

Full name, age, relationship, address

Dated : June 16, 2021

Shari D. Janowski

Affiant's full name

208.205.9514

Telephone number

PO Box 24

Street

WA

Asotin

City

State

99402

Zip Code

*Shari D. Janowski*  
Signature

6.16.21  
Date

State of Washington County of Asotin

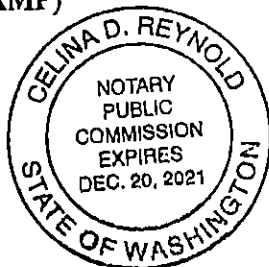
I know or have satisfactory evidence that Shari D. Janowski

(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: 6.16.21

(SEAL OR STAMP)



*[Signature]*  
Signature of Notary Public

Residing at: Twiston 10

Notary Public in and for the State of WA

My appointment expires: 12.20.2021

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: 2019-007612

DATE ISSUED: 02/21/2019  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DOROTHY  
LAST NAME(S): WALTERS LEWIS

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: FEBRUARY 18, 2019  
HOUR OF DEATH: 05:45 AM  
SEX: FEMALE AGE: 92 YEARS  
SOCIAL SECURITY NUMBER: 443-22-5938

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY  
FACILITY OR ADDRESS: SYCAMORE GLEN  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

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

RESIDENCE STREET: 1587 SYCAMORE ST  
CITY, STATE, ZIP: CLARKSTON, WA 99403  
INSIDE CITY LIMITS: NO COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 5 YEARS

BIRTH DATE: APRIL 26, 1926  
BIRTH PLACE: OK

FATHER/PARENT: ALEC WALTERS  
MOTHER/PARENT: MYRTLE MEARS

MARITAL STATUS: WIDOWED  
SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

OCCUPATION: HOMEMAKER  
INDUSTRY: OWN HOME  
EDUCATION: 8TH GRADE OR LESS  
US ARMED FORCES: NO

CITY, STATE: LEWISTON, IDAHO  
DISPOSITION DATE: FEBRUARY 20, 2019

INFORMANT: SHARI JANOWSKI  
RELATIONSHIP: DAUGHTER  
ADDRESS: 320 ADAMS ST, ASOTIN WA, 99402

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES  
LLC  
ADDRESS: PO, BOX 107  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403  
FUNERAL DIRECTOR: RICHARD LASSITER

CAUSE OF DEATH:  
A: LEFT LOWER LOBE PNEUMONIA  
INTERVAL: WEEKS

B: INTERVAL:

C: INTERVAL:

D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ALZHEIMER'S DEMENTIA;  
BREAST CANCER, PULMONARY NODULES (LIKELY METASTATIC BUT NOT  
OTHERWISE SPECIFIED); HYPERTENSION

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

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

CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

LOCATION OF INJURY:

CERTIFIER NAME: DENNIS G. MOUNTJOY, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1271 HIGHLAND AVE SUITE A  
CITY, STATE, ZIP: CLARKSTON, WA 99403  
DATE SIGNED: FEBRUARY 20, 2019

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: FEBRUARY 20, 2019

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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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<b>Required</b>	<b>Required information must match current information on record</b>				
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
	1. Name on Record: <small>First Middle Last</small>		2. Date of Event: <small>Month Day Year</small>		3. Place of Event: <small>City or County</small>
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) <small>First Middle Last/Initials</small>			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) <small>First Middle Last/Initials</small>	
	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: <small>P.O. Box or Street Address City State Zip</small>					
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:	Printed name:
Date:	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.

<p><b>Child under 18</b></p> <ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship</li> <li>• 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)*</li> <li>• After age one, a court order is required to change the last name</li> <li>• No proof is required to change the first or middle name*</li> <li>• To correct parent's information, one documentary proof is required.</li> <li>• To correct the sex of the child, one documentary-proof from a medical provider is required</li> </ul>	<p><b>Adult (18 years or older)</b></p> <ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate</li> <li>• If the first or middle name is missing, three pieces of documentary proof are required</li> <li>• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required</li> <li>• To correct parent's birth date, place of birth, or name, one documentary proof is required</li> </ul>
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\*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 2015

# CERTIFIED

FEB 21 2019 8:00

*Glenn Houser MD*  
 Dr. Glenn Houser  
 Health District Officer  
 Garfield County Health District



0 1 2 2 0 2 2 2

# 54280

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

**Last Will And Testament  
of  
Dorothy Lewis**

1. I, Dorothy Lewis , of the City of Asotin, County of Asotin , and State of Washington , publish and declare this to be my Last Will and Testament. I revoke all of my prior Wills and Codicils.
2. I appoint my husband , Ira Lewis , to be the Executor and Trustee of this my Will, provided that if my said wife shall have predeceased me or shall survive me but die before the trusts hereof shall have terminated or shall be unable or unwilling to act or to continue to act as such Executor and Trustee, then I appoint my Daughter , Shari Geoge, to be the Executor and Trustee of this my Will in the place and stead of my said wife. References to "my Trustees" in this my Will shall include each Executor and Trustee of my Will, my estate or any portion thereof who may be acting as such from time to time whether original or substituted and whether one or more.
3. I give all my property wheresoever situate, including any property over which I may have a general power of appointment, to my Trustees upon the following trusts, namely:
  - (a) To deliver to my Husband, Ira Lewis , if he or she survives me, all my worldly Possessions.
  - (b) To pay out of and charge to the capital of my general estate my just debts, funeral and testamentary expenses and all income taxes, estate, inheritance and succession duties or taxes whether imposed by or pursuant to the law of this or any other jurisdiction whatsoever that may be payable in connection with any property passing on my death or in connection with any insurance on my life or any gift or benefit given or conferred by me either during my lifetime or by survivorship or by this my Will or any Codicil hereto and whether such duties or taxes be payable in respect of estates or interests which fall into possession at my death or at any subsequent time; and I hereby authorize my Trustees to defer, commute or prepay any such taxes or duties. This direction shall not extend to or include any such taxes that may be payable by a purchaser or transferee in connection with any property transferred to or acquired by such purchaser or transferee upon or after my death pursuant to any agreement with respect to such property.
  - (c) If my husband, Ira Lewis , survives me for a period of thirty (30) days, to

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