

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 BERNARD PATRICK MCCABE	BUYER GRANTEE	2 Name Carolyn Ann McCabe
	CAROLYN ANN MCCABE		
	Mailing Address 1330 10th St		Mailing Address 1330-10th St
	City/State/Zip CLARKSTON, WA 99403		City/State/Zip Clarkston Wa. 99403
	Phone No. (including area code)		Phone No. (including area code) 509-758-6281

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	List assessed value(s)
Name	1-003-04-010-0001 <input type="checkbox"/>	243,400 0.00
Mailing Address	<input type="checkbox"/>	0.00
City/State/Zip	<input type="checkbox"/>	0.00
Phone No. (including area code)	<input type="checkbox"/>	0.00

4 Street address of property: **1330 10th St, Clarkston**
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) YES NO
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 84.35) 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 tax 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)(a)**
Reason for exemption **INHERITANCE, COMMUNITY PROPERTY WITH RIGHT OF SURVIVORSHIP**
Type of Document **COMM. PROP AGREEMENT**
Date of Document **6-28-16**

Gross Selling Price	\$	
*Personal Property (deduct)	\$	
Exemption Claimed (deduct)	\$	
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
0.0000 Local	\$	0.00
*Delinquent Interest: State	\$	0.00
Local	\$	0.00
*Delinquent Penalty	\$	0.00
Subtotal	\$	0.00
State Technology Fee	\$	5.00
Processing Fee	\$	5.00
Total Due	\$	10.00

PAID
APR 27 2022
ASOTIN COUNTY
TREASURER

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 **Carolyn Ann McCabe** Signature of Buyer or Grantee's Agent **Carolyn Ann McCabe**
Name (print) **Carolyn Ann McCabe** Name (print) **Carolyn Ann McCabe**
Date & city of signing **4-27-22** Date & city of signing **4-27-22**

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)).

CASH 910.00 \$

055167

the following described real estate located in ASOTIN County, WASHINGTON:

THE NORTH 90 FEET OF THE EAST HALF OF LOT 10 IN BLOCK 4 OF SOUTH CLARKSTON ACCORDING TO THE OFFICIAL PLAT THEREOF, FILED IN BOOK B OF PLATS AT PAGE(S) 28, RECORDS OF ASOTIN COUNTY, WASHINGTON.

Also known as: 1330 10TH STREET, CLARKSTON, WA 99403

SUBJECT TO EASEMENTS, COVENANTS, CONDITIONS, RESTRICTIONS, RESERVATIONS, AND LIMITATIONS OF RECORD, IF ANY.

55 167

Asotin County, WA
Darla McKay Auditor

350268
07/19/2016 03:29 PM



I-71 QCDEED
Pgs=3 Fee:\$75.00
ALLIANCE TITLE & ESCROW

~~AFTER RECORDING RETURN TO:~~
BERNARD PATRICK MCCABE
CAROLYN ANN MCCABE
1330 10TH STREET
CLARKSTON, WA 99403
File No. 01-16032604-03T

WHEN RECORDED RETURN TO:
OLD REPUBLIC TITLE
ATTN: REFERRAL
530 SOUTH MAIN STREET
SUITE 1031
AKRON, OH 44311

Tax ID No.: 1-003-04-010-0001-0000

314958

QUIT CLAIM DEED

THIS DEED made and entered into on this 28th day of June, 2016, by and between **BERNARD PATRICK MCCABE AND CAROLYN ANN MCCABE, TRUSTEES, OR THEIR SUCCESSORS IN TRUST, OF THE MCCABE LIVING TRUST, DATED NOVEMBER 9, 2015**, a mailing address of 1330 10TH STREET, CLARKSTON, WA 99403, hereinafter referred to as Grantor(s) and **BERNARD PATRICK MCCABE AND CAROLYN ANN MCCABE, HUSBAND AND WIFE, AS COMMUNITY PROPERTY WITH RIGHT OF SURVIVORSHIP**, a mailing address of 1330 10TH STREET, CLARKSTON, WA 99403, hereinafter referred to as Grantee(s).

WITNESSETH: That the said Grantor(s), for and in consideration of the sum of ONE and NO/100 (\$1.00) DOLLAR and other good and valuable consideration, the receipt of which is hereby acknowledged, have this day remise, release, quitclaim and convey to the said Grantee(s) the following described real estate located in ASOTIN County, WASHINGTON:

THE NORTH 90 FEET OF THE EAST HALF OF LOT 10 IN BLOCK 4 OF SOUTH CLARKSTON ACCORDING TO THE OFFICIAL PLAT THEREOF, FILED IN BOOK B OF PLATS AT PAGE(S) 28, RECORDS OF ASOTIN COUNTY, WASHINGTON.

Also known as: 1330 10TH STREET, CLARKSTON, WA 99403

SUBJECT TO EASEMENTS, COVENANTS, CONDITIONS, RESTRICTIONS, RESERVATIONS, AND LIMITATIONS OF RECORD, IF ANY.

This deed is exempt from taxation by virtue of WAC sec. 458-61A-211 (2h)- Mere change in identity - Transfer out of a living trust.

REAL ESTATE EXCISE TAX
PAID \$ 8 DATE 7/19/16
RECEIPT No. 49491
ASOTIN COUNTY TREASURER
By [Signature]
SALE PRICE 8

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Tax ID No.: 1-003-04-010-0001-0000

IN WITNESS WHEREOF, the said Grantor(s) has/have signed and sealed this deed, the day and year above written.

Bernard Patrick McCabe Bernard Patrick McCabe
BERNARD PATRICK MCCABE, TRUSTEE OF THE MCCABE
LIVING TRUST, DATED NOVEMBER 9, 2015

Carolyn Ann McCabe Carolyn Ann McCabe
CAROLYN ANN MCCABE, TRUSTEE OF THE MCCABE
LIVING TRUST, DATED NOVEMBER 9, 2015

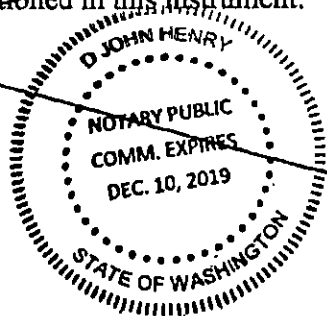
STATE OF Washington
COUNTY OF Island

~~I certify that I know or have satisfactory evidence that BERNARD PATRICK MCCABE AND CAROLYN ANN MCCABE, (is/are) the person(s) who appeared before me, and said person(s) acknowledged that (he/she/they) signed this instrument and acknowledged it to be (his/her/their) free and voluntary act for the uses and purposes mentioned in this instrument.~~

~~Dated: June 28th 2016~~

~~John H
Notary Public in and for the state of WA~~

~~My appointment expires: 12-10-2019~~



No title search was performed on the subject property by the preparer. The preparer of this deed makes neither representation as to the status of the title nor property use or any zoning regulations concerning described property herein conveyed nor any matter except the validity of the form of this instrument. Information herein was provided to preparer by Grantor/Grantee and/or their agents; no boundary survey was made at the time of this conveyance.

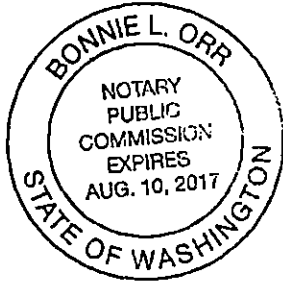
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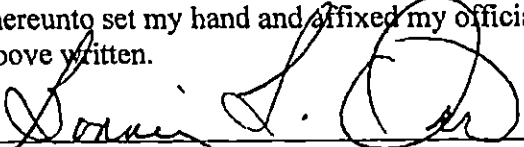
State of Washington)

County of Asotin

On this 19th day of July, 2016, before me, Bonnie L. Orr a Notary Public in and for said state, personally appeared Bernard Patrick McCabe and Carolyn Ann McCabe known to me to be the persons whose names are subscribed to the within instrument as Trustees of the McCabe Living Trust dated November 9, 2015, and acknowledged to me that they executed the same as such Trustees.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first hereinabove written.





Print Name: Bonnie L. Orr
Notary Public for the State of Washington
Residing at: Clarkston, WA
Commission Expires August 10, 2015

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 09/09/2021
FEE NUMBER:

CERTIFICATE NUMBER: 2021-043711

FIRST AND MIDDLE NAME(S): BERNARD PATRICK
LAST NAME(S): MCCABE

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: SEPTEMBER 05, 2021
HOUR OF DEATH: 07:00 AM
SEX: MALE AGE: 79 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1330 10TH ST
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

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

RESIDENCE STREET: 1330 10TH ST
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 42 YEARS

BIRTH DATE: MAY 10, 1942
BIRTHPLACE: SAN FRANCISCO, CA

FATHER: BERNARD MICHAEL MCCABE
MOTHER: MARGARET BOYHAM

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: CAROLYN MCPHERSON

METHOD OF DISPOSITION: REMOVAL FROM STATE
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

OCCUPATION: INSURANCE
INDUSTRY: INSURANCE
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: YES

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: SEPTEMBER 08, 2021

INFORMANT: CAROLYN MCCABE
RELATIONSHIP: WIFE
ADDRESS: 1330 10TH ST, CLARKSTON WA, 99403

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: METASTATIC RENAL CELL CARCINOMA
INTERVAL: 7 YEARS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION - PLEURAL
EFFUSION

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
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, WASHINGTON 99403
DATE SIGNED: SEPTEMBER 07, 2021

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: SEPTEMBER 08, 2021

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DOH 422-132 (8/18)



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 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 Self Guardian Informant Hospital
Person on Record: 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:

8. The record now shows:	9. The true fact is:
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

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



CERTIFIED

SEP 09 2021

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

55167



0 3 2 1 9 7 8 2

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