



REAL ESTATE EXCISE TAX AFFIDAVIT

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

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 and 2: Seller/Grantor (Gayle J. Knutson) and Buyer/Grantee (David J. Henriksen, Kristina M. Henriksen) with mailing addresses and phone numbers.

Form sections 3 and 4: Correspondence information and property address (2416 Easy Street, Clarkston, WA) with land use details.

Form section 5: Land Use Code selection (11 Household, single family units) and exemption questions.

Form section 6: Continuation and compliance notices, owner signature, and deputy assessor information.

Form section 7: Personal property included in selling price and tax calculation table showing Gross Selling Price of \$437,000.00 and Total Due of \$5,804.50.

Form section 8: Signature and date information for both Grantor (Gayle J. Knutson) and Grantee (David J. Henriksen) dated 10-20-2022.

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)).

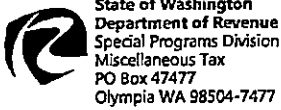
EFT

Return Address
Brenda M. Steel
2035 Newhaven Ln
Richland, WA 99352

Please print or type information

<p>Document Title(s) (or transactions contained therein):</p> <ol style="list-style-type: none">1. Lack of Probate Affidavit2.3.4.
<p>Grantor(s) (Last name first, then first name and initials):</p> <ol style="list-style-type: none">1. Knutson, Robert Lyle2.3.4. <p><input type="checkbox"/> Additional names on page __ of document.</p>
<p>Grantee(s) (Last name first, then first name and initials):</p> <ol style="list-style-type: none">1. To The Public2.3.4. <p><input type="checkbox"/> Additional names on page __ of document.</p>
<p>Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.)</p> <p><input type="checkbox"/> Additional legal is on page __ of document.</p>
<p>Reference Number(s) of Documents assigned or released:</p> <p><input type="checkbox"/> Additional numbers on page __ of document.</p>
<p>Assessor's Property Tax Parcel/Account Number</p> <p><input type="checkbox"/> Property Tax Parcel ID is not yet assigned</p> <p><input type="checkbox"/> Additional parcel numbers on page __ of document</p>
<p>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.</p>

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AFFIDAVIT (LACK OF PROBATE)

Gayle J. Knutson by Brenda M. Steel, Attorney-in-Fact, being first duly sworn, deposes and says:

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

(relationship to decedent) of Robert Lyle Knutson (decedent), who died on (date)

October 15, 2020, at

Clarkston Asotin 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:

Street
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)

Gayle J. Knutson, spouse
2035 Newhaven Ln Richland, WA 99352
Full name, age, relationship, address

Full name, age, relationship, address

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: October 20, 2022

Gayle J. Knutson

Affiant's full name

509-520-0741

Telephone number

2035 Newhaven Loop

Richland, WA 99352

State

Zip Code

Gayle J. Knutson by

Brenda M. Steel Attorney-in-Fact

Signature

10/20/2022

Date

State of Washington

County of Asotin

I know or have satisfactory evidence that Brenda M. Steel as Attorney-in-Fact for Gayle J. Knutson

(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: 10/20/2022

(SEAL OR STAMP)



[Signature]
Signature of Notary Public

Residing at: Levellston, ID

Notary Public in and for the State of WA

My appointment expires: 12/20/2025

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-047839

DATE ISSUED: 11/03/2020
FEE NUMBER:

FIRST AND MIDDLE NAME(S): ROBERT LYLE
LAST NAME(S): KNUTSON

COUNTRY OF DEATH: ASOTIN
DATE OF DEATH: OCTOBER 15, 2020
HOUR OF DEATH: 10:15 PM
SEX: MALE

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 2416 EASY STREET
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

AGE: 84 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 2416 EASY STREET
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 44 YEARS

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

BIRTH DATE: JANUARY 01, 1936
BIRTH PLACE: OROFINO, ID

FATHER: LYLE RAYMOND KNUTSON
MOTHER: BEATRICE JEAN AURORA WESTON

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: GAYLE JEANETTE GLASSON

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: NORMAL HILL CEMETERY

OCCUPATION: TRUCK DRIVER
INDUSTRY: TRUCKING
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: OCTOBER 19, 2020

INFORMANT: GAYLE JEANETTE KNUTSON
RELATIONSHIP: WIFE
ADDRESS: 2416 EASY STREET, CLARKSTON, WASHINGTON 99403

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: CHRONIC OBSTRUCTIVE PULMONARY DISEASE
INTERVAL: UNKNOWN

B: INTERVAL:

C: INTERVAL:

D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: COVID 19, CORONARY ARTERY DISEASE

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

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

DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NO RESPONSE

LOCATION 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: OCTOBER 18, 2020

CITY, STATE, ZIP:
COUNTY:

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

DESCRIBE HOW INJURY OCCURRED:

LOCAL DEPUTY REGISTRAR: MAURINEL NICHOLSON
DATE RECEIVED: OCTOBER 18, 2020

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

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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: 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"/> Infomant <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 foregoing 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)
- 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.

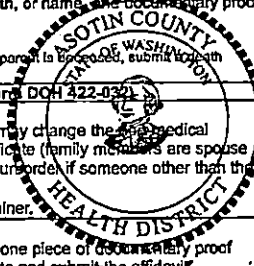
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DCH 422-0321)

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.

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



Bob Lutz, M.D., MPH
Health Officer

NOV 03 2020



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



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