

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

This form is your receipt when stamped by cashier.

THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED  
Only for sales in a single location code on or after January 1, 2020.

Check box if the sale occurred in more than one location code.

PLEASE TYPE OR PRINT

Check box if partial sale, indicate % sold. List percentage of ownership acquired next to each name.

1 SELLER GRANTOR	Name	<u>SAMUEL J. GATHERER, JR</u>	2 BUYER GRANTEE	Name	<u>ROSE C. GATHERER</u>
	Mailing Address	<u>185 CLOVERLAND RD</u>		Mailing Address	<u>185 Cloverland Rd</u>
	City/State/Zip	<u>ASOTU, WA 99402</u>		City/State/Zip	<u>Asotin, WA 99402</u>
	Phone No. (including area code)			Phone No. (including area code)	

3 Send all property tax correspondence to:  Same as Buyer/Grantee

Name	List all real and personal property tax parcel account numbers - check box if personal property	List assessed value(s)
	<u>1851-00-019-0000</u> <input type="checkbox"/>	<u>136,600 -0.00</u>
	<input type="checkbox"/>	0.00
	<input type="checkbox"/>	0.00
	<input type="checkbox"/>	0.00

4 Street address of property: 185 CLOVERLAND RD, ASOTU  
This property is located in ASOTU  
 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 more space is needed, you may attach a separate sheet to each page of the affidavit)  
see attached

5 Select Land Use Code(s): 11  
Select Land Use Codes  
enter any additional codes:  
(See back of last page for instructions) YES NO  
Was the seller receiving a property tax exemption or deferral under chapters 84.36, 84.37, or 84.38 RCW (nonprofit organization, senior citizen, or disabled person, homeowner with limited income)?  YES  NO  
Is this property predominantly used for timber (as classified under RCW 84.34 and 84.33) or agriculture (as classified under RCW 84.34.020)? See ETA 3215  YES  NO

6 YES NO  
Is this property designated as forest land per chapter 84.33 RCW?  YES  NO  
Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW?  YES  NO  
Is this property receiving special valuation as historical property per chapter 84.26 RCW?  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 RCW 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 \_\_\_\_\_ 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) does not wish to continue, all additional tax calculated pursuant to chapter 84.26 RCW, shall be due and payable by the seller or transferor at the time of sale.  
(3) NEW OWNER(S) SIGNATURE  
\_\_\_\_\_  
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 No. (Section/Subsection) 458-61A-202(6)(i)  
Reason for exemption INHERITANCE, LACK OF PROBATE  
Type of Document LACK OF PROBATE AFFIDAVIT  
Date of Document 11/22/22  
Gross Selling Price \$ \_\_\_\_\_  
\*Personal Property (deduct) \$ \_\_\_\_\_  
Exemption Claimed (deduct) \$ \_\_\_\_\_  
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% \$ \_\_\_\_\_ 0.00  
Agricultural and timberland at 1.28% \$ \_\_\_\_\_ 0.00  
Total Excise Tax: State \$ \_\_\_\_\_ 0.00  
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 Grantor's Agent Rose Gatherer Signature of Grantee or Grantee's Agent Rose Gatherer  
Name (print) ROSE GATHERER Name (print) ROSE GATHERER  
Date & city of signing 11/22/22 Asotin, WA Date & city of signing 11/22/22 Asotin, Wash.  
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)).

That portion of the Southwest Quarter of the Southeast Quarter of Section 24, Township 10 North, Range 45 East of the Willamette Meridian, Asotin County, Washington, lying and being in the Southeast corner of said forty and East of the Asotin-Clarkston road and East of the Tract known as the Basil Beckmann Tract as described in deed recorded in Book 41 of Deeds, page 209, and South of the Wallace Abbott Tract as described in deed recorded in Book 30 of Deeds, page 586, records of Asotin County, Washington.

AND ALSO:

All that certain piece or parcel of land as follows: Commencing at a point where the County Road running to Locke (now Cloverland Precinct) intersects the mid-channel of Asotin Creek below the County Bridge on the East side of said County Road, from thence Northeasterly along the middle of the present channel of said Asotin Creek, 240 feet to the point of intersection of Asotin and George Creeks; thence in a Southerly direction of the mid-channel of said George Creek 300 feet; thence at right angles Westerly 75 feet to the said county road; thence Northwesterly along the Northeast side of the said county road to place of beginning, said lot, piece or parcel of land being situated in the Southwest Quarter of the Southeast Quarter of Section 24, Township 10 North of Range 45 East of the Willamette Meridian, all situate in Asotin County, Washington.

EXCEPT: Right of way deed from L. E. Brogger and Mary Brogger, his wife, to County of Asotin, granting a strip of land of varying widths over and across the SW 1/4 of SE 1/4 of Section 24, Township 10 North, Range 46 E.W.M., for the Jerry-Cloverland road, recorded May 14, 1951, as Instrument Number 46448, records of Asotin County, Washington.

Return Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Rosel Gatherer, being first duly sworn  
Name of Affiant

deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real

property described below, and is wife  
Relationship to decedent

of Samuel J. Gatherer Jr., who died on 10/1/2018  
Decedent/Grantor Date

at Clarkston Asotin WA  
City County State

#### REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:  
See attached

Assessor's Property Tax Parcel/Account Number: 1-051-00-019-0000-0000  
~~1-051-00-019-0001-0000~~  
(Attach full legal description of the property)

- Decedent left no Last Will and Testament.
- Decedent left a Last Will and Testament which 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 additional pages if necessary)

55700

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

Dated: 11/22/2022

Rose C Gatherer

Affiant's full name

509-243-4580

Telephone number

185 Cloverland Rd.

Asotin  
City

WA  
State

99402  
Zip Code

Rose Gatherer  
Signature

11/22/2022  
Date

State of Washington County of Asotin

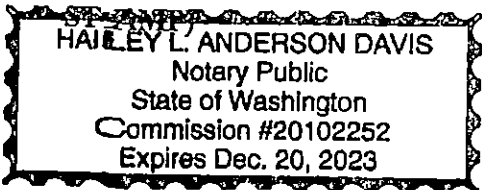
I know or have satisfactory evidence that Rose C. Gatherer  
(name of person)

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: 11/22/2022

Anderson J  
Signature of Notary Public

(SEAL OR



Residing at: Clarkston, WA

Notary Public in and for the State of Washington

My appointment expires: 12/20/2023

That portion of the Southwest Quarter of the Southeast Quarter of Section 24, Township 10 North, Range 45 East of the Willamette Meridian, Asotin County, Washington, lying and being in the Southeast corner of said forty and East of the Asotin-Clarkston road and East of the Tract known as the Basil Beckmann Tract as described in deed recorded in Book 41 of Deeds, page 209, and South of the Wallace Abbott Tract as described in deed recorded in Book 30 of Deeds, page 586, records of Asotin County, Washington.

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STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-042990

DATE ISSUED: 10/09/2018  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): SAMUEL JOHN  
LAST NAME(S): GATHERER JR

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: OCTOBER 01, 2018  
HOUR OF DEATH: 09:20 PM

SEX: MALE AGE: 92 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: AUGUST 07, 1926  
BIRTHPLACE: WALLACE, ID

MARITAL STATUS: MARRIED  
SPOUSE: ROSE COWGER

OCCUPATION: AGRICULTURAL PARTS SUPPLY  
INDUSTRY: AGRICULTURAL PARTS SUPPLY  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: YES

INFORMANT: ROSE GATHERER  
RELATIONSHIP: SPOUSE  
ADDRESS: 185 CLOVERLAND RD, ASOTIN WA, 99402

CAUSE OF DEATH:  
A: CONGESTIVE HEART FAILURE  
INTERVAL: WEEKS  
B: ATRIAL FIBRILLATION  
INTERVAL: YEARS  
C: ATHEROSCLEROSIS  
INTERVAL: YEARS  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: DIABETES MELLITUS TYPE II,  
CHRONIC LEFT SIDED PLEURAL EFFUSION

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: NURSING HOME/LONG TERM CARE FACILITY  
FACILITY OR ADDRESS: PRESTIGE CARE AND REHABILITATION  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 185 CLOVERLAND RD  
CITY, STATE, ZIP: ASOTIN, WA 99402  
INSIDE CITY LIMITS: YES COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 48 YEARS

FATHER/PARENT: SAMUEL JOHN GATHERER SR  
MOTHER/PARENT: MARY MILLER

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: VINELAND CEMETERY

CITY, STATE: CLARKSTON, WASHINGTON  
DISPOSITION DATE: OCTOBER 13, 2018

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: NO  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: DENNIS G. MOUNTJOY, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1271 HIGHLAND AVE SUITE A  
CITY, STATE, ZIP: CLARKSTON, WA 99403  
DATE SIGNED: OCTOBER 02, 2018

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

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON  
DATE RECEIVED: OCTOBER 04, 2018

55900



# 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

<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 Legal Name (Spouse A for Marriage or Dissolution) First Middle Last		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: P.O. Box or Street Address 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:	Printed name:
Date:	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)

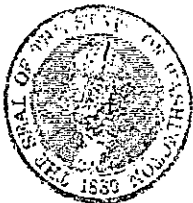
#### Death Certificates

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.

DOH 422-034 October 2015



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

# CERTIFIED

OCT 09 2018 *gn*

*Glenn Houser MD*  
Dr. Glenn Houser  
Health District Officer  
Garfield County Health District

55700



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