

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.

Form 84 0001a

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 The Wayne and Claire Schultz Revocable Trust Dated November 24, 1998

Mailing address PO box 1195 City/state/zip Sisters, OR 97759 Phone (including area code)

2 Buyer/Grantee

Name Kenneth Valeo Schultz Revocable Living Trust

Mailing address PO Box 1195 City/state/zip Sisters, OR 97759 Phone (including area code)

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

Name Mailing address City/state/zip

Table with 3 columns: List all real and personal property tax parcel account numbers, Personal property?, Assessed value(s). Rows include parcel numbers 1-004-28-002-0003-0000, 1-004-31-007-0004-0000, 1-004-02-004-0005-0000 with assessed values \$51,600, \$57,100, \$46,600.

4 Street address of property 1353 Pound Lane, 1305 Perry Lane and 1673 Ashly Drive

This property is located in Asotin (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).

See attached Parcel One: The E 133 feet of the N 198 fee of Lot 2, Block "MM" of Vineland. Parcel Two: Part of the NE corner of Lot 7 of Block "PP" of Vineland according to the recorded plat thereof, records of Asotin County, WA. Parcel Three: Lot 3 of Block 3 of

5 Select land use code(s) Code 11

Enter any additional codes (see back of last page for instructions)

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).

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

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 Print name

8 I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature of grantor or agent Name (print) Kenneth Valeo Schultz Date & city of signing 7-21-21 Lewisiston, ID

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

If claiming an exemption, list WAC number and reason for exemption. WAC number (section/subsection) 458-61A-202(6)(e) Reason for exemption Inheritance from Trust

Type of document Warranty Deed Date of document 7/21/2021

Table with 2 columns: Description, Amount. Rows include Gross selling price (0.00), Personal property (deduct) (0.00), Exemption claimed (deduct) (0.00), 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% (0.00), Agricultural and timberland at 1.28% (0.00), Total excise tax: state (0.0075 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), Total due (10.00).

PAID

MAR 31 2022

ASOTIN COUNTY TREASURER

A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX *SEE INSTRUCTIONS

Signature of grantee or agent Name (print) Kenneth Valeo Schultz Date & city of signing 7-21-21 Lewisiston, ID

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 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

Parcel One: The E 133 feet of the N 198 feet of Lot 2, Block "MM" of Vineland.

Parcel Two: Part of the NE corner of Lot 7 of Block "PP" of Vineland according to the recorded plat thereof, records of Asotin County, Washington

Parcel Three: Lot 3 of Block 3 of Schultz Addition

TAX PARCEL NUMBER(S):

Parcel One: 1-004-28-002-0003-0000

Parcel Two: 1-004-31-007-0004-0000

Parcel Three: 1-004-02-004-0005-0000



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

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 Legal Name (Spouse A for Marriage or Dissolution)
 First: _____ Middle: _____ Last: _____
5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
 First: _____ Middle: _____ Last: _____

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:
 P.O. 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 2nd parent (if required):** _____

Printed name: _____ Date: _____ Printed name: _____ 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

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>Child under 18</p> <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 	<p>Adult (18 years or older)</p> <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 name, one documentary proof is required
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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.

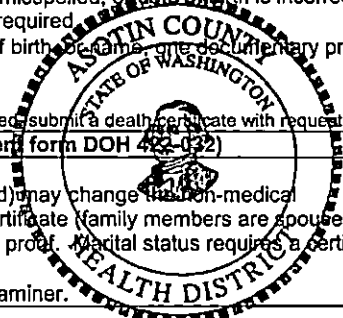
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

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



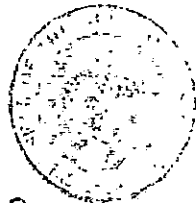
DOH 422-034 October 2015
 Joel McCullough, M.D., MPH, MS
 Health Officer

OCT 12 2017



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

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Washington State Certificate of Death

1. Legal Name (include AKA's if any) First Middle Last Suffix CLAIRE RIGBY SCHULTZ		2. Death Date April 15, 2012	
3. Sex (M/F) Female	4a. Age - Last Birthday 78	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes
5. Social Security Number [REDACTED]		6. County of Death Asotin	
7. Birthdate June 5, 1933	8a. Birthplace (City, Town, or County) Payson	8b. (State or Foreign Country) Utah	9. Decedent's Education High school graduate or GED completed
10. Was Decedent of Hispanic Origin? (Yes or No) if yes, specify No		11. Decedent's Race(s) White	
12. Was Decedent ever in U.S. Armed Forces? No			
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (include Apt. No.) 2554-13th Street		13b. City or Town Clarkston	
13c. Residence: County Asotin	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 99403
13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
14. Estimated length of time at residence. 50 Years	15. Marital Status at Time of Death Married	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Russell Wayne Schultz	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Carrier		18. Kind of Business/Industry (Do not use Company Name) Newspaper	
19. Father's Name (First, Middle, Last, Suffix) Walter Mayo Rigby		20. Mother's Name Before First Marriage (First, Middle, Last) Grace Bull Welch	
21. Informant's Name Wayne Schultz	22. Relationship to Decedent Husband	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 2554-13th Street, Clarkston, Washington 99403	
24. Place of Death, if Death Occurred In a Hospital: Decedent's home		25. Facility Name (if not a facility, give number & street or location) 2554-13th Street	
26a. City, Town, or Location of Death Clarkston		26b. State WA	27. Zip Code 99403
28. Method of Disposition Burial	29. Place of Final Disposition (Name of cemetery, crematory, other place) Asotin Cemetery		30. Location-City/Town; and State Asotin; Washington
31. Name and Complete Address of Funeral Facility Vassar-Rawls Funeral Home, 920-21st Avenue, Lewiston, Idaho 83501			32. Date of Disposition April 19, 2012
33. Funeral Director Signature X <i>Dennis Water</i>			
34. Cause of Death (See Instructions and examples) Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Dementia Interval between Onset & Death: years Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. Diabetes - mellitus II Interval between Onset & Death: years c. Interval between Onset & Death: d. Interval between Onset & Death:			
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Morbid Obesity; Hypertension		36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending	39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
41. Date of Injury (MM/DD/YYYY)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		45. Location of Injury: Number & Street: Apt No. City or Town: County: State: Zip Code + 4:	
46. Describe how injury occurred: 47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
48a. Certifying Physician: <i>Kay M. Rusche</i>		48b. Medical Examiner/Coroner	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Kay M. Rusche, M.D., 2315-8th Street Grade, Lewiston, Idaho 83501			50. Hour of Death (24hrs) 1016
51. Name and Title of Attending Physician if other than Certifier (Type or Print)			52. Date Signed (MM/DD/YYYY) 04/17/2012
53. Title of Certifier Medical Doctor	54. License Number M 41782 Idaho	55. ME/Coroner File Number	56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
57. Registrar Signature <i>Amey</i>		58. Date Received (MM/DD/YYYY) APR 19 2012 55078	
59. Amendments			

Part 1 completed by Funeral Director
Part 2 completed by Certifier



Affidavit for Correction

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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Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received.
All changes must be established by documentary proof submitted with the affidavit
 Examples of documentary proof: Certificate of Naturalization, Hospital Records, Insurance Records, Marriage/Divorce Records, Medical Record, Military Record (DD-214), Birth Record, Passport, School Transcripts, Voter's Registration Card (if it bears an effective date), Alien Registration Card (front and back).
 We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

Birth Certificates:

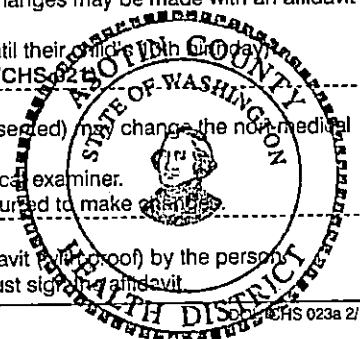
- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name 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 last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child is 18 years old).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 023a 2/14/11)**

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make a change.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.



Lawrence M. Garges
 Lawrence M. Garges, M.D.
 Health Officer

APR 19 2012

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conveyance or transfer shall retain its character while included in the principal of the trust, unless otherwise directed in writing by the owner or owners of the separate or community property.

ARTICLE X

POWERS OF TRUSTEE

The Trustee shall have all those powers as are found and provided for in RCWA 11.98.070, as they now exist or may hereafter be amended to the extent that such powers are not specifically limited or enlarged herein.

ARTICLE XI

COMPENSATION OF TRUSTEE

The Trustee herein shall be compensated at a reasonable rate to be negotiated upon and determined by separate agreement between the Trustors and the Trustee. If no separate agreement is made or is found, then the Trustee shall be compensated at a reasonable rate. However, for so long as the Trustors, or either of them, acts as Trustee, no compensation shall be provided.

ARTICLE XII

SUCCESSOR TRUSTEE

On the resignation or incapacity of either of the Trustees to act as Trustee hereunder, the survivor shall become the sole Trustee. Upon the death of Claire R. Schultz, Eldy Wayne Schultz and Kenneth Valeo Schultz, shall become the co-trustees of Trust A described in Article III, upon acceptance of the terms of this trust, with the same duties and powers as are imposed and conferred by this agreement on Trustee hereunder. R. Wayne Schultz shall remain as the Trustee of Trust B. Upon the death of R. Wayne Schultz, Claire R. Schultz shall become the sole trustee of both Trust A and Trust B. Upon the death, incapacity or resignation of both Claire R. Schultz and R. Wayne Schultz, Eldy Wayne Schultz and Kenneth Valeo Schultz, shall become the successor co-trustees upon acceptance of the terms of this trust, with the same duties and powers as are imposed and conferred by this agreement on Trustee hereunder. Upon the death,