

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, indicate % sold.

List percentage of ownership acquired next to each name.

SELLER GRANTOR	1 Name <u>Mark McCammon, Administrator of the Estate of</u>	BUYER GRANTEE	2 Name <u>Mark McCammon and Lyla McCammon, Trustees.</u>
	<u>Mary Ellen McCammon, Deceased</u>		<u>McCammon Family Living Trust</u>
	Mailing Address <u>2524 6th Ave.</u>		Mailing Address <u>2524 6th Ave.</u>
	City/State/Zip <u>Clarkston, WA 99403</u>		City/State/Zip <u>Clarkston, WA 99403</u>
	Phone No. (including area code) <u>(509) 919-1406</u>		Phone No. (including area code) <u>(509) 919-1406</u>
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 _____		1-041-32-003-0005-000 <input type="checkbox"/>	
Mailing Address _____		_____ <input type="checkbox"/>	
City/State/Zip _____		_____ <input type="checkbox"/>	
Phone No. (including area code) _____		_____ <input type="checkbox"/>	
		List assessed value(s) <u>86,400 107,900</u>	

4 Street address of property: 2524 6th Ave.

This property is located in Asotin

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 - 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 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) 458-61A-202 (6) (9)
Reason for exemption Inheritance

Type of Document Personal Representative's Deed
Date of Document 6-17-22

Gross Selling Price \$	86,400.00
*Personal Property (deduct) \$	
Exemption Claimed (deduct) \$	86,400.00
Taxable Selling Price \$	0.00
Excise Tax : State \$	0.00
<u>0.0075</u> Local \$	0.00
*Delinquent Interest: State \$	
Local \$	
*Delinquent Penalty \$	
Subtotal \$	0.00
*State Technology Fee \$	5.00
Affidavit Processing Fee \$	5.00
Total Due \$	10.00

PAID
JUN 27 2022
ASOTIN COUNTY
TREASURER

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

Signature of Grantor or Grantor's Agent Mark McCammon Signature of Grantee or Grantee's Agent Mark McCammon

Name (print) Mark McCammon, Administrator Name (print) Mark McCammon, Trustee

Date & city of signing: 6-17-22 CLARKSTON Date & city of signing: 6-17-22 CLARKSTON

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)).

055317

EXHIBIT A

That part of Lot 3 in Block "I-4" of Clarkston Heights according to the official plat thereof, filed in Book B of Plats at Page(s) 103, records of Asotin County, Washington, lying West of a line parallel to its East boundary and distant therefrom measured at right angles 165.1 feet. EXCEPTING the following described property: From the Southeast corner of Lot 3, Block "I-4", Clarkston Heights, Asotin County, Washington, said point being on the centerline of 6th Avenue; thence North $89^{\circ}08'$ West along said centerline for a distance of 165.1 feet to the True Place of Beginning; thence continue North $89^{\circ}08'$ West for a distance of 100 feet; thence North $0^{\circ}02'$ West for a distance of 239 feet; thence South $89^{\circ}08'$ East for a distance of 100 feet; thence South $0^{\circ}02'$ East for a distance of 239 feet to the true place of beginning, all being in said Lot 3, according to the recorded plat thereof.

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FILED

2022 MAY 17 PM 5:15

MCKENZIE A. CAMPBELL
COUNTY CLERK
ASOTIN COUNTY, WA

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IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF ASOTIN

In the Matter of the Estate of:

NO. 21-4-00063-02

MARY ELLEN McCAMMON,

ORDER AFTER HEARING ON

Deceased.

PETITION FOR INSTRUCTIONS

This matter came on for hearing on the 17th day of May 2022. Peter E. Moyer of Witherspoon Brajcich McPhee PLLC appearing for the Personal Representative Mark McCammon.

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There being no appearance by any of the other heirs of Bert and Mary Ellen McCammon and for good cause shown, the Court finds as follows:

1. Proper notice has been given by the Petitioner to all heirs.
2. Marilyn Hallberg and Greg McCammon never probated the Estates of either Bert or Mary Ellen McCammon.
3. Mark McCammon redeemed the property at 2524 6th Avenue, Clarkston, Washington from the Bank of America,

NOW, THEREFORE,

ORDER AFTER HEARING ON PETITION FOR INSTRUCTIONS- 1

WBM | WITHERSPOON
BRAJCICH
MCPHEE

A PROFESSIONAL LIMITED LIABILITY COMPANY


601 West Main Avenue, Suite 714
Spokane, Washington 99201-0677
Telephone: (509) 455-9077
Fax: (509) 624-6441

SCANNED

55317

1 IT IS HEREBY ORDERED, ADJUDGED and DECREED that Petitioner Mark
2 McCammon, as Personal Representative of the Estate of Mary Ellen McCammon, is
3 instructed and ordered to deliver to Mark McCammon as a beneficiary, a Personal
4 Representative's Deed to the real property at 2524 6th Avenue, Clarkston, Washington.

5 DATED this 17th day of May 2022.

6
7 
8 Superior Court Judge

9 Presented by:

10 WITHERSPOON BRAJCICH McPHEE PLLC

11
12 By: 

13 PETER E. MOYE, WSBA NO. 21361
14 Attorneys for Petitioner

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29 ORDER AFTER HEARING ON PETITION FOR
30 INSTRUCTIONS- 2

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WBM | WITHERSPOON
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STATE OF WASHINGTON DEPARTMENT OF HEALTH

Washington State Certificate of Death State File Number **2010 56368**

1. Legal Name (Include AKA's if any) First Middle LAST BERT WILLIS McCAMMON			2. Death Date June 5, 2010			
3. Sex (M/F) Male		4a. Age - Last Birthday 87	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Garfield
7. Birthdate May 15, 1923		8a. Birthplace (City, Town, or County) Tacoma		8b. (State or Foreign Country) Washington		9. Decedent's Education 9th - 12th grade, but no diploma
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? Yes	
13a. Residence: Number and Street (e.g., #24 SE 5 th St.) (Include Apt. No.) 2524 6th Avenue					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 type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time of residence. 33 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Mary Ellen Schaltz		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). 18. Kind of Business/Industry (Do not use Company Name) Truck Driver			Baking Company			
19. Father's Name (First, Middle, Last, Suffix) Joseph Eldon McCammon			20. Mother's Name Before First Marriage (First, Middle, Last) Dorothy Arnold			
21. Informant's Name Mary E. McCammon		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 2524 6th Avenue, Clarkston, Washington 99403		
24. Place of Death, if Death Occurred in a Hospital: WILSON NAT'L FOREST						25. Facility Name (if not a facility, give number & street or location): GARFIELD CO.
26. City, Town, or Location of Death WA		27. Zip Code 99347		28. Method of Disposition Removal/Burial		
29. Place of Final Disposition (Name of cemetery, crematory, other place): Normal Hill Cemetery			30. Location-City/Town; and State Lewiston, Idaho			
31. Name and Complete Address of Funeral Facility Vassar-Rawls Funeral Home, 920-21st Avenue, Lewiston, Idaho 83501					32. Date of Disposition June 9, 2010	
33. Funeral Director Signature <i>[Signature]</i>						

34. 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. PROBABLE COMPRESSORIAL ASPHYXIA** Interval between Onset & Death
MINUTES

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. BLUNT FORCE TRAUMA TO CHEST** Interval between Onset & Death
MINUTES

c. ACCIDENTAL CRUSH INJURY Interval between Onset & Death
MINUTES

d.

35. Other significant conditions contributing to death but not resulting in the underlying cause given above:

36. Autopsy? Yes No

37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death
 Natural Homicide
 Accident Undetermined
 Suicide Pending

39. If female:
 Not pregnant within past year Not pregnant, but pregnant within 42 days before death
 Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death
 Unknown if pregnant within the past year

40. Did tobacco use contribute to death?
 Yes Probably No Unknown

41. Date of Injury (mm/dd/yyyy): **06/05/2010**

42. Hour of Injury (24hrs): **0930**

43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area): **WOODED AREA**

44. Injury at Work? Yes No Unk

45. Location of Injury: Number & Street: **WILSON NAT'L FOREST** County: **GARFIELD** State: **WA** Zip Code + 4: **99347**

46. Describe how injury occurred:
DECEASED STRUCK BY FALLING TREE

47. If transportation injury, specify:
 Driver/Operator Pedestrian
 Passenger Other (Specify)

48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated

48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)
Matt L. Newberg, Coroner, P.O. Box 82X0, Pomeroy, Washington 99347

50. Hour of Death (24hrs): **0930**

51. Name and Title of Attending Physician [if other than Certifier (Type or Print)]

52. Date Signed (mm/dd/yyyy): **06/09/2010**

53. Title of Certifier:
Coroner

54. License Number:
WSAL # 30674

55. ME/Coroner File Number

56. Was case referred to ME/Coroner?
 Yes No

57. Registrar Signature:
[Signature] Deputy Registrar

58. Date Received (mm/dd/yyyy): **06/09/2010**

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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

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:

The record currently shows:	The true fact is:
8.	9.
10.	11.
12.	13.

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

14a. Signature: 14b. Signature of 2nd parent (if required):

Printed name: Date: Printed name: Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information:

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Copy of Passport / Enhanced ID
- Green/Permanent Resident card (I-551)

You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

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. Proof documentation must be five or more years old or established within five years of birth.
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage from DOH 422-159).

Child under 18

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one or up to one year following the filing of an Acknowledgment of Parentage form; last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required.
- To correct the sex of the child, one proof documentation from a medical provider 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.

Adult (18 years or older)

- Only the adult can change their own birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

Death Certificates

1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified 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 proof documentation.
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.



This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70,58 RCW, and at the direction of Jean Remsbecker, State Registrar.

Jean Remsbecker

ISSUED
OCT 25 2021

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

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