

# 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 Jane O. Martin, deceased

Mailing address 1641 Hillcrest Way

City/state/zip Clarkston, WA 99403

Phone (including area code) N/A

**2 Buyer/Grantee**

Name Marla J. Martin, a single woman

Mailing address 1641 Stafford Ct

City/state/zip Clarkston, WA 99403

Phone (including area code) (509) 254-7385

**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)
1-041-25-005-0002-0000	<input type="checkbox"/>	\$ 32,100.00
_____	<input type="checkbox"/>	\$ 0.00
_____	<input type="checkbox"/>	\$ 0.00

**4** Street address of property 1641 Hillcrest Way, 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).

Please see attached Exhibit A.

**5** 11 - Household, single family units

Enter any additional codes \_\_\_\_\_  
(see back of last page for instructions)

Was the seller receiving a property tax exemption or deferral under 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

**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

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 \_\_\_\_\_

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

If claiming an exemption, list WAC number and reason for exemption.

WAC number (section/subsection) WAC 458-61A-202(6)(i)

Reason for exemption

Transfer by inheritance under non-probated Will.

Type of document Lack of Probate Affidavit

Date of document 07/29/2022

Gross selling price	32,100.00
*Personal property (deduct)	0.00
Exemption claimed (deduct)	32,100.00
Taxable selling price	0.00
Excise tax: state	
Less than \$500,000.01 at 1.1%	0.00
From \$500,000.01 to \$1,500,000 at 1.28%	0.00
From \$1,500,000.01 to \$3,000,000 at 2.75%	0.00
Above \$3,000,000 at 3%	0.00
Agricultural and timberland at 1.28%	0.00
Total excise tax: state	0.00
0.0025 Local	0.00
*Delinquent interest: state	0.00
Local	0.00
*Delinquent penalty	0.00
Subtotal	0.00
*State technology fee	5.00
Affidavit processing fee	5.00
Total due	10.00

**A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX**  
\*SEE INSTRUCTIONS

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

Signature of grantor or agent Marla J. Martin

Name (print) Marla J. Martin, Beneficiary under Non-Probated Will

Date & city of signing 07/29/2022 Clarkston, WA

Signature of grantee or agent Marla J. Martin

Name (print) Marla J. Martin

Date & city of signing 07/29/2022 Clarkston, WA

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.

M. MARTIN  
CK# 10172+

AUG - 1 2022

055411

ASOTIN COUNTY  
TREASURER

EXHIBIT A

**Legal Description**

From the northwest corner of Lot 5 in Block H-1 of Clarkston Heights, Asotin County, Washington, said point being at the intersection of centerlines of county roads; thence easterly along the centerline of Hillcrest Way a distance of 145.0 feet to the true place of beginning; thence continue on the last above-mentioned course a distance of 100 feet; thence deflect right  $91^{\circ}59'$  a distance of 145 feet; thence deflect right  $88^{\circ}01'$  a distance of 100 feet; thence deflect right  $91^{\circ}59'$  a distance of 145 feet to the true place of beginning, reserving the westerly 16 feet for a roadway.

Property Tax Parcel No. 1-041-25-005-0002-0000

more commonly known as 1641 Hillcrest Way, Clarkston, WA 99403.

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Rebecca Jane Martin 5745 Katrina Drive Winnemucca, NV 89445	Daughter	L
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3. Jane O. Martin signed her Last Will and Testament on May 10, 2019 in which she left everything to Marla J. Martin. A certified copy of Jane O. Martin's death certificate is attached as **Exhibit A** and a copy of her Last Will and Testament is attached as **Exhibit B**.

4. Marla J. Martin, as beneficiary under the Will, is the lawful surviving heir and owner of the following-described real property which was given to Marla J. Martin as a bequest under Jane O. Martin's Last Will and Testament:

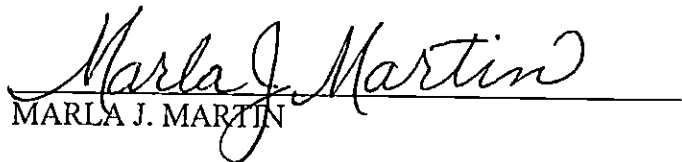
From the northwest corner of Lot 5 in Block H-1 of Clarkston Heights, Asotin County, Washington, said point being at the intersection of centerlines of county roads; thence easterly along the centerline of Hillcrest Way a distance of 145.0 feet to the true place of beginning; thence continue on the last above-mentioned course a distance of 100 feet; thence deflect right 91°59' a distance of 145 feet; thence deflect right 88°01' a distance of 100 feet; thence deflect right 91°59' a distance of 145 feet to the true place of beginning, reserving the westerly 16 feet for a roadway.

Property Tax Parcel No. 1-041-25-005-0002-0000

more commonly known as 1641 Hillcrest Way, Clarkston, WA 99403.

5. This Affidavit is made solely to induce the title insurance company to insure title to real property in which decedent held an interest at the time of her death, and to comply with the provisions of WAC 458-61A-202(6)(i).

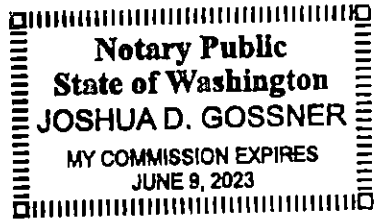
Dated this 29<sup>th</sup> day of July, 2022.

  
MARLA J. MARTIN

STATE OF WASHINGTON )  
 )  
:SS  
County of Asotin )

On this day personally appeared before me Marla J. Martin, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal this 29<sup>th</sup> day of July, 2022.



*Joshua D. Gossner*  
\_\_\_\_\_  
Notary Public for Washington  
Residing at Clarkston  
My appointment expires June 9, 2023

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STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-051828

DATE ISSUED: 11/27/2019  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JANE O  
LAST NAME(S): MARTIN

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: NOVEMBER 23, 2019  
HOUR OF DEATH: 04:00 AM  
SEX: FEMALE AGE: 86 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 1641 HILLCREST WAY  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

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

RESIDENCE STREET: 1641 HILLCREST WAY  
CITY, STATE, ZIP: CLARKSTON, WA 99403  
INSIDE CITY LIMITS: NO COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 50 YEARS

BIRTH DATE: DECEMBER 24, 1932  
BIRTH PLACE: UNKNOWN, MN

FATHER: VERNON OMSTEAD  
MOTHER: PEARL UNKNOWN

MARITAL STATUS: DIVORCED  
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

OCCUPATION: ENTREPRENEUR  
INDUSTRY: SELF EMPLOYED BUSINESS  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

CITY, STATE: LEWISTON, IDAHO  
DISPOSITION DATE: NOVEMBER 27, 2019

INFORMANT: MARLA MARTIN  
RELATIONSHIP: DAUGHTER  
ADDRESS: 1641 STAFFORD COURT 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: ATHEROSCLEROTIC CORONARY DISEASE  
INTERVAL: YEARS  
B: CARDIOMEGALY  
INTERVAL: YEARS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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, WA 99402  
DATE SIGNED: NOVEMBER 26, 2019

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: NOVEMBER 26, 2019

EXHIBIT A

55411



# 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**

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

7. Return Mailing Address: P.O. 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 forgoing 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**

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, 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). The informant may change marital status with proof. 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.

# CERTIFIED

DOH 422-034 October 2015

NOV 27 2019

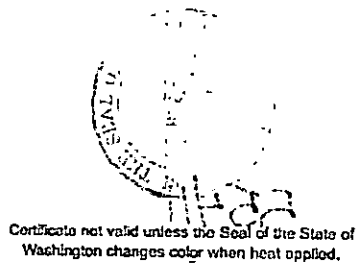
55411

Dr. Glenn Houser  
Health District Officer

Garfield County Health District



0 1 2 2 0 8 4 1



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