

Real Estate Excise Tax Affidavit (RCW 82.45 WAC 458-61A)

Only for sales in a single location code on or after July 1, 2022.
This affidavit will not be accepted unless all areas on all pages are fully and accurately completed.
This form is your receipt when stamped by cashier. *Please type or print.*

Check box if partial sale, indicate % _____ sold. List percentage of ownership acquired next to each name.

1 Seller/Grantor
Name Dennis E. Shuck and Donna R. Shuck, husband and wife
Mailing address 2604 Critchfield Road
City/state/zip Clarkston, WA 99403
Phone (including area code) _____

2 Buyer/Grantee
Name Kelly Eugene Shuck, a married man, as sole and separate, and Paula Rene Shuck, a married woman, as sole and separate
Mailing address 2129 Ripon Avenue
City/state/zip Lewiston, ID 83501
Phone (including area code) 208-790-1255

3 Send all property tax correspondence to: Same as Buyer/Grantee
Name _____
Mailing address _____
City/state/zip _____

List all real and personal property tax parcel account numbers	Personal property?	Assessed value(s)
<u>1 182 00 056 0000 0000</u>	<input type="checkbox"/>	<u>\$0.00 146,000</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>

4 Street address of property 2604 Critchfield Road, Clarkston, WA 99403
This property is located in Clarkston (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 Schedule.

5 11 - Household, single family units
Enter any additional codes _____
(see back of last page for instructions)

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

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 predominately used for timber (as classified under RCW 84.34 and 84.33) or agriculture (as classified under RCW 84.34.020) and will continue in it's current use? If yes and the transfer involves multiple parcels with different classifications, complete the predominate use calculator (see instructions) Yes No

If claiming an exemption, list WAC number and reason for exemption.
WAC number (section/subsection) 458-61A-202(2b) (6i)
Reason for exemption
Lack of Probate

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

Type of document <u>Affidavit (Lack of Probate)</u>	
Date of document	<u>7/19/2022</u>
Gross selling price	<u>0.00</u>
*Personal property (deduct)	<u>0.00</u>
Exemption claimed (deduct)	<u>0.00</u>
Taxable selling price	<u>0.00</u>
Excise tax: state	
Less than \$500,000.01 at 1.1%	<u>0.00</u>
From \$500,000.01 to \$1,500,000 at 1.28%	<u>0.00</u>
From \$1,500,000.01 to \$3,000,000 at 2.75%	<u>0.00</u>
Above \$3,000,000 at 3%	<u>0.00</u>
Agricultural and timberland at 1.28%	<u>0.00</u>
Total excise tax: state	<u>0.00</u>
0.0025 Local	<u>0.00</u>
*Delinquent interest: state	<u>0.00</u>
Local	<u>0.00</u>
*Delinquent penalty	<u>0.00</u>
Subtotal	<u>0.00</u>
*State technology fee	<u>5.00</u>
Affidavit processing fee	<u>5.00</u>
Total due	<u>10.00</u>

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 _____ Signature _____
Print name _____ Print name _____

8 I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT
Signature of grantor or agent Nickolas J. Ward Signature of grantee or agent Kelly Eugene Shuck
Name (print) Nickolas J. Ward, agent Name (print) Kelly Eugene Shuck
Date & city of signing Lewiston, ID 83501 7/19/2022 Date & city of signing 7-19-22 Lewiston

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 by 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.

JUL 20 2022

ASOTIN COUNTY
TREASURER

055378 *Print on legal size paper.*
Page 1 of 6

Chapman Law Offices
CV# 1422 AH

Legal Description

Lot Fifty-six (56) of LAUREL ADDITION, according to the plat re-recorded in Book D of Plats, page 69, in Asotin County, Washington.

SUBJECT TO Protective Covenants recorded November 7, 1973, as Instrument No. 118095, records of Asotin County, Washington.

SUBJECT TO Restrictions contained in plat of Laurel Addition filed May 1, 1978, in Book D of Plats, page 69, records of Asotin County, Washington.

SUBJECT TO Utility easement over and across the West Five (5) feet of said Lot 56, as shown on the recorded plat of Laurel Addition.

Tax Parcel No. 1 182 00 056 0000 0000

55378

Return to:

Nickolas J. Ward,
Chapman Law Offices, PLLC
Attorneys at Law
Post Office Box 446
Lewiston, ID 83501

Lack of Probate Affidavit

Reference numbers of related documents:

Auditor's No. 143915

Grantors: Dennis E. Shuck and Donna R. Shuck, husband and wife, deceased

Grantee: Kelly Eugene Shuck, a married man, as his sole and separate property, and Paula Rene Shuck, an unmarried woman

Legal Description:

Lot Fifty-six (56) of LAUREL ADDITION, according to the plat re-recorded in Book D of Plats, page 69, in Asotin County, Washington.

SUBJECT TO Protective Covenants recorded November 7, 1973, as Instrument No. 118095, records of Asotin County, Washington.

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Tax Parcel Nos. 1 182 00 056 0000 0000

55378



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

AFFIDAVIT (LACK OF PROBATE)

KELLY EUGENE SHUCK and PAULA RENE SHUCK, being first duly sworn, deposes and says:

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

(relationship to decedent) of DONNA RAE SHUCK (decedent), who died on (date)

September 6, 2020, at

Clarkston Asotin County Washington
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: 2604 Critchfield Road

Clarkston Washington 99403
City State Street 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)

“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)

DENNIS EUGENE SHUCK, legal, spouse, 2604 Critchfield Road, Clarkston,
WA 99403, (NOW DECEASED)

Full name, age, relationship, address

KELLY EUGENE SHUCK, legal, son, 2129 Ripon Avenue, Lewiston,
ID 83501

Full name, age, relationship, address

PAULA RENE SHUCK, legal, daughter, 1382 Libby Street, Clarkston,
WA 99403

Full name, age, relationship, address

Full name, age, relationship, address

(Continued on next page)

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Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: July 19, 2022

KELLY EUGENE SHUCK

Affiant's full name

208-790-1255

Telephone number

2129 Ripon Avenue

Street

Lewiston

City

ID

State

83501

Zip Code

Signature

Kelly Shuck

Date

7-19-22

State of IDAHO County of Nez Perce

I know or have satisfactory evidence that KELLY EUGENE SHUCK

(name of person)

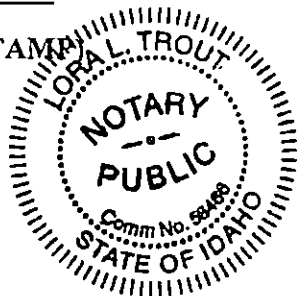
is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 7/19/22

Lera L. Trout

Signature of Notary Public

(SEAL OR STAMP)



Residing at:

Lewiston, ID

Notary Public in and for the State of

Idaho

My appointment expires:

9-23-2023

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: July 19, 2022

PAULA RENE SHUCK

Affiant's full name

509-295-1814

Telephone number

1382 Libby Street

Street

Clarkson

WA

99403

City

State

Zip Code

Paula R. Shuck

7/19/22

Signature

Date

State of IDAHO County of Nez Perce

I know or have satisfactory evidence that PAULA RENE SHUCK

(name of person)

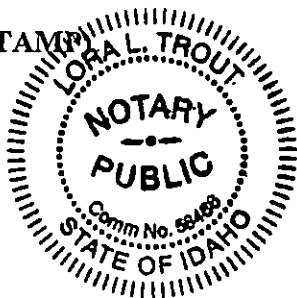
is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 7/19/2022

Lora L. Trout

Signature of Notary Public

(SEAL OR STAMP)



Residing at: Lewiston, ID

Notary Public in and for the State of IDAHO

My appointment expires: 9-23-2023

55378

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-041720

DATE ISSUED: 09/11/2020
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DONNA RAE
LAST NAME(S): SHUCK

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: SEPTEMBER 06, 2020
HOUR OF DEATH: 11:19 PM
SEX: FEMALE AGE: 77 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 2604 CRITCHFIELD RD
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

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

RESIDENCE STREET: 2604 CRITCHFIELD RD
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 41 YEARS

BIRTH DATE: JUNE 13, 1943
BIRTHPLACE: SPOKANE, WA

FATHER: VERNON SCHILLING
MOTHER: MAY NESBITT

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: DENNIS SHUCK

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

OCCUPATION: BUSINESS OWNER
INDUSTRY: BUSINESS
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

CITY, STATE: LEWISOTN, IDAHO
DISPOSITION DATE: SEPTEMBER 11, 2020

INFORMANT: PAULA SHUCK
RELATIONSHIP: DAUGHTER
ADDRESS: 1382 LIBBY 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: PENDING
INTERVAL: PENDING

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: PENDING
AUTOPSY: YES
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NO
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:

CERTIFIER NAME: LISA WEBBER
TITLE: CORONER/ME
CERTIFIER ADDRESS: PO BOX 220
CITY, STATE, ZIP: ASOTIN, WA 99402
DATE SIGNED: SEPTEMBER 10, 2020

LOCATION OF INJURY:

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

CITY, STATE, ZIP:
COUNTY:

LOCAL DEPUTY REGISTRAR: BRADY WOODBURY
DATE RECEIVED: SEPTEMBER 11, 2020

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

55378



Affidavit for Correction

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

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

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:** **3. Place of Event:**

4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) **5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)**

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

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

- 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
- 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
- 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

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

Marriage/Dissolution (Divorce) Certificates

- 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
- 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 11 2020

55378

Glenn Houser MD
 Dr. Glenn Houser
 Health District Officer
 Garfield County Health District



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

0 3 2 1 8 9 3 7

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-026228

DATE ISSUED: 06/02/2022
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DENNIS E
LAST NAME(S): SHUCK

COUNTY OF DEATH: ASOTIN

DATE OF DEATH: MAY 21, 2022

HR OF DEATH: 06:30 AM PRESUMED

SEX: MALE AGE: 78 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: JULY 08, 1943

BIRTHPLACE: SPOKANE, WA

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: MASTER JEWELER

INDUSTRY: JEWELRY

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

INFORMANT: KELLY SHUCK

RELATIONSHIP: SON

ADDRESS: 2129 RIPON AVE, LEWISTON ID, 83501

CAUSE OF DEATH:

A. CHRONIC OBSTRUCTIVE PULMONARY DISEASE

INTERVAL: YEARS

B.

INTERVAL

C.

INTERVAL

D.

INTERVAL

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION

DATE OF INJURY:

HR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: DECEDENT'S HOME

FACILITY OR ADDRESS: 2604 CRITCHFIELD RD

CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 2604 CRITCHFIELD RD

CITY, STATE, ZIP: CLARKSTON, WA 99403

INSIDE CITY LIMITS: NO

COUNTY: ASOTIN

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 43 YEARS

FATHER: HAROLD SHUCK

MOTHER: MARY FITZGERALD

METHOD OF DISPOSITION: REMOVAL FROM STATE

PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

CITY, STATE: LEWISTON, IDAHO

DISPOSITION DATE: MAY 24, 2022

FUNERAL FACILITY: MERCHANT, RICHARDSON BROWN FUNERAL HOMES LLC

ADDRESS: PO BOX 107

CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

FUNERAL DIRECTOR: RICHARD LASSITER

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: YES

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: LISA WEBBER

TITLE: CORONER/ME

CERTIFIER ADDRESS: PO BOX 220

CITY, STATE, ZIP: ASOTIN, WASHINGTON 99402

DATE SIGNED: MAY 23, 2022

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON

DATE RECEIVED: MAY 23, 2022

55378



Affidavit for Correction

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

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

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 Person on Record: Self Guardian Informant Hospital Parent(s) Funeral Director Other (specify)

7. Return Mailing Address: PO Box or Street Address City State Zip

Telephone Number: ()- - Email Address:

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I declare under penalty of perjury under the laws of the State of Washington that the foregoing 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:

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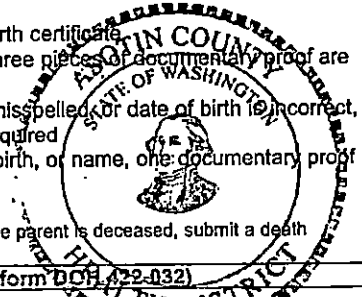
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- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Bob Lutz, M.D., MPH
Health Officer

Marriage/Dissolution (Divorce) Certificates

- 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
- 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.

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0 3 0 4 9 8 1 6

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Return to:

Nickolas J. Ward,
Chapman Law Offices, PLLC
Attorneys at Law
Post Office Box 446
Lewiston, ID 83501

Lack of Probate Affidavit

Reference numbers of related documents:

Auditor's No. 143915

Grantors: Dennis E. Shuck and Donna R. Shuck, husband and wife, deceased

Grantee: Kelly Eugene Shuck, a married man, as his sole and separate property, and Paula Rene Shuck, an unmarried woman

Legal Description:

Lot Fifty-six (56) of LAUREL ADDITION, according to the plat recorded in Book D of Plats, page 69, in Asotin County, Washington.

SUBJECT TO Protective Covenants recorded November 7, 1973, as Instrument No. 118095, records of Asotin County, Washington.

SUBJECT TO Restrictions contained in plat of Laurel Addition filed May 1, 1978, in Book D of Plats, page 69, records of Asotin County, Washington.

SUBJECT TO Utility easement over and across the West Five (5) feet of said Lot 56, as shown on the recorded plat of Laurel Addition.

Tax Parcel Nos. 1 182 00 056 0000 0000

55378

AFFIDAVIT (LACK OF PROBATE)

KELLY EUGENE SHUCK and PAULA RENE SHUCK, being first duly sworn, deposes and says:

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

(relationship to decedent) of DENNIS EUGENE SHUCK (decedent), who died on (date)

May 21, 2022, at

Clarkston Asotin County Washington
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: 2604 Critchfield Road

Clarkston Washington 99403
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)

“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)

KELLY EUGENE SHUCK, legal, son, 2129 Ripon Avenue, Lewiston,
ID 83501

Full name, age, relationship, address

PAULA RENE SHUCK, legal, daughter, 1382 Libby Street, Clarkston,
WA 99403

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: July 19, 2022

KELLY EUGENE SHUCK

Affiant's full name

208-790-1255

Telephone number

2129 Ripon Avenue

Street

Lewiston

ID

83501

City

State

Zip Code

Kelly Shuck
Signature

7-19-22
Date

State of IDAHO

County of Nez Perce

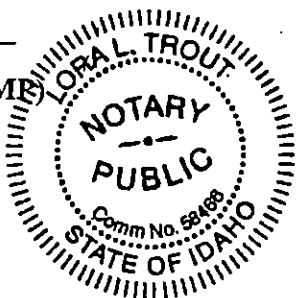
I know or have satisfactory evidence that KELLY EUGENE SHUCK

(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: 7/19/22

(SEAL OR STAMP)



Lora L. Trout
Signature of Notary Public

Residing at: Lewiston, ID

Notary Public in and for the State of IDAHO

My appointment expires: 9-23-23

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: July 19, 2022

PAULA RENE SHUCK

Affiant's full name

509-295-1814

Telephone number

1382 Libby Street

Street

Clarkson

City

WA

State

99403

Zip Code

Paula R. Shuck

7/19/22

Signature

Date

State of IDAHO

County of Nez Perce

I know or have satisfactory evidence that PAULA RENE SHUCK

(name of person)

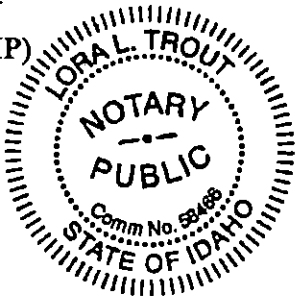
is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 7/19/22

Lora L. Trout

Signature of Notary Public

(SEAL OR STAMP)



Residing at: Lewiston, ID

Notary Public in and for the State of IDAHO

My appointment expires: 9-23-2023

55378

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-026228

DATE ISSUED: 06/02/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): DENNIS E
LAST NAME(S): SHUCK

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: MAY 21, 2022
HOUR OF DEATH: 06:30 AM PRESUMED
SEX: MALE AGE: 78 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 2604 CRITCHFIELD RD
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

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

RESIDENCE STREET: 2604 CRITCHFIELD RD
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 43 YEARS

BIRTH DATE: JULY 08, 1943
BIRTHPLACE: SPOKANE, WA

FATHER: HAROLD SHUCK
MOTHER: MARY FITZGERALD

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

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

OCCUPATION: MASTER JEWELER
INDUSTRY: JEWELRY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: MAY 24, 2022

INFORMANT: KELLY SHUCK
RELATIONSHIP: SON
ADDRESS: 2129 RIPON AVE, LEWISTON ID, 83501

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: CHRONIC OBSTRUCTIVE PULMONARY DISEASE
INTERVAL: YEARS

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: LISA WEBBER
TITLE: CORONER/ME
CERTIFIER ADDRESS: PO BOX 220
CITY, STATE, ZIP: ASOTIN, WASHINGTON 99402
DATE SIGNED: MAY 23, 2022

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: MAY 23, 2022

55378



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

Required

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 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.

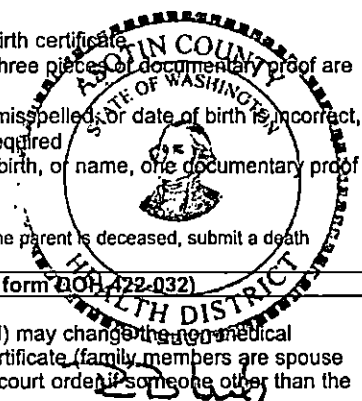
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner. **Bob Lutz, M.D., MPH**

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.

JUN 22 2015



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

55378



0 3 0 4 9 8 1 6

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-041720

DATE ISSUED: 09/11/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): DONNA RAE
LAST NAME(S): SHUCK

COUNTY OF DEATH: ASOTIN

DATE OF DEATH: SEPTEMBER 06, 2020

HOURLY OF DEATH: 11:19 PM

SEX: FEMALE

AGE: 77 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: JUNE 13, 1943

BIRTHPLACE: SPOKANE, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: DENNIS SHUCK

OCCUPATION: BUSINESS OWNER

INDUSTRY: BUSINESS

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: PAULA SHUCK

RELATIONSHIP: DAUGHTER

ADDRESS: 1382 LIBBY ST, CLARKSTON WA, 99403

CAUSE OF DEATH:

A: PENDING

INTERVAL: PENDING

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:

HOURLY OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 2604 CRITCHFIELD RD

CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 2604 CRITCHFIELD RD

CITY, STATE, ZIP: CLARKSTON, WA 99403

INSIDE CITY LIMITS: NO

COUNTY: ASOTIN

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 41 YEARS

FATHER: VERNON SCHILLING

MOTHER: MAY NESBITT

METHOD OF DISPOSITION: REMOVAL FROM STATE

PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

CITY, STATE: LEWISOTN, IDAHO

DISPOSITION DATE: SEPTEMBER 11, 2020

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES LLC

ADDRESS: PO. BOX 107

CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

FUNERAL DIRECTOR: RICHARD LASSITER

MANNER OF DEATH: PENDING

AUTOPSY: YES

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NO

DID TOBACCO USE CONTRIBUTE TO DEATH: NO

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: LISA WEBBER

TITLE: CORONER/ME

CERTIFIER ADDRESS: PO BOX 220

CITY, STATE, ZIP: ASOTIN, WA 99402

DATE SIGNED: SEPTEMBER 10, 2020

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BRADY WOODBURY

DATE RECEIVED: SEPTEMBER 11, 2020

55378

DCH 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

Required	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:	3. Place of Event:
	4. Father/Parent Full Birth 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: <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

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 2 nd 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)
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- Hospital/medical record
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Child under 18

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- 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 11 2020

55378

Glenn Houser MD
Dr. Glenn Houser
Health District Officer
Garfield County Health District



0 3 2 1 8 9 3 7

Legal Description

Lot Fifty-six (56) of LAUREL ADDITION, according to the plat re-recorded in Book D of Plats, page 69, in Asotin County, Washington.

SUBJECT TO Protective Covenants recorded November 7, 1973, as Instrument No. 118095, records of Asotin County, Washington.

SUBJECT TO Restrictions contained in plat of Laurel Addition filed May 1, 1978, in Book D of Plats, page 69, records of Asotin County, Washington.

SUBJECT TO Utility easement over and across the West Five (5) feet of said Lot 56, as shown on the recorded plat of Laurel Addition.

Tax Parcel No. 1 182 00 056 0000 0000

55378