



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 sections 1-3: Seller/Grantor (Floch Living Trust), Buyer/Grantee (Zachary Edward Maas, Cassandra Maas), and tax correspondence information.

Section 4: Property address (1645 Swallows Nest Loop, Clarkston, WA) and location details (unincorporated, Asotin County).

Section 5: Land Use Code (11 Household, single family units) and tax exemption questions.

Section 6: Property classification questions (forest land, current use, historical property).

Section 7 (left): Continuation notice instructions and signature line for Deputy Assessor.

Section 7 (right): Statutory Warranty Deed (SWD) details including Gross Selling Price (\$450,000.00) and Total Due (\$6,080.00).

Section 8: Signature lines for Grantor (Douglas Eugene Floch) and Grantee (Zachary Edward Maas) with dates.

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)).

EFT

EXHIBIT "A"

613583

Lot 6 and that part of Lot 5 in Block Two of Swallows Nest Subdivision, according to the official plat thereof, filed in Book D of Plats at Page(s) 69 Official Records of Asotin County, Washington, more particularly described as follows: Beginning at the Northeast corner of said Lot 5; thence North 88°45'00" West, 10.00 feet; thence South 2°46'56" East, 142.22 feet to the Southeast corner of said Lot 5; thence North 1°15'00" East, 141.87 feet to the Northeast corner of said Lot 5 and the Point of Beginning.

55352

Return Address

735 5th Street
Clarkston, WA 99403

Please print or type information

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

55352



Health
CERTIFICATE OF DEATH

146 STATE FILE NUMBER

1. NAME: Harold G. Floch
2. SEX (M/F): Male
3. DEATH DATE (Mo, Day, Yr): November 24, 1999

4. AGE LAST BIRTHDAY (Yrs): 78
5. UNDER 1 YEAR: []
6. UNDER 1 DAY: []
7. BIRTH DATE (Mo, Day, Yr): Oct. 17, 1921
8. BIRTH PLACE (City, State or Foreign Country): Lewiston, ID
9. WAS DEPENDENT EVER (Yes/No): NO
10. COUNTY OF DEATH: Asotin

11. CITY, TOWN OR LOCATION OF DEATH: Clarkston
12. PLACE OF DEATH — IN BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME:
L1 HOME 2 L2 IN TRANSPORT 3 L3 EMER. ROOM/UTP 4 L4 Hosp. 5 L5 NURS HOME 6 L6 OTHER PLACE
Tri-State Memorial Hospital
13. SLEEPING IN LAST 15 YEARS? (Yes/No): NO

14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify): Married
15. SURVIVING SPOUSE (If wife, give maiden name): June M. Bucholz
16. SOCIAL SECURITY NO.: [REDACTED]
17. DECEDENT'S EDUCATION (Specify only highest grade completed):
Elementary/Secondary (0-12): [] College (1-4 or 5+): 2

18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Farmer/Rancher
19. KIND OF BUSINESS OR INDUSTRY: Wheat/cattle
20. Was Decedent of Hispanic or of decent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.): No
21. RACE (Specify): White

22. RESIDENCE — NUMBER AND STREET: 1645 Swallows Nest Loop
23. CITY/TOWN OR LOCATION: Clarkston
24. INSIDE CITY LIMITS (Yes/No): No
25. COUNTY: Asotin
26. STATE: WA
27. ZIP CODE: 99403

28. FATHER'S NAME — FIRST, MIDDLE, LAST: M. T. Floch
29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME: Marda A. Appleford

30. INFORMANT — NAME: June M. Floch
31. MAILING ADDRESS: 1645 Swallows Nest Loop, Clarkston, WA. 99403

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
33. DATE (Mo, Day, Yr): Nov. 29, 1999
34. CEMETERY/CREMATORY — NAME: Vineland Cemetery
35. LOCATION — CITY/TOWN, STATE: Clarkston, WA. 99403

36. FUNERAL DIRECTOR SIGNATURE: *X. Wilson F. Brown*
37. NAME OF FACILITY: Merchant Funeral Home
38. ADDRESS OF FACILITY: 4000 7th, Clarkston, WA 99403

39. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN
SIGNATURE AND TITLE: *Richard J. Weiland Jr. MD*
40. DATE SIGNED (Mo, Day, Yr): 11/29/99
41. HOUR OF DEATH (24 Hrs): 0055
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
43. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER
44. DATE SIGNED (Mo, Day, Yr):
45. HOUR OF DEATH (24 Hrs):
46. HOUR PRONOUNCED DEAD (24 Hrs):
47. HOUR PRONOUNCED DEAD (24 Hrs):
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print):
Richard J. Weiland Jr. MD, 1207 Evergree Court, Clarkston, WA 99403
49. ME/CORONER FILE NUMBER:

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:
IMMEDIATE CAUSE (Final disease or condition resulting in death):
A. *SEPSIS - unknown ORG.*
DUE TO, OR AS A CONSEQUENCE OF:
B.
DUE TO, OR AS A CONSEQUENCE OF:
C.
DUE TO, OR AS A CONSEQUENCE OF:
D.
DO NOT ENTER THE MODE OF DYING, SUCH AS CARACID OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE, LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.

51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE:
END STAGE RENOVULAR DISEASE
52. AUTOPSY? (Yes/No): NO
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No): NO

54. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify):
55. INJURY DATE (Mo, Day, Yr):
56. HOUR OF INJURY (24 Hrs):
57. PLACE OF INJURY — AT HOME, FARM, STREET, BLDG, ETC. (Specify):
58. INJURY AT WORK? (Yes/No):
59. PLACE OF INJURY — AT HOME, FARM, STREET, BLDG, ETC. (Specify):
60. STREET OR RFD NO., CITY/TOWN, STATE:

61. RECORD AMENDMENT (Registrar use only)
ITEM: [] DOCUMENTARY EVIDENCE: [] REVIEWED BY: [] DATE: []
62. DATE RECEIVED (Mo, Day, Yr): NOV 30 1999

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/97)

55352

AFFIDAVIT FOR CORRECTION

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY			STATE OFFICE USE ONLY	
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with			1. STATE FILE NUMBER	for
2. NAME			3. DATE OF EVENT	4. PLACE OF EVENT (City and County)
5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution)			6. MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Dissolution)	
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:			THE TRUE FACT IS:	
7.			8.	
9.			10.	
11.			12.	
13.			14.	
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY				15.
PHONE NUMBER:				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.				
16. SIGNATURE		17. DATE		18. ADDRESS

DCH 110-007 (Rev. 2/98)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

1. All changes must be established by documentary proof submitted with the affidavit.
2. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
3. 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.
4. Proof must be five (or more) years old or established within five years of birth.
5. Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Allen Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
6. Up to age one, the parent(s) or legal guardian may change the child's surname 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 surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
7. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
8. This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DOH 110-001)

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.
2. The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

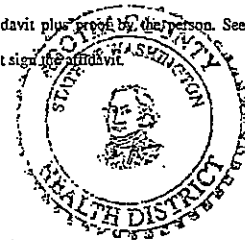
Marriage/Dissolution (Divorce) Certificates

1. Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
 Center for Health Statistics
 1112 Quince Street South
 P.O. Box 9709
 Olympia, WA 98507-9709

This is a legal document.
 Complete in ink and do not alter.



Robert G. Atwood
 Robert G. Atwood, M.D.
 Health Officer

NOV 30 1999

66115047

55352

<p>Return Address</p> <p>735 5th Street Clarkston, WA</p>
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Please print or type information

<p>Document Title(s) (or transactions contained therein):</p> <p>1. Certificate of Death</p> <p>2.</p> <p>3.</p> <p>4.</p>
<p>Grantor(s) (Last name first, then first name and initials):</p> <p>1. Floch, June M.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p><input type="checkbox"/> Additional names on page ___ of document.</p>
<p>Grantee(s) (Last name first, then first name and initials):</p> <p>1. To the public</p> <p>2.</p> <p>3.</p> <p>4.</p> <p><input type="checkbox"/> Additional names on page ___ of document.</p>
<p>Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.)</p> <p><input type="checkbox"/> Additional legal is on page ___ of document.</p>
<p>Reference Number(s) of Documents assigned or released:</p> <p><input type="checkbox"/> Additional numbers on page ___ of document.</p>
<p>Assessor's Property Tax Parcel/Account Number</p> <p><input type="checkbox"/> Property Tax Parcel ID is not yet assigned</p> <p><input type="checkbox"/> Additional parcel numbers on page ___ of document</p>
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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-001325

LOCAL FILE NUMBER: 2437

DATE ISSUED: 02/07/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): JUNE M
LAST NAME(S): FLOCH

COUNTY OF DEATH: WHITMAN

DATE OF DEATH: JANUARY 07, 2022

HOUR OF DEATH: 04:35 AM

SEX: FEMALE

AGE: 99 YEARS

SOCIAL SECURITY NUMBER:

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: PULLMAN REGIONAL HOSPITAL

CITY, STATE, ZIP: PULLMAN, WASHINGTON 99163

RESIDENCE STREET: 815 SE KLEMGARD STREET

CITY, STATE, ZIP: PULLMAN, WA 99163

INSIDE CITY LIMITS: YES COUNTY: WHITMAN

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 2 YEARS

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: MAY 13, 1922

BIRTH PLACE: LEWISTON, ID

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: HOMEMAKER

INDUSTRY: OWN HOME

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

IN ARMED FORCES: NO

FATHER: HERBERT BUCHOLZ

MOTHER: RUTH FRANCIS RUTT-BUCHOLZ

METHOD OF DISPOSITION: REMOVAL FROM STATE

PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

CITY, STATE: LEWISTON, IDAHO

DISPOSITION DATE: JANUARY 14, 2022

INFORMANT: BARBARA HENDERSON

RELATIONSHIP: DAUGHTER

ADDRESS: 3842 PRUNE ORCHARD ROAD COLFAX, WASHINGTON 99111

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. UNSTABLE VENTRICULAR TACHYCARDIA

INTERVAL: 6 HRS

SUSPECTED MI

INTERVAL: 6 HRS

INTERVAL:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: DEMENTIA

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: NO

PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CERTIFIER NAME: KASSIETRICOLA, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 825 SE BISHOP BLVD STE 200

CITY, STATE, ZIP: PULLMAN, WASHINGTON 99163

DATE SIGNED: JANUARY 12, 2022

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: 22-WC007

ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DAWN A. PITTS

DATE RECEIVED: JANUARY 13, 2022

55352



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.

DOH 422-034 August 2018

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: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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) First Middle Last/Maiden	5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	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:
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 forgoing is true and correct.

14a. Signature: Printed name: Date:	14b. Signature of 2 nd parent (if required): Printed name: Date:
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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 form DOH 422-158).

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.

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 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.

*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.

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.



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

CERTIFIED

FEB 07 2022

Dr. Daniel Kaminsky

Dr. Daniel Kaminsky
Health District Officer
Garfield County Health District

55352



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