

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

Only for sales in a single location code on or after April 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 Tena Marie Benjamin, surviving spouse of Edwin Lee Benjamin  
Mailing address 2830 Scenic Hills Drive  
City/state/zip Clarkston WA 99403  
Phone (including area code) \_\_\_\_\_

**2 Buyer/Grantee**  
Name Tena Marie Benjamin, a single person  
Mailing address 2830 Scenic Hills Drive  
City/state/zip Clarkston WA 99403  
Phone (including area code) \_\_\_\_\_

**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>1-501-02-015-0000</u>	<input type="checkbox"/>	<u>\$0.00-284,600</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>

**4 Street address of property** 2830 SCENIC HILLS DR.  
This property is located in Asotin County (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).

Lot 15 of Block Two of Scenic Hills Addition, recorded under Instrument No. 216933, according to the Recorded Plat thereof, records of Asotin County, Washington.

**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 (b) (1)  
Reason for exemption  
INHERITANCE  
transfer to surviving spouse  
NON-PROBATED WILL

**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 Affidavit (Lack of Probate)  
Date of document 07/19/2022

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.

Gross selling price	0.00
*Personal property (deduct)	0.00
Exemption claimed (deduct)	0.00
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
0.0000 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

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 [Signature] Name (print) W. Jeremy Carr, agent for Grantor Date & city of signing 8-2-22 Lewiston ID  
Signature of grantee or agent [Signature] Name (print) W. Jeremy Carr, agent for Grantor Date & city of signing 8-2-22 Lewiston ID

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.

REV 84 0001a (3/8/22)  
CLARICA FEENEY  
CL# 80344

THIS SPACE TO BE USED BY COUNTY TREASURER'S USE ONLY

**PAID**  
AUG - 5 2022  
ASOTIN COUNTY  
TREASURER

055425

COUNTY TREASURER

Return to:  
W. Jeremy Carr  
Clark and Feeney, LLP  
1229 Main Street  
P. O. Drawer 285  
Lewiston, ID 83501

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee, TENA MARIE BENJAMIN being first duly sworn deposes and states as follows: That she is the surviving spouse and rightful heir as listed on heirs at law, to the real property described below, and is heir to EDWIN LEE BENJAMIN who died on August 31, 2021, at Evergreen Hospital Medical Center, Kirkland, Washington.

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

2830 Scenic Hills Drive, Clarkston WA 99403

Lot 15 of Block Two of Scenic Hills Addition. Recorded under Instrument #216933 according to the Recorded Plat thereof, records of Asotin County, Washington

Assessor's Property Tax Parcel No. 1-501-02-015-0000.

Decedent left a Last Will and Testament that left the real property to his surviving spouse, TENA MARIE BENJAMIN. Said Last Will and Testament has not been probated or revoked.

"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 of additional pages if necessary).

Surviving Spouse:

Tena Marie Benjamin  
2830 Scenic Hills Dr  
Clarkston WA 99403

Children:

Melissa Hall  
225 NW Canyon Drive  
Dundee OR 97115

Elizabeth Beuke  
9148 Deer Lane  
Navarre FL 32566

Daniel Benjamin  
8702 West Holbrook Ave  
Boise ID 83704

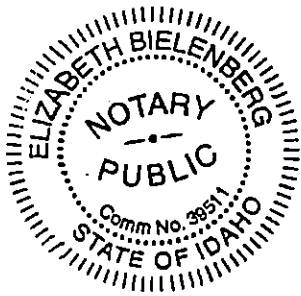
Dated: 7-19-2022

Tena M Benjamin  
TENA MARIE BENJAMIN

STATE OF IDAHO            )  
  ) ss  
County of Nez Perce        )

On this 19 day of ~~April~~ <sup>July</sup>, 2022, before me, the undersigned, a notary public in and for said state, personally appeared TENA MARIE BENJAMIN known or identified to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.



Elizabeth Bielenberg  
Notary Public in and for said State  
Residing at Lewiston therein.  
My Commission expires: 2-10-27

55425

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-043461

DATE ISSUED: 09/09/2021  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): EDWIN LEE  
LAST NAME(S): BENJAMIN

COUNTY OF DEATH: KING  
DATE OF DEATH: AUGUST 31, 2021  
HOUR OF DEATH: 06:00 PM  
SEX: MALE AGE: 60 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: EVERGREEN HOSPITAL MEDICAL CENTER  
CITY, STATE, ZIP: KIRKLAND, WASHINGTON 98034

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

RESIDENCE STREET: 2830 SCENIC HILLS DR  
CITY, STATE, ZIP: CLARKSTON, WA 99403  
INSIDE CITY LIMITS: NO COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 25 YEARS

BIRTH DATE: JULY 17, 1961  
BIRTHPLACE: LEWISTON, ID

FATHER: RONALD MILTON BENJAMIN  
MOTHER: ELINOR LUCILE TOWNSEND

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: TENA WINCHESTER

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: FIRST CREMATION SERVICES

OCCUPATION: SELF EMPLOYED  
INDUSTRY: INSURANCE  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: NO

CITY, STATE: KENT, WASHINGTON  
DISPOSITION DATE: SEPTEMBER 07, 2021

INFORMANT: TENA BENJAMIN  
RELATIONSHIP: SPOUSE  
ADDRESS: 2830 SCENIC HILLS DR CLARKSTON, WA 99403

FUNERAL FACILITY: FIRST CALL PLUS OF WASHINGTON

ADDRESS: 6942 S 196TH ST  
CITY, STATE, ZIP: KENT, WASHINGTON 98032  
FUNERAL DIRECTOR: JAMES D. STARK

CAUSE OF DEATH:  
A: HYPERKALEMIA  
INTERVAL: 2 HOURS  
B: RENAL FAILURE AND SEPTIC SHOCK  
INTERVAL: 12 HOURS  
C: PULMONARY EMBOLUS, BACTERIAL PNEUMONIA  
INTERVAL: 3 DAYS  
D: COVID-19 PNEUMONIA, RESPIRATORY FAILURE  
INTERVAL: 21 DAYS

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL  
AUTOPSY: UNKNOWN  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
D/D 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: RONALD HUANG, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 12040 NE 128TH STREET  
CITY, STATE, ZIP: KIRKLAND, WASHINGTON 98034  
DATE SIGNED: SEPTEMBER 04, 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: DIANE BOGAN  
DATE RECEIVED: SEPTEMBER 07, 2021

55425

DOH 422-132 (8/18)



# Affidavit for Correction

Mail to: Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-238-4300

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
-------------------	------------	----------	------	------------------

<b>Required</b>	<b>Required information must match current information on record:</b>				
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
	1. Name on Record:		2. Date of Event:	3. Place of Event:	
	First	Middle	Last	MM/DD/YYYY	{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: <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 forgoing is true and correct**

16a. Signature: Printed name: Date:

16b. Signature of 2<sup>nd</sup> parent (if required): 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
- Documentary proof must be five or more years old or established within five years of birth

<b>Child under 18</b>	<b>Adult (18 years or older)</b>
<ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship</li> <li>• 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)*</li> <li>• After age one, a court order is required to change the last name</li> <li>• No proof is required to change the first or middle name*</li> <li>• To correct parent's information, one documentary proof is required.</li> <li>• To correct the sex of the child, one documentary proof from a medical provider is required</li> </ul>	<ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate</li> <li>• If the first or middle name is missing, three pieces of documentary proof are required</li> <li>• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required</li> <li>• To correct parent's birth date, place of birth, or name, one documentary proof is required</li> </ul>

\*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

# CERTIFIED

SEP 09 2021

*[Signature]*  
 Dr. Larry Jecha  
 Health District Officer  
 Garfield County Health District

55425



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



0 3 2 1 9 7 8 8