



REAL ESTATE EXCISE TAX AFFIDAVIT
 CHAPTER 84.45 RCW – CHAPTER 458-61A WAC
 (See back of last page for instructions)

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED

Check box if partial sale of property

If multiple owners, list percentage of ownership next to name.

SELLER GRANTOR	1. Name <u>Donna P. Miles</u> <u>Surviving heir of Thomas G. Miles, deceased</u>	BUYER GRANTEE	1. Name <u>Kalima Severson</u>
	Mailing Address <u>107 Talahi Island Place</u>		Mailing Address <u>511 8th Street</u>
	City/State/Zip <u>Savannah, GA 31410</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: <input checked="" type="checkbox"/> Same as Buyer/Grantee		List all real and personal property tax parcel account numbers – check box if personal property	
Name <u>Kalima Severson</u>		10014101600010000 <input type="checkbox"/>	
Mailing Address <u>511 8th Street</u>		<input type="checkbox"/>	
City/State/Zip <u>Clarkston WA 99403</u>		<input type="checkbox"/>	
Phone No. (including area code)		<input type="checkbox"/>	
		List assessed value(s) <u>85,500.00</u>	

Street address of property: 511 8th Street, Clarkston WA

This property is located in unincorporated Asotin County OR within city of Clarkston

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.

Lot 15 and the North Half of Lot 16 in Block 41 of Clarkston according to the official plat thereof, filed in Book B of Plats at Page(s) 17, records of Asotin County, Washington

5. Select Land Use Code(s):
11 Household, single family units
 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

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 tax calculated pursuant to chapter 84.26 RCW, shall be due and payable by the seller or transferor at the time of sale.

(3) 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) _____

Reason for exemption _____

Type of Document	<u>Statutory Warranty Deed (SWD)</u>	
Date of Document	<u>04/19/22</u>	
Gross Selling Price	\$	<u>200,000.00</u>
*Personal Property (deduct)	\$	<u>0.00</u>
Exemption Claimed (deduct)	\$	<u>0.00</u>
Taxable Selling Price	\$	<u>200,000.00</u>
Excise Tax: State	\$	<u>2,200.00</u>
Local	\$	<u>500.00</u>
*Delinquent Interest: State	\$	<u>0.00</u>
Local	\$	<u>0.00</u>
*Delinquent Penalty	\$	<u>0.00</u>
Subtotal	\$	<u>2,700.00</u>
*State Technology Fee	\$	<u>5.00</u> <u>5.00</u>
*Affidavit Processing Fee	\$	<u>0.00</u>
Total Due	\$	<u>2,705.00</u>

0202

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

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) Donna P. Miles Name (print) Kalima Severson

Date & city of signing: 4-20-22, Clarkston, WA Date & city of signing: 4-20-22, Clarkston, WA

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)).

[Handwritten initials]

Return Address
Donna P. Miles

Please print or type information

Document Title(s) (or transactions contained therein): 1. Lack of Probate Affidavit 2. 3. 4.
Grantor(s) (Last name first, then first name and initials): 1. Miles, Thomas C. 2. 3. 4. <input type="checkbox"/> Additional names on page __ of document.
Grantee(s) (Last name first, then first name and initials): 1. To the public 2. 3. 4. <input type="checkbox"/> Additional names on page __ of document.
Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.) <input type="checkbox"/> Additional legal is on page __ of document.
Reference Number(s) of Documents assigned or released: <input type="checkbox"/> Additional numbers on page __ of document.
Assessor's Property Tax Parcel/Account Number <input type="checkbox"/> Property Tax Parcel ID is not yet assigned <input type="checkbox"/> 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.

55150



State of Washington
 Department of Revenue
 Special Programs Division
 Miscellaneous Tax
 PO Box 47477
 Olympia WA 98504-7477

AFFIDAVIT (LACK OF PROBATE)

Donna P. Miles, being first duly sworn, deposes and says:

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

(relationship to decedent) of Thomas C. Miles (decedent), who died on (date)

February 8, 2015, at

Clarkston Asotin WA
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) copy not available

"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)

Donna P. Miles, spouse

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

(Continued on next page)

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: April 20th, 2022

Donna P. Miles

Affiant's full name

(912) 856-1196

Telephone number

107 Talahi Island Place

Savannah, GA 31410

City

State

Zip Code

Signature

Donna P. Miles

Date

4/20/22

State of Georgia

County of Chatham

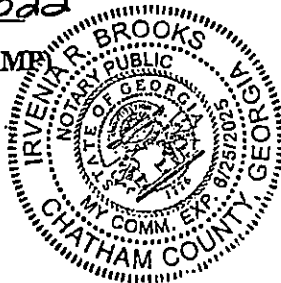
I know or have satisfactory evidence that Donna P. Miles

(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: 4/20/2022

(SEAL OR STAMP)



Irvenia R. Brooks

Signature of Notary Public

Residing at:

Notary Public in and for the State of Georgia

My appointment expires: 6/2025

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)

55150

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-003974

DATE ISSUED: 02/11/2015

FEE NUMBER: 0000243324

GIVEN NAMES: THOMAS CECIL
LAST NAME: MILES
AKA: TOMMY CECIL MILES

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: FEBRUARY 08, 2015
HOUR OF DEATH: 04:00 A.M.
SEX: MALE
AGE: 81 YEARS

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 511 8TH STREET
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 511 8TH STREET
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
INSIDE CITY LIMITS? YES

HISPANIC ORIGIN: NO - NOT HISPANIC
RACE: WHITE

COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 7 YEARS

BIRTHDATE: MARCH 14, 1933
BIRTHPLACE: LEWISTON, NEZ PERCE CNTY, IDAHO

FATHER: THOMAS B MILES
MOTHER: ETHEL OREGON

MARITAL STATUS: MARRIED
SPOUSE: DONNA P TAYLOR

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: VALLEY CREMATORY
CITY, STATE: LEWISTON, ID
DISPOSITION DATE: FEBRUARY 11, 2015

OCCUPATION: LABORER
INDUSTRY: RAILROAD
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? YES

FUNERAL FACILITY: MALCOLM'S BROWER-WANN FUNERAL HOME
ADDRESS: 1711 18TH STREET
CITY, STATE, ZIP: LEWISTON ID 83501
FUNERAL DIRECTOR: JASON M HARDICK

INFORMANT: DONNA P MILES
RELATIONSHIP: WIFE
ADDRESS: 511 8TH STREET

- CAUSE OF DEATH:
- A. GASTROINTESTINAL BLEEDING
INTERVAL: 4 DAYS
 - B. DIVERTICULOSIS
INTERVAL: 5 YEARS
 - C. INTERVAL:
 - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
CHRONIC RENAL FAILURE

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

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

LOCATION OF INJURY:
CITY, STATE, ZIP:
COUNTY:

CERTIFIER NAME: DANIEL MCINTOSH MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 307 SAINT JOHN'S WAY
CITY, STATE, ZIP: LEWISTON ID 83501
DATE SIGNED: FEBRUARY 10, 2015

DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO
FEE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
DANIEL MCINTOSH MD

ITEM(S) AMENDED: NONE
NUMBER(S): NONE
DATE(S): NONE

LOCAL DEPUTY REGISTRAR:
SUNDIE HOFFMAN CS
DATE RECEIVED: FEBRUARY 11, 2015



DOH 01-003 (1/14)



Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300
www.doh.wa.gov

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: _____

4. Father/Parent Full Birth Name _____ 5. Mother/Parent Full Birth Name _____

The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
6. _____	7. _____
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: _____
(Printed Name)

All vital records are registered as received. Most changes must be established by documentary proof submitted with the affidavit. We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.

Examples of acceptable documentary proof:

Birth Record	Numident Report (Social Security Administration)	School Transcripts (Official)
Certificate of Naturalization	Marriage/Divorce Record	Alien Registration (front and back)
Military Record (DD-214)	Life Insurance Policy	
Passport	Hospital/Medical Record	

Birth Certificates

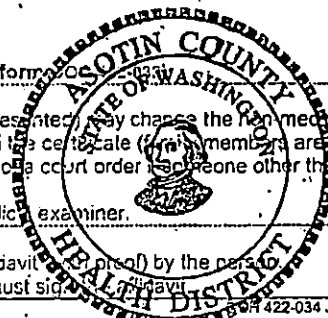
- Only a parent, legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
 - The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
 - Child under 18
 - Only parent(s) or legal guardian can change the birth certificate.
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
 - Adult (18 years or older)
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, 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.
 - Proof must be five (or more) years old or have been established within five years of birth.
4. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form.)

Death Certificates

- Only the informant, the funeral director, or executor/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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

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



Lawrence M. Garges

Lawrence M. Garges, M.D.
Health Officer

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