

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

Only for sales in a single location code on or after January 1, 2020.  
This affidavit will not be accepted unless all areas on all pages are fully completed.  
This form is your receipt when stamped by cashier. *Please type or print.*

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

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

**1 Seller/Grantor**

Name Laura May Hagen, Successor Trustee of the  
June Glantz-Laura May Hagen Restated and Amended Trust  
Mailing address 2245 Reservoir Road  
City/state/zip Clarkston, WA 99403  
Phone (including area code) (208) 791-2855

**2 Buyer/Grantee**

Name Krystal Dawn Hagen, Erica Lee Hagen, Travis Hagen, and  
Amanda June Hagen  
Mailing address 2253 Reservoir Road  
City/state/zip Clarkston, WA 99403  
Phone (including area code) (509) 552-0025

**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)
1-218-00-001-0000	<input type="checkbox"/>	\$ 142,600.00
_____	<input type="checkbox"/>	\$ 0.00
_____	<input type="checkbox"/>	\$ 0.00

**4 Street address of property** 2253 Reservoir Road, 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 predominantly used for timber (as classified under RCW 84.84 and 84.33) or agriculture (as classified under RCW 84.34.020)? See ETA 3215.  Yes  No  
If yes, complete the predominate use calculator (see instructions for section 5).

**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)(e)  
Reason for exemption \_\_\_\_\_

Transfer by inheritance under trust \_\_\_\_\_

Type of document Trustee's Deed  
Date of document 5-19-21

Gross selling price	142,600.00
*Personal property (deduct)	0.00
Exemption claimed (deduct)	142,600.00
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

0200

**PAID**

MAY 20 2021

ASOTIN COUNTY  
TREASURER

**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 Laura M. Hagen  
Name (print) Laura May Hagen, Successor Trustee  
Date & city of signing 5/19/21 Clarkston

Signature of grantee or agent \_\_\_\_\_  
Name (print) Amanda Calkins  
Date & city of signing 5-19-21 Clarkston

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.

EXHIBIT A

**Legal Description**

Lot 1 of Hagenville Court Addition, according to plat recorded in Book E of Plats, page 28, in Asotin County, Washington.

TOGETHER WITH a part of Lot 6 of Block "J-3" of Clarkston Heights, Asotin County, Washington, more particularly described as follows:

Commencing at the Northwest corner of Lot 6, said point being on the centerline of Reservoir Road; thence South 34.66 feet to a point on the South right-of-way line of Reservoir Road; thence N 45°10'E along said right-of-way line a distance of 227.35 feet to the true place of beginning; thence South 37.62 feet; thence East 51.62 feet; thence North 78.11 feet to a point of curve; thence around a curve to the right with a radius of 20.00 feet for a distance of 16.12 feet to a point on the South right-of-way line of Reservoir Road; thence S 46°10' W along said right-of-way line a distance of 77.83 feet to the place of beginning.

Tax Parcel No. 1-218-00-001-0000

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amend and restate into this, the June Glantz - Laura May Hagen Restated and Amended Trust the trusts described in paragraphs 1.2 and 1.3 ("Trust").

2. CREATION OF TRUST

2.1 Declaration. June Peery Glantz, formerly known as Rosalie June Cushing, and formerly known as Rosalie June Peery, of Clarkston, Asotin County, Washington, who is herein referred to as "the settlor" or "the trustee," depending on the context, hereby declares that she holds certain property (the "Trust Estate") in trust, to be held, administered, and distributed according to the terms of this instrument.

2.2 Name of Trust. The name of the trust created by this instrument shall be the June Glantz-Laura May Hagen Restated and Amended Trust.

2.3 Effective Date. This declaration shall be effective immediately upon execution by all the parties.

2.4 Marital Status. The settlor is not married.

2.5 Living Child(ren). The settlor has one living child, namely: Laura May Hagen.

ARTICLE TWO

TRUST ESTATE

2.1 Definition of Trust Estate. All property subject to this instrument from time to time is referred to as the "trust estate" and shall be held, administered, and distributed as provided in this instrument. The trustee shall hold, administer, and distribute the property described in the Schedule of Trust Assets (which is attached hereto and made a part of this trust instrument), any other property that may be hereafter subject to this trust, and the income and proceeds attributable to all such property, in accordance with the provisions of this instrument.

2.2 Additions to Trust. From time to time, the trustee may accept additions to this trust from any source. All such additions shall become part of the trust estate and shall be held, administered, and distributed in accordance with the terms of this instrument. That additional property shall become part of the trust estate on written acceptance of it by the trustee. Any additions to the trust shall be made by designating in writing the property to be added. However, the titling of any account, deed, or similar asset in the name of the trustee, as trustee of this trust, or any

administrative trust. The ability of the trustee to delay division or distribution shall not affect the vesting of interests, which shall be as of the date of death.

5.3 Disposition of Remaining Trust Estate On the settlor's death, the remaining trust estate shall be disposed of as follows:

(a) The trustee shall distribute to Settlor's grandchildren, Krystal Dawn Hagen, Erica Lee Hagen, Travis Hagen, and Amanda June Hagen, in equal shares, *per stirpes*, that real property described as follows:

Lot 1 of Hagenville Court Addition, according to plat recorded in Book E of Plats, page 28, in Asotin County, Washington.

(b) The Trustee shall distribute the sum of \$25,000, subject to the limitations of this paragraph, to the Rocky Mountain Conference of the Seventh Day Adventist Church. This \$25,000 distribution shall not exceed 25% of the net distributable trust assets, excluding real property.

(c) The trustee shall distribute to residue of the trust to Laura May Hagen. If Laura May Hagen predeceases the settlor, then the trustee shall the residue of the trust in equal shares to the her children to take by representation.

(d) Each share shall be distributed, free of trust, to the beneficiaries entitled thereto. However, if any person entitled to receive a share of this trust ("Donee") is under the age of 21 at the time of the settlor's death, such Donee's share shall be given to the Donee's surviving parent as custodian for such Donee, such share to be held for the benefit of such Donee under the Washington Uniform Transfers to Minors Act until the Donee attains the age of 21.

## ARTICLE SIX

### TRUSTEE

6.1 Settlor's Power to Designate Successor Trustees. At any time, the settlor may designate any suitable person or entity to act as a successor trustee or co-trustee if the trustee or any co-trustee dies, becomes incapacitated, or is otherwise unable or unwilling to continue to act as trustee or co-trustee. Any designation under this section shall be made by a signed writing delivered to the person or entity designated as successor trustee or co-trustee. If more than one designation is made under this section, only the most recent designation shall be valid.

6.2 Successor Trustee. If the office of trustee becomes vacant by reason of death, incapacity, or any other reason, and no successor trustee or co-trustees have been designated under any other provision of this trust instrument, the successor trustee shall be Laura May Hagen. If Laura May Hagen is unwilling or unable to serve as successor trustee, a new trustee or co-trustees shall be appointed by majority vote of the beneficiaries of the trust who are then entitled to receive income under the trust, or who would be entitled to receive a distribution of principal from the trust if the trust were then terminating, and who then have the legal capacity to give such a vote. If any beneficiary who otherwise would be entitled to vote on appointment of a trustee under this section is a minor or is under a legal incapacity, then the custodial parent(s), guardian, or conservator of that beneficiary may vote on behalf of the beneficiary. If a majority of the beneficiaries are unable to agree on a new trustee or co-trustees, a new trustee or co-trustee may be appointed by the court.

6.3 Definition of Trustee. Reference in this instrument to "the trustee" shall be deemed a reference to whoever is serving as trustee or co-trustees, and shall include alternate or successor trustees or co-trustees, unless the context requires otherwise.

6.4 Designation of Special Trustee. If any trust property consists of an interest in an insurance policy on the life of a trustee, any co-trustee serving shall serve as sole trustee with respect to that insurance policy. However, if there is no co-trustee serving with the insured trustee, the successor trustee, as determined above, is designated as special trustee for the sole purpose of exercising the powers of a trustee with respect to that insurance policy, and that special trustee shall have all of the rights and powers of ownership in that policy in trust. With respect to any such insurance policy on a trustee's life, the insured trustee shall have no powers, rights, privileges, or beneficial interest in the policy or in the dividends or other payments derived from the policy. The insured trustee shall execute any documents necessary or appropriate to authorize, implement, or ratify actions taken pursuant to this section by the co-trustee or by the special trustee, as the case may be. Proceeds or revenue derived from any such policy shall be used for premium payments on the policy or may, in the discretion of the co-trustee or the special trustee, be paid to or held for the benefit of trust beneficiaries (other than the insured trustee or the insured trustee's estate). All premiums not paid from proceeds or revenue derived from the policy shall be allocated in the discretion of the co-trustee or the special trustee either to income or principal. On the death of the insured trustee, the proceeds of the policy shall not be used to pay the last illness or funeral expenses of the insured trustee, obligations incurred for the insured trustee's support, or death taxes as defined

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-041745

DATE ISSUED: 09/14/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ROSALIE JUNE

LAST NAME(S): GLANTZ

COUNTY OF DEATH: ASOTIN

DATE OF DEATH: SEPTEMBER 06, 2020

HOUR OF DEATH: 07:00 AM

SEX: FEMALE

AGE: 101 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 2224 9TH AVE

CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403-1616

RESIDENCE STREET: 2224 9TH AVE

CITY, STATE, ZIP: CLARKSTON, WA 99403-1616

INSIDE CITY LIMITS: NO COUNTY: ASOTIN

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 10 YEARS

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: JUNE 16, 1919

BIRTHPLACE: SYRACUSE, KS

FATHER: CHARLES WINGER

MOTHER: DEETTA MOORE

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: REMOVAL FROM STATE

PLACE OF DISPOSITION: MOUNTAIN VIEW FUNERAL HOME & CREMATORY

OCCUPATION: REGISTERED NURSE/FARMER

INDUSTRY: HEALTHCARE/FARMING

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

CITY, STATE: LEWISTON, IDAHO

DISPOSITION DATE: SEPTEMBER 11, 2020

INFORMANT: LAURA MAY HAGEN

RELATIONSHIP: DAUGHTER

ADDRESS: 2245 RESERVOIR RD, CLARKSTON, WA 99403

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME

ADDRESS: 3521 7TH STREET

CITY, STATE, ZIP: LEWISTON, IDAHO 83501

FUNERAL DIRECTOR: GERALD E. BARTLOW

CAUSE OF DEATH:

A: CONGESTIVE HEART FAILURE

INTERVAL: UNKNOWN

B: CORONARY ARTERY DISEASE

INTERVAL: UNKNOWN

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ATRIAL FIBRILLATION

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID 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: ELIZABETH N. BLACK, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1271 HIGHLAND AVE STE B

CITY, STATE, ZIP: CLARKSTON, WA 99403

DATE SIGNED: SEPTEMBER 10, 2020

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: BRADY WOODBURY

DATE RECEIVED: SEPTEMBER 11, 2020

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DOH 422-132 (8/18)



# 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**

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:

4. Father/Parent Full Birth 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: PO Box or Street Address City State

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 foregoing is true and correct**

16a. Signature: 16b. Signature of 2nd 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**

- 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**

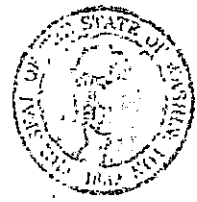
- Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit

DOH 422-034 January 2015

# CERTIFIED

SEP 14 2020

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



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



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