



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 with sections 1 and 2: Seller/Grantor (Joyce Ellen Musiel) and Buyer/Grantee (Steven D. Jerald Shirley I. Grass). Includes mailing addresses and phone numbers.

Section 3: Property tax correspondence information. Includes name, address, and phone number for Steven D. Jerald Shirley I. Grass.

Section 5: Land Use Code(s). Selected code is 11 Household, single family units.

Section 6: Property classification questions. Includes questions about forest land, current use, and special valuation.

Sections (1) and (2): Notices of Continuation and Compliance. Includes fields for Deputy Assessor and Date.

Section (3): Owner(s) Signature. Includes fields for Print Name and Date & city of signing.

Section 7: Personal property included in selling price. Includes fields for WAC No. and Reason for exemption.

Financial summary table: Type of Document (Statutory Warranty Deed), Date of Document (06/07/21), and a table of Gross Selling Price, Exemption, Taxable Selling Price, Excise Tax, and Total Due.

Section 8: Certification of truth and correctness. Includes signatures of Grantor (Joyce Ellen Musiel) and Grantee (Steven D. Jerald Shirley I. Grass).

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).

REVENUE 84 0001a (6/26/14) THIS SPACE - TREASURER'S USE ONLY COUNTY TREASURER DATE 06/08/2021 - RECEIPT No. 54241 - Alliance Title - Clarkston

Handwritten initials 'EFT' in the bottom left corner.

Handwritten initials 'STON' in the bottom right corner.

Return Address Joyce Ellen Musiel 436 Y2 10th St Clarkston, WA 99403

Please print or type information

Document Title(s) (or transactions contained therein): 1. Affidavit (Lack of Probate) 2. 3. 4.
Grantor(s) (Last name first, then first name and initials): 1. Musiel, Joseph Charles 2. 3. 4. <input type="checkbox"/> Additional names on page __ of document.
Grantee(s) (Last name first, then first name and initials): 1. To The 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.

54241



State of Washington
 Department of Revenue
 Special Programs Division
 Miscellaneous Tax
 PO Box 47477
 Olympia WA 98504-7477

AFFIDAVIT (LACK OF PROBATE)

Joyce Ellen Musiel 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 Joseph Charles Musiel (decedent), who died on (date)

May 10, 2007, 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)

Joyce Ellen Musiel, spouse

436 1/2 1st St., Clarkston, WA 99403
 Full name, age, relationship, address

 Full name, age, relationship, address

 Full name, age, relationship, address

 Full name, age, relationship, address

(Continued on next page)

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: June 7, 2021

Joyce Ellen Musiel

Affiant's full name

509 295 1104

Telephone number

436 1/2 16th Street

Cloekston

Street

WA

State

99403

Zip Code

Joyce Ellen Musiel

Signature

6-7-2021

Date

State of Washington County of Asotin

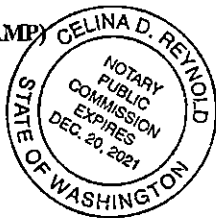
I know or have satisfactory evidence that Joyce Ellen Musiel

(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: 06/07/2021

(SEAL OR STAMP)



[Handwritten Signature]

(Signature of Notary Public)

Residing at: Lewiston, ID

Notary Public in and for the State of WA

My appointment expires: 12/20/2021

For tax assistance call (360) 534-1503, option 2. To request this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711.

REV 84 0017 (5/16/16)

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH



Local File Number: 0108 Washington State Certificate of Death State File Number: 7 51622

1. Legal Name (Include last name, first name, middle initial, last, suffix)		2. Death Date	
Joseph Charles Musiel		May 10, 2007	
3. Sex (M/F)	4. Age - Last Birthday	5. Under 1 Day	6. County of Death
Male	62	Asotin	Asotin
7. Birth Date	8a. Birthplace (City, town or County)	8b. (State or Foreign Country)	9. Decedent's Education
Oct. 6, 1924	Orofino	Idaho	Two years college, no degree
10. Was Decedent of Hispanic Origin? (Yes or No) (see instructions)	11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces?
No	White		No
13a. Residence: Number and Street (e.g., 234 SE 7th St.) (Include Apt. No.)	13b. City or Town	13c. Residence: Country	13d. Zip Code # 4
1513 8th Street	Clarkston	Washington	99403
14. Estimated length of time at residence.	15. Marital Status at Time of Death	16. Surviving Spouse's Name (Give name prior to first marriage)	
Twenty six years	Married	Joyce E. Pierce	
17. Usual Occupation (Indicate type of work done during most of working life. Do not use RETIRED.)	18. Kind of Business/Industry (Do not use Company Name)		
Mechanic	Automotive		
19. Father's Name (First, Middle, Last, Suffix)	20. Mother's Name Before First Marriage (First, Middle, Last)		
Charles W. Musiel	Maxine E. Bryant		
21. Informant's Name	22. Relationship to Decedent	23. Mailing Address: Number and Street or P.O. No.	City or Town
Joie Musiel	Wife	1513 8th Street, Clarkston, WA	99403
24. Place of Death: If Death Occurred in a Hospital	25. Facility Name (If not a facility, give number & street or location)		
Inpatient	Tri-State Memorial Hospital		
26. City, Town, or Location of Death	26b. State	27. Zip Code	
Clarkston	WA	99403	
28. Method of Disposition	29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location: City/Town, and State
Removal/Cremation	Mountain View Crematory		Lewiston, ID 83501
31. Name and Complete Address of Funeral Facility		32. Date of Disposition	
Merchant Funeral Home, 1000 7th St., Clarkston, WA 99403		May 12, 2007	
33. Funeral Director Signature: <i>Don F. Brown</i>			
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ABBREVIATE. Add additional lines if necessary.			
IMMEDIATE CAUSE (Final disease or condition resulting in death): <i>Severe hyperkalemia</i>			
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST: <i>severe renal failure (Hypertension dependent)</i>			
35. Other significant conditions contributing to death but not resulting in the underlying cause given above: <i>Type 2 diabetes mellitus</i>			
36. Manner of Death		37. Were autopsy findings available to complete the Cause of Death?	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. If female:		39. Did tobacco use contribute to death?	
<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> Unknown	
40. Date of Injury (approximate)	41. Hour of Injury (24hrs)	42. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	43. Injury at Work?
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
44. Location of Injury - Number & Street		45. City or Town	
46. Describe how injury occurred		47. If transportation injury, specify:	
		<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.		48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.	
<i>Jose Y. Garcia Jr.</i>		<i>Jose Y. Garcia Jr.</i>	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)		50. Hour of Death (24hrs)	51. Date Signed (approximate)
Jose Y. Garcia Jr., M.D., 1119 Highland Ave., Ste 5, Clarkston, WA		99403	1639
52. Name and Title of Attending Physician (Type or Print)		53. Date Received (approximate)	
		May 11, 2007	
54. Title of Certifier	55. License Number	56. ME/Coroner File Number	57. Was case referred to ME/Coroner?
Medical Doctor	00039152A		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
58. Registrar Signature: <i>(Specter, M.D.)</i>		59. Date Received (approximate)	
		MAY 11 2007	

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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

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: (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 Self Guardian Informant Hospital
 Person on Record: Parent(s) Funeral Director 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 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 forgoing is true and correct.

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

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. Proof documentation must be five or more years old or established within five years of birth.
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage from 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 their own 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

1. 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.
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 proof documentation.
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.



This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, Issued under the authority of Chapter 70.58 RCW, and at the direction of Jean Rensbecker, State Registrar.

Jean Rensbecker

ISSUED
MAY 27 2021



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

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