



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 (William F. Johnson, Jr., Executor) and BUYER GRANTEE (Gregory Schetzle, Christina Schetzle) with addresses and contact info.

Form section 3: Correspondence address (Gregory Schetzle Christina Schetzle) and section 4: Street address of property (1043 Liberty Dr., Clarkston, WA 99403).

Form section 5: Select Land Use Code(s) (11 Household, single family units) and section 6: Property classification questions.

Form section 7: List all personal property included in selling price and tax calculation table showing Gross Selling Price \$320,000.00 and Total Due \$4,325.00.

Form section 8: Signature and date of signing for Grantor (William F. Johnson, Jr.) and Grantee (Gregory Schetzle).

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).

Return Address:

Zachary A. Battles
Jones, Brower & Callery, PLLC
P.O. Box 854
Lewiston, ID 83501

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee William F. Johnson, Jr., and Michael R. Johnson,
Name of Affiants

being first duly sworn depose and state as follows: That they are the rightful heirs as listed on heirs at law, to the real property described below, and are the surviving children of WILLIAM F. JOHNSON, who died on January 10, 2017
Decedent/Grantor *Date*

at Clarkston Asotin County Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 58 of Liberty West Subdivision, according to the official plat thereof, recorded February 18, 2004 as Instrument No. 274474 Official Records of Asotin County, Washington.

Assessor's Property Tax Parcel/Account Number: 1 412 00 058 0000 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.

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"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)

Beth Johnson	Deceased 3/15/2021	Surviving Spouse at time of decedent's death	
William F. Johnson, Jr.	1409 Whiporwill Way Boise, ID 83709	Adult	Son
Michael R. Johnson	27962 Vista Key Drive NE Hansville, WA 98340	Adult	Son

Affiant's Full Name:

William F. Johnson, Jr.
1409 Whiporwill Way
Boise, ID 83709

Michael R. Johnson
37962 Vista Key Drive NE
Hansville, WA 98340

William F. Johnson, Jr. June 7 2021
 Signature: William F. Johnson, Jr. Date

State of Idaho

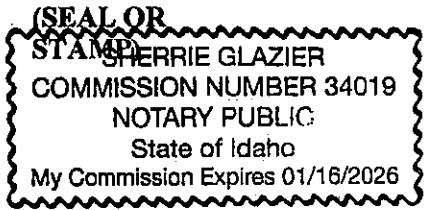
County of Ada

I know or have satisfactory evidence that WILLIAM F. JOHNSON, JR.
(name of person)

is the person who appeared before me, and said person acknowledged that he signed this affidavit and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 6/4/2021

[Signature]
 Signature of Notary Public



Residing at: Boise, ID
Notary Public in and for the State of Idaho

My appointment expires: 01/16/2026

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Michael Johnson 6/5/21
Signature: Michael R. Johnson Date

State of Washington)
County of Kitsap)

R. MJ 6/5/21
MJ 6/5/21

I know or have satisfactory evidence that MICHAEL F. JOHNSON, JR.
(name of person)

is the person who appeared before me, and said person acknowledged that he signed this affidavit and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: JUNE 5 2021

Amy Spray
Signature of Notary Public

(SEAL OR STAMP)

Residing at: Kirkton WA

Notary Public in and for the State of Washington

My appointment expires: 01/24/2022



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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFIED COPY
FOR VA USE ONLY

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2017-001440

DATE ISSUED: 01/17/2017

FEE NUMBER: 0000047003

GIVEN NAMES: WILLIAM FLOYD
LAST NAME: JOHNSON

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: JANUARY 10, 2017
HOUR OF DEATH: 05:00 P.M.
SEX: MALE
AGE: 93 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: JANUARY 04, 1923
BIRTHPLACE: CLARKSTON, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: BETH L. GLOVER

OCCUPATION: CIVIL ENGINEER
INDUSTRY: CIVIL ENGINEERING
EDUCATION: MASTER'S DEGREE
US ARMED FORCES? YES

INFORMANT: BETH JOHNSON
RELATIONSHIP: WIFE
ADDRESS: 1043 LIBERTY DR, CLARKSTON WA, 99403

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

RESIDENCE STREET: 1043 LIBERTY DR
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
INSIDE CITY LIMITS? NO
COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 5 YEARS

FATHER/PARENT: EMMETT F JOHNSON
MOTHER/PARENT: LORENA CRAWFORD

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY
CITY, STATE: LEWISTON, ID
DISPOSITION DATE: JANUARY 13, 2017

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

- CAUSE OF DEATH:
- A. ASPIRATION PNEUMONIA
INTERVAL: 3 WEEKS
 - B. ESOPHAGEAL STRICTURE
INTERVAL: YEARS
 - C.
INTERVAL:
 - D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
CORONARY ARTERY DISEASE, DIABETES II

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

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL
AUTOPSY: NO

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: WARREN ELLISON MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1119 HIGHLAND AVE
CITY, STATE, ZIP: CLARKSTON WA 99403
DATE SIGNED: JANUARY 12, 2017

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE



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

LOCAL DEPUTY REGISTRAR:
SUNDIE HOFFMAN
DATE RECEIVED: JANUARY 13, 2017

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

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Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-235-4300

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: _____ 2. Date of Event: _____ 3. Place of Event: _____

4. Father/Parent Full Legal 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: _____

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 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.

<p>Child under 18</p> <ul style="list-style-type: none"> • 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 	<p>Adult (18 years or older)</p> <ul style="list-style-type: none"> • 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
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*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.

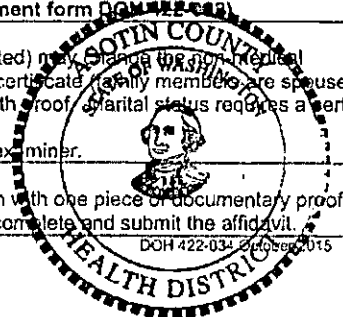
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-034)

Death Certificates

- 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). 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.
- 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.



Joel McCullough
Joel McCullough, M.D., MPH, MS
Health Officer

JAN 17 2017

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MCKENZIE A. CAMPBELL
COUNTY CLERK
ASOTIN COUNTY, WA

SUPERIOR COURT OF WASHINGTON FOR ASOTIN COUNTY

In re the Estate of:

BETH L. JOHNSON,

Deceased.

NO. **21-4-00048-02**
LETTERS TESTAMENTARY
(RCW 11.28.090)

On June 2, 2021, the last *Will* of the above-named Decedent was
duly exhibited, proven, and filed in the foregoing Superior Court.

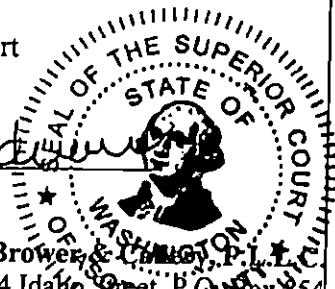
In the *Will*, Decedent named WILLIAM F. JOHNSON, JR., to act as her Executor and
he has duly qualified.

Now, therefore, by Order of this Court, WILLIAM F. JOHNSON, JR., is authorized to
execute the *Will* according to law.

Witness my hand and the seal of this Court on June 2, 2021.

Clerk of the Superior Court

By: *Nicole Lee*
Deputy Clerk



Jones, Brower & Leitch, P.L.L.C.
1304 Idaho Street, P.O. Box 854
Lewiston, WA 98501
(208) 743-3591
Facsimile: (208) 746-9553

LETTERS TESTAMENTARY:

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STATE OF WASHINGTON)
) ss.
COUNTY OF ASOTIN)

I, _____, County Clerk in and for said County and State, do hereby certify that the foregoing is a true and correct copy of the original Letters Testamentary as the same appear on file and of record in my office and that said Letters Testamentary are now in full force and effect and have never been revoked.

In TESTIMONY WHEREOF, I have hereunto set my hand and affixed my seal this _____ day of _____, 2021.

Clerk of the Superior Court

By: _____
Deputy Clerk



LETTERS TESTAMENTARY:

Jones, Brower & Callery, P.L.L.C.
1304 Idaho Street, P.O. Box 854
Lewiston, ID 83501
(208) 743-3591
Facsimile: (208) 746-9553

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