



REAL ESTATE EXCISE TAX AFFIDAVIT
CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

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

(See back of last page for instructions)

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

Check box if partial sale of property

Form sections 1-3: Seller/Grantor (Sharon L. Ledbetter), Buyer/Grantee (Randy E. Lindsey, Rona E. Lindsey), and tax correspondence information.

Section 4: Street address of property (1777 4th Avenue, Clarkston, WA) and location details.

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

Section 6: Continuation and compliance notices, owner signatures, and deputy assessor information.

Section 7: Personal property included in selling price, exemption reasons, and tax calculation table.

Section 8: Signature lines for Grantor (Sharon L. Ledbetter) and Grantee (Randy E. Lindsey) dated 7.20.22.

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)).

THIS SPACE - TREASURER'S USE ONLY. COUNTY TREASURER. DATE 07/25/2022 - RECEIPT No. 55387 - Alliance Title - Clarkston

EFT

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**EXHIBIT "A"**

615040

**PARCEL 1:**

The East 94 feet of the West 122.4 feet of the North 150 feet of Lot 6 in Block 'H-1-1' of Clarkston Heights, according to the official plat thereof, filed in Book C of Plats at Page(s) 20 Official Records of Asotin County, Washington, measurements being from the centerline of adjacent streets.

**PARCEL 2:**

The East 94 feet of the West 122.4 feet of the South 100 feet of the North 250 feet of Lot 6 in Block 'H-1-1' of Clarkston Heights, according to the official plat thereof, filed in Book C of Plats at Page(s) 20 Official Records of Asotin County, Washington, measurements being from the centerline of adjacent streets.

55387

Asotin County, WA  
Daria McKay Auditor

371557

04/23/2021 11:27 AM



00037071202103715570020028

Return to:  
Bishop Law Office  
P.O. Box 337  
Garfield, WA 99130-0337

I-15 CP  
Pgs=2 Fee:\$104.50  
SHARON LEDBETTER

## COMMUNITY PROPERTY AGREEMENT

**Grantors:**

1. Ledbetter, Grover William, Jr.
2. Ledbetter, Sharon Louise

**Grantees:**

1. Ledbetter, Grover William, Jr.
2. Ledbetter, Sharon Louise

Legal description: N/A

Assessor's Property Tax Parcel Account Numbers: N/A

THIS AGREEMENT is made by and between GROVER WILLIAM LEDBETTER, JR., and SHARON LOUISE LEDBETTER, husband and wife, residing at Clarkston, Washington, pursuant to R.C.W. 26.16.120.

For good and valuable consideration, the parties agree as follows:

(1) All property of whatsoever nature or description, whether real or personal, wheresoever situated, now or hereafter acquired by the parties or either of them, is and shall be considered the parties' community property.

(2) Upon the death of either of the parties, title to all community property now owned or hereafter acquired by the parties shall immediately vest in the surviving party.

Nothing in this agreement shall be construed to affect the right of either party to disclaim in whole or part any interest created under this agreement. That is to say, upon the death of either party, nothing

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4-23-21  
to Asotin County Auditor

Please record the Sixth  
Certificate for Sharon Ledbetter

Sharon L. Ledbetter

Asotin County, WA  
Darla McKay Auditor

371559  
04/23/2021 11:36 AM



00037073202103715590030038

M31 DC  
Pg=3 Fee:\$41.00  
SHARON LEDBETTER

55387

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

DATE ISSUED: 04/13/2021  
FEE NUMBER

CERTIFICATE NUMBER: 2021-017208

FIRST AND MIDDLE NAME(S): GROVER WILLIAM  
LAST NAME(S): LEDBETTER JR

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: APRIL 10, 2021  
HOUR OF DEATH: 02:45 PM  
SEX: MALE AGE: 76 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: JULY 03, 1944  
BIRTHPLACE: SAN DIEGO, CA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: SHARON LOUISE HUBER

OCCUPATION: BUSINESS OWNER  
INDUSTRY: DIESEL MECHANIC  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: YES

INFORMANT: SHARON LEDBETTER  
RELATIONSHIP: SPOUSE  
ADDRESS: 1777 4TH AVENUE, CLARKSTON, WASHINGTON 99403

CAUSE OF DEATH:  
A: PROBABLE MYOCARDIAL INFARCTION  
INTERVAL: MINUTES  
B: CORONARY ARTERY DISEASE  
INTERVAL: YEARS  
C: PERIPHERAL VASCULAR DISEASE  
INTERVAL: YEARS  
D: TYPE 2 DIABETES  
INTERVAL: YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC OBSTRUCTIVE  
PULMONARY DISEASE WITH EXACERBATION, HYPERLIPIDEMIA

DATE OF INJURY:  
HOUR 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: 1777 4TH AVENUE  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 1777 4TH AVE  
CITY, STATE, ZIP: CLARKSTON, WA 99403  
INSIDE CITY LIMITS: NO COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 5 YEARS

FATHER: GROVER WILLIAM LEDBETTER SR  
MOTHER: LOIS LAY

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

CITY, STATE: LEWISTON, IDAHO  
DISPOSITION DATE: APRIL 13, 2021

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: APRIL 13, 2021

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON  
DATE RECEIVED: APRIL 13, 2021

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**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 the 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:  
PC Box or Street Address City State Zip  
Telephone Number: Email Address:

**Use the sections 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 foregoing is true and correct**

16a. Signature: Printed name: Date:	16b. Signature of 2nd parent (if required): Printed name: Date:
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**INSTRUCTIONS – go to [www.doh.wa.gov](http://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 data. 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**

APR 13 2021 <sup>PM</sup>

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



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

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