



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, and 3: Seller/Grantor (Rebecca K. Land) and Buyer/Grantee (Toni E. Carlyle) information, including addresses, phone numbers, and property tax correspondence details.

Form section 4: Street address of property (650 14th Street, Clarkston, WA 99403) and location details (unincorporated, Asotin County).

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

Form section 6: Questions regarding forest land, current use, and special valuation.

Form section 7: NOTICE OF CONTINUANCE (FOREST LAND OR CURRENT USE) and NEW OWNER(S) information.

Form section 8: NOTICE OF COMPLIANCE (HISTORIC PROPERTY) and OWNER(S) SIGNATURE area.

Form section 7: Personal property included in selling price and tax calculation table (Gross Selling Price \$180,000.00, Total Due \$10.00).

Form section 8: I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. Signature and date of signing for both parties.

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 DATE 11/30/2022 - RECEIPT No. 55710 - Alliance Title - Clarkston

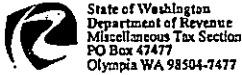
EPT

File No. 624825

Exhibit 'A'

Lot 5 and the North 2 feet of Lot 6 of Kinney Addition according to plat recorded in Book E of Plats,
Page(s) 62, records of Asotin County, Washington.

55710



**REAL ESTATE EXCISE TAX
SUPPLEMENTAL STATEMENT**
(WAC 458-61A-304)

This form must be submitted with the Real Estate Excise Tax Affidavit (FORM REV 84 0001A for deceded transfers and Form REV 84 0001B for controlling interest transfers) for claims of tax exemption as provided below. Completion of this form is required for the types of real property transfers listed in numbers 1-3 below. Only the first page of this form needs original signatures.

AUDIT: Information you provide on this form is subject to audit by the Department of Revenue. In the event of an audit, it is the taxpayers' responsibility to provide documentation to support the selling price or any exemption claimed. This documentation must be maintained for a minimum of four years from date of sale. (RCW 82.45.100) Failure to provide supporting documentation when requested may result in the assessment of tax, penalties, and interest. Any filing that is determined to be fraudulent will carry a 50% evasion penalty in addition to any other accrued penalties or interest when the tax is assessed.

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)).

The persons signing below do hereby declare under penalty of perjury that the following is true (check appropriate statement):

1. **DATE OF SALE:** (WAC 458-61A-306(2))

I, (print name) _____ certify that the _____
(type of instrument), dated _____, was delivered to me in escrow by _____
(seller's name). NOTE: Agent named here must sign below and indicate name of firm. The payment of the tax is considered current if it is not more than 90 days beyond the date shown on the instrument. If it is past 90 days, interest and penalties apply to the date of the instrument.
Reasons held in escrow _____

Signature	Firm Name
-----------	-----------

2. **GIFTS:** (WAC 458-61A-201) The gift of equity is non-taxable; however, any consideration received is not a gift and is taxable. The value exchanged or paid for equity plus the amount of debt equals the taxable amount. One of the boxes below must be checked.

Both Grantor (seller) and Grantee (buyer) must sign below.
Grantor (seller) gifts equity valued at \$ 128,468.15 to grantee (buyer).
NOTE: Examples of different transfer types are provided on the back. This is to assist you with correctly completing this form and paying your tax.

"Consideration" means money or anything of value, either tangible (boats, motor homes, etc) or intangible, paid or delivered, or contracted to be paid or delivered, including performance of services, in return for the transfer of real property. The term includes the amount of any lien, mortgage, contract indebtedness, or other encumbrance, given to secure the purchase price, or any part thereof, or remaining unpaid on the property at the time of sale. "Consideration" includes the assumption of an underlying debt on the property by the buyer at the time of transfer.

A. Gifts with consideration

1. Grantor (seller) has made and will continue to make all payments after this transfer on the total debt of \$ _____ and has received from the grantee (buyer) \$ _____ (include in this figure the value of any items received in exchange for property). Any consideration received by grantor is taxable.
2. Grantee (buyer) will make payments on _____ % of total debt of \$ _____ for which grantor (seller) is liable and pay grantor (seller) \$ _____ (include in this figure the value of any items received in exchange for property). Any consideration received by grantor is taxable.

B. Gifts without consideration

1. There is no debt on the property; Grantor (seller) has not received any consideration towards equity. No tax is due.
2. Grantor (seller) has made and will continue to make 100% of the payments on the total debt of \$ _____ and has not received any consideration towards equity. No tax is due.
3. Grantee (buyer) has made and will continue to make 100% of the payments on total debt of \$ _____ and has not paid grantor (seller) any consideration towards equity. No tax is due.
4. Grantor (seller) and grantee (buyer) have made and will continue to make payments from joint account on total debt before and after the transfer. Grantee (buyer) has not paid grantor (seller) any consideration towards equity. No tax is due.

Has there been or will there be a refinance of the debt? YES NO (If yes, please call 360-704-5905 to see if this transfer is taxable). If grantor (seller) was on title as co-signor only, please see WAC 458-61A-215 for exemption requirements. The undersigned acknowledge this transaction may be subject to audit and have read the above information regarding record-keeping requirements and evasion penalties.

X/ Rebecca K. Land 11/22/22
Grantor's Signature Date
Rebecca K. Land
Grantor's Name (print)

X/ Toni E. Carlyle 11/22/22
Grantee's Signature Date
Toni E. Carlyle
Grantee's Name (print)

3. **IRS "TAX DEFERRED" EXCHANGE** (WAC 458-61A-213)

I, (print name) _____, certify that I am acting as an Exchange Facilitator in transferring real property to _____ pursuant to IRC Section 1031, and in accordance with WAC 458-61A-213. NOTE: Exchange Facilitator must sign below.

Exchange Facilitator's Signature	Date	Exchange Facilitator's Name (print)
----------------------------------	------	-------------------------------------

55710

Asotin County, WA
Daria McKay Auditor

347425

11/05/2015 12:01 PM



00009321201503474250020024

I-71 QCDEED
Pgs=2 Fee:\$74.00
MARTHA LAND

REAL ESTATE EXCISE TAX

PAID \$ 0 DATE 11/5/15

RECEIPT No. 48893
ASOTIN COUNTY TREASURER

By H. Schiffer
SALE PRICE 0

55710

QUIT CLAIM DEED

Grantor: Martha E. Land, an Unmarried Person and Rebecca K. Land, an Unmarried Person

Grantee: Martha E. Land, an Unmarried Person and Rebecca K. Land, an Unmarried Person, Joint Tenancy with Right to Survivorship

Abbreviated Legal: Lot 5 of Kinney Addition according to Plat recorded in Book E of Plats, page(s) 62, Records of Asotin County, Washington, and the north 2 feet of Lot 6 of Kinney Addition according to the official plat thereof, filed in Book E of Plats at page(s) 62 of official records of Asotin County, Washington.

Assessor's Tax Parcel Number: 1-256-00-005-0000-0000

The Grantor Martha E. Land, an Unmarried Person and Rebecca K. Land, an Unmarried Person for and in consideration of -0- conveys and quit claims to Martha E. Land, an Unmarried Person and Rebecca K. Land, an Unmarried Person Joint Tenancy with Right of Survivorship all interest in the following described real estate 650 14th Street, Clarkston situated in the County of Asotin State of Washington

Dated this 5th day of November, 2015

This conveyance is subject to Covenants, conditions, restrictions and easements, if any, affecting title, which may appear in public record, including those shown on any recorded plat or survey.

Martha E. Land Rebecca K. Land

State of Washington }
County of Asotin } SS:

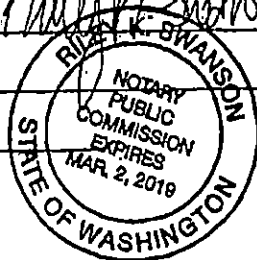
I certify that I know or have satisfactory evidence that the person(s) who appear before me, and said person(s) acknowledge that Martha E. Land, Rebecca K. Land signed this instrument and acknowledge it to be free and voluntary act for the uses and purposes mentioned in this instrument

Dated: Nov. 5, 2015

Notary Public in and for the State of Washington: [Signature]

Residing at: Clarkston

My appointments expires: March 2, 2019



Return Address
Alliance Title & Escrow
735 5th Street
Clarkston, WA 99403

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. Lane, Martha Emelia 2. 3. 4. <input type="checkbox"/> Additional names on page __ of document.
Grantee(s) (Last name first, then first name and initials): 1. 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.

55710

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-061225

DATE ISSUED: 12/02/2021

FEE NUMBER:

FIRST AND MIDDLE NAME(S): MARTHA EMELIA
LAST NAME(S): LAND

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: NOVEMBER 28, 2021
HOUR OF DEATH: 05:15 PM
SEX: FEMALE AGE: 90 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 650 14TH STREET
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 650 14TH ST
CITY, STATE, ZIP: CLARKSTON, WA 99403-2367
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 23 YEARS

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

FATHER: OTTO AMUNDUS JOHNSON
MOTHER: SOPHIA WILHELMINA GRANBERG

BIRTH DATE: MARCH 29, 1931
BIRTH PLACE: WILD HORSE VALLEY, NE

METHOD OF DISPOSITION: REMOVAL FROM STATE
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: DECEMBER 03, 2021

OCCUPATION: BOOKKEEPER
INDUSTRY: CONSTRUCTION/ACCOUNTING
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES LLC
ADDRESS: PO BOX 107
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
FUNERAL DIRECTOR: RICHARD LASSITER

INFORMANT: TONI CARLYLE
RELATIONSHIP: DAUGHTER
ADDRESS: 650 14TH STREET - CLARKSTON, WASHINGTON 99403

CAUSE OF DEATH:
A: METASTATIC PANCREATIC CANCER
INTERVAL: 4.5 MONTHS

B: INTERVAL:

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: GERARDO WIDENCE, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1250 IDAHO STREET
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
DATE SIGNED: DECEMBER 01, 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: DECEMBER 02, 2021

65710

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

Required	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 if the record is incorrect or incomplete as follows

The record currently shows:	The true fact is:
8.	9.
10.	11.
12.	13.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

14a. Signature:	14b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
Date:	Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Copy of Passport / Enhanced ID
- Green/Permanent Resident card (I-551)

You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

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.
- Proof documentation must be five or more years old or established within five years of birth.
- This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

Child under 18

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required.
- To correct the sex of the child, one proof documentation 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 proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation 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.

Death Certificates

- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified 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 proof documentation.
- 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

DEC 02 2021 *JF*

55710

Dr. Daniel Kaminsky

Dr. Daniel Kaminsky
Health District Officer
Garfield County Health District



0 5 1 9 8 0 0 4

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