



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)

Check box if partial sale of property

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

Form sections 1, 2, 3: Seller/Grantor (Sherrie L Ashley and Jerry W Cox Sur. TTEEs), Buyer/Grantee (Robert M and Cari E Meyers TTEE), and tax correspondence information.

Section 4: Property address (1975 Rivercrest Drive, Clarkston, WA) and location details (unincorporated, Asotin County).

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

Section 6: Property classification questions (forest land, current use, historical property) and signature lines for Deputy Assessor and Owner(s).

Section 7: Personal property included in selling price, exemption reasons, and tax calculation table (Total Due \$13,640.00).

Section 8: Certification of truth and correctness, signatures of Grantor and Grantee, and 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)).

REV 84 0001a (6/26/14) THIS SPACE - TREASURER'S USE ONLY COUNTY TREASURER

EFT

File No. 619167

**Exhibit 'A'**

Lot 11 and that part of Lot 10 of Block Two of Parkview Acres according to the official plat thereof, filed in Book E of Plats, at Page 98 Official Records of Asotin County, Washington, more particularly described as follows: Beginning at the Northeast corner of Lot 10, said point being the True Point of Beginning; thence South 58°11'44" West along the lot line between Lot 10 and Lot 11 a distance of 201.26 feet to a point on a cul-de-sac with a radius of 45.00 feet; thence along said cul-de-sac curve left a arc distance of 35.71 feet (the chord bears North 54°44'17" West, 34.78 feet); thence leaving said cul-de-sac North 66°02'12" East, 214.22 feet to the Lot line between Lots 9 and 10; thence South 74°35'00" East along said Lot line 3.82 feet to the Place of Beginning. (as disclosed in Warranty Deed recorded under Instrument No. 259772).

AND

That part of Section 8 in Township 10 North, Range 46 East of the Willamette Meridian, Asotin County, Washington, more particularly described as follows:

Commencing at the Southeast corner of Lot 11 in Block Two of Parkview Acres and the True Point of Beginning; thence North 0°57'34.35" West, a distance of 185.49 feet to the Northwest corner of the 2.8 acre parcel of tax ID# 1-049-00-101-0013-0000; thence South 89°17'34.35" East 50.01 feet; thence South 00°57'34.35" East, 184.88 feet; thence North 89°59'34.35" West, a distance of 50.00 feet to the True Place of Beginning.

AND

That part of Section 8 in Township 10 North, Range 46 East of the Willamette Meridian, Asotin County, Washington, more particularly described as follows:

Commencing at the Northeast corner of Lot 11 in Block Two of Parkview Acres and the True Point of Beginning; thence South 89°59'34.35" East, 50.00 feet; thence South 00°57'34.35" East, 123.12 feet to the South property line of the 5.0 acre parcel of tax ID# 1-049-00-101-0021-0000; thence North 89°17'34.35" West, 50.01 feet; thence North 00°57'34.35" West, a distance of 122.51 feet to the True Place of Beginning.

55484

Return Address  
Sherrie Ashley  
216 SW Eckman St.  
McMinnville, OR 97128

Please print or type information

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

55484

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2022-026007

DATE ISSUED: 05/23/2022  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): CARMONETTA  
LAST NAME(S): COX

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: MAY 11, 2022  
HOUR OF DEATH: 01:10 PM

PLACE OF DEATH: DECEDENT'S HOME  
FACILITY OR ADDRESS: 1975 RIVERCREST DRIVE  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

SEX: FEMALE  
AGE: 95 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 1975 RIVERCREST DRIVE  
CITY, STATE, ZIP: CLARKSTON, WA 99403  
INSIDE CITY LIMITS: NO COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 25 YEARS

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

FATHER: WILLIAM SHIRLEY TRAVIS  
MOTHER: IVA MELISSA HUMPHREY

BIRTH DATE: NOVEMBER 19, 1926  
BIRTHPLACE: CHAMBERSVILLE, AR

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: VINELAND CEMETERY

MARITAL STATUS: WIDOWED  
SURVIVING SPOUSE: NOT APPLICABLE

CITY, STATE: CLARKSTON, WASHINGTON  
DISPOSITION DATE: MAY 23, 2022

OCCUPATION: BUSINESS OWNER  
INDUSTRY: HIGHWAY CONSTRUCTION BUSINESS  
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE  
US ARMED FORCES: NO

FUNERAL FACILITY: MALCOM'S BROWER-WANN FUNERAL HOME

INFORMANT: JUDY MACY  
RELATIONSHIP: DAUGHTER  
ADDRESS: P.O. BOX 512, ASOTIN, WASHINGTON 99402

ADDRESS: 1711 18TH STREET  
CITY, STATE, ZIP: LEWISTON, IDAHO 83501  
FUNERAL DIRECTOR: JAMIE M. CLONINGER

CAUSE OF DEATH:  
A: CONGESTIVE HEART FAILURE  
INTERVAL: UNKNOWN  
B: HYPERTENSION  
INTERVAL: UNKNOWN  
C:  
INTERVAL:  
D:  
INTERVAL:

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE

OTHER CONDITIONS CONTRIBUTING TO DEATH: ATRIAL FIBRILLATION,  
CHRONIC KIDNEY DISEASE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN  
PREGNANCY STATUS (FEMALE): NO RESPONSE

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

CERTIFIER NAME: ELIZABETH N. BLACK, MD.  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1271 HIGHLAND AVE STE B  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403  
DATE SIGNED: MAY 18, 2022

LOCATION OF INJURY:

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

CITY, STATE, ZIP:

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON  
DATE RECEIVED: MAY 20, 2022

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

55484



### 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

<b>Required</b>	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 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:		16b. Signature of 2 <sup>nd</sup> parent (if required):	
Printed name:	Date:	Printed name:	Date:

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 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

#### 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
- \*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 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

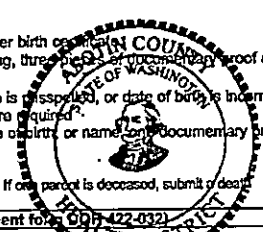
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form 007-422-032)

#### Death Certificates

- 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 from one 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 a



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



0 3 0 4 9 7 9 0

55484

Return Address  
Sherrie Ashley  
216 SW Eckman St.  
McMinnville, OR 97128

Please print or type information

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

55484

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-046520

DATE ISSUED: 09/21/2021  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): HYRUM LOYAL  
LAST NAME(S): COX

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: SEPTEMBER 19, 2021  
HOUR OF DEATH: 02:12 AM

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 1975 RIVERCREST DRIVE  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

SEX: MALE AGE: 95 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 1975 RIVERCREST DRIVE  
CITY, STATE, ZIP: ASOTIN, WA 99402  
INSIDE CITY LIMITS: NO COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 25 YEARS

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

BIRTH DATE: OCTOBER 15, 1925  
BIRTH PLACE: LEWISTON, WA

FATHER: JOHN WASHINGTON COX  
MOTHER: VIRGINIA DELORA ADDINGTON

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: CARMONETTA TRAVIS

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: VINELAND CEMETERY

OCCUPATION: OWNER/OPERATOR  
INDUSTRY: HIGHWAY CONSTRUCTION  
EDUCATION: 8TH GRADE OR LESS  
US ARMED FORCES: NO

CITY, STATE: CLARKSTON, WASHINGTON  
DISPOSITION DATE: OCTOBER 02, 2021

INFORMANT: JUDY K MACY  
RELATIONSHIP: DAUGHTER  
ADDRESS: P.O. BOX 512, ASOTIN, WASHINGTON 99402

FUNERAL FACILITY: MALCOM'S BROWER-WANN FUNERAL HOME

ADDRESS: 1711 18TH, STREET  
CITY, STATE, ZIP: LEWISTON, IDAHO 83501  
FUNERAL DIRECTOR: JASON M. HARWICK

CAUSE OF DEATH:  
A: CEREBRAL ATHEROSCLEROSIS  
INTERVAL: UNKNOWN  
B: HYPERTENSION  
INTERVAL: UNKNOWN

C:  
INTERVAL:  
B:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ASPIRATION PNEUMONIA  
ANEMIA, SEPSIS

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

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

CERTIFIER NAME: ELIZABETH N. BLACK, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1271 HIGHLAND AVE STE B  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403  
DATE SIGNED: SEPTEMBER 20, 2021

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON  
DATE RECEIVED: SEPTEMBER 20, 2021

55484



### 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

<b>Required</b>	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:

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: Date: Printed name: Date:  
16b. Signature of 2nd parent (if required):

**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 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 this 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**

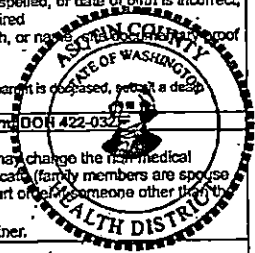
1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the death medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse 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 and submitted with this affidavit.

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  
Bob Lutz, M.D., MPH  
Health Officer



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

SEP 21 2021



55484