

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.

SELLER GRANTOR	1 Name <u>Jerry D. Gilbert JR rep</u> <u>as expressly named in Will of Maria G. Gilbert</u>	BUYER GRANTEE	2 Name <u>Jerry D. Gilbert</u>
	Mailing Address <u>2640 Grandview Dr</u>		Mailing Address <u>2640 Grandview Dr</u>
	City/State/Zip <u>Clackston, WA 99403</u>		City/State/Zip <u>Clackston, WA 99403</u>
	Phone No. (including area code) <u>509-751-6930</u>		Phone No. (including area code)

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

Name _____

Mailing Address _____

City/State/Zip _____

Phone No. (including area code) _____

List all real and personal property tax parcel account numbers - check box if personal property	List assessed value(s)
<u>1-104-00-017-0000</u> <input type="checkbox"/>	<u>226,900 0.00</u>
<input type="checkbox"/>	<u>0.00</u>
<input type="checkbox"/>	<u>0.00</u>
<input type="checkbox"/>	<u>0.00</u>

4 Street address of property: 2640 Grandview Dr

This property is located in Select Location _____

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)
LOT 17 OF RANKIN HILL FIRST ADDITION, ASOTIN COUNTY, WASHINGTON, ACCORDING TO THE RECORDED PLAT THEREOF.

5 Select Land Use Code(s):

Select Land Use Codes 11

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)?

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

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-203-202 (6)(h)
Reason for exemption Community Property INTEREST

6 YES NO

Is this property designated as forest land per chapter 84.33 RCW?

Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW?

Is this property receiving special valuation as historical property per chapter 84.26 RCW?

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.

Type of Document Quitclaim Deed

Date of Document 6-30-21

Gross Selling Price \$	_____
*Personal Property (deduct) \$	_____
Exemption Claimed (deduct) \$	_____
Taxable Selling Price \$	<u>0.00</u>
Excise Tax: State	_____
Less than \$500,000.01 at 1.1% \$	<u>0.00</u>
From \$500,000.01 to \$1,500,000 at 1.28% \$	<u>0.00</u>
From \$1,500,000.01 to \$3,000,000 at 2.75% \$	<u>0.00</u>
Above \$3,000,000 at 3.0% \$	<u>0.00</u>
Agricultural and timberland at 1.28% \$	<u>0.00</u>
Total Excise Tax: State \$	<u>0.00</u>
<u>0.0000</u> Local \$	<u>0.00</u>
*Delinquent Interest: State \$	<u>0.00</u>
Local \$	<u>0.00</u>
*Delinquent Penalty \$	<u>0.00</u>
Subtotal \$	<u>0.00</u>
State Technology Fee \$	<u>5.00</u>
Affidavit Processing Fee \$	<u>5.00</u>
Total Due \$	<u>10.00</u>

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 _____

PAID
JUL - 1 2021
ASOTIN COUNTY
TREASURER

8 I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature of Grantor or Grantor's Agent [Signature] Name (print) Shane Andrews Date & city of signing 7/1/21 Lewis, ID

Signature of Grantee or Grantee's Agent [Signature] Name (print) Eddy D Chapman Date & city of signing 7/1/21 Lewiston, ID

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)).

054312

RETURN DOCUMENT TO:

Shane Andrews
PO Box 1990
Lewiston, ID 83501



00037685202103721050030030

I-15 CP
Pgs=3 Fee:\$105.50
BLEWETT MUSHLITZ, LLP

Use dark black ink and print legibly. Documents not legible will be rejected per RCW 65.04.045 & 65.04.047

DOCUMENT TITLE(S):

Community Property Agreement

AUDITOR FILE NUMBER & VOL. & PG. NUMBERS OF DOCUMENT(S) BEING ASSIGNED OR RELEASED:

Additional reference numbers can be found on page _____ of document.

GRANTOR(S)

Additional grantor(s) can be found on page _____ of document.

GRANTEE(S):

Additional grantee(s) can be found on page _____ of document.

ABBREVIATED LEGAL DESCRIPTION: (Lot, block, plat name OR; qtr/qtr, section, township and range OR; unit, building and condo name.)

Additional legal(s) can be found on page _____ of document.

ASSESSOR'S 16-DIGIT GEO-PARCEL NUMBER:

Additional numbers can be found on page _____

The Auditor/Recorder will rely on the information provided on this form. The responsibility for the accuracy of the indexing information is that of the document preparer.

54312

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT entered into on this 15 day of November, 1991, between JERRY D. GILBERT and MARVA JOANNE GILBERT, husband and wife, for the purposes contained herein:

In consideration of the love and affection that each party has for the other, and in consideration of the mutual benefits to be derived hereunder, the parties agree as follows:

I

All property of whatever nature or description whether real, personal or mixed and wherever situated, irrespective of the source, now owned or hereafter acquired by either or both parties, shall be considered and is hereby declared to be community property from this day forward.

II

Upon the death of either party, title to all community property shall immediately vest in fee simple in the surviving party.

III

The parties hereto are executing contemporaneously with this Agreement Last Wills and Testaments. The purpose of each such Last Will and Testament is to supplement this agreement and to effectuate the complete transfer of each party's property. However, nothing contained herein shall be construed to be a contract to make mutual wills.

54312
SCOTT C. BROYLES
ATTORNEY-AT-LAW
901 SIXTH STREET
P. O. BOX 208
CLARKSTON, WASHINGTON 99403
TELEPHONE (509) 758-1636

IN WITNESS WHEREOF, parties have signed this agreement on the date first written above.

Jerry D. Gilbert
 JERRY D. GILBERT

Marva Joanne Gilbert
 MARVA JOANNE GILBERT

STATE OF WASHINGTON)
) ss
 County of Asotin)

This is to certify that on this 15th day of November, 1991, personally appeared JERRY D. GILBERT and MARVA JOANNE GILBERT, husband and wife, to me known to be the individuals described in and who executed the within instrument, and acknowledged to me that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have set my hand and seal this 15th day of November, 1991.

Barbara L. Jenson
 NOTARY PUBLIC
 My appointment expires 04-10-94.



STATE OF WASHINGTON } ss CERTIFICATE
 County of Asotin }
 I, Darla McKay, Asotin County Auditor and the said
 County and State do hereby certify that the foregoing
 is a true and correct copy of
Community Property Agreement
 as the same appears on file and of record in my office
 in testimony whereof, I have set my hand and affixed
 my official seal this 16th day of May, 2001
 By Robin Lurch Deputy Auditor

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-054598

DATE ISSUED: 12/04/2020
FEE NUMBER: 47047

FIRST AND MIDDLE NAME(S): MARVA JOANNE
LAST NAME(S): GILBERT

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: NOVEMBER 23, 2020
HOUR OF DEATH: 06:30 AM
SEX: FEMALE AGE: 82 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 2640 GRANDVIEW DR.
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

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

RESIDENCE STREET: 2640 GRANDVIEW DR.
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 44 YEARS

BIRTH DATE: JANUARY 17, 1938
BIRTH PLACE: COLVILLE, WA

FATHER: CARL E PETERSON
MOTHER: EVA V BROWN

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: JERRY & DJEHL GILBERT

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: BALL & DODD FUNERAL HOME & CREMATORY

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

CITY, STATE: SPOKANE, WASHINGTON
DISPOSITION DATE: NOVEMBER 27, 2020

INFORMANT: JERRY GILBERT
RELATIONSHIP: HUSBAND
ADDRESS: 2640 GRANDVIEW DR.; CLARKSTON, WA 99403

FUNERAL FACILITY: NEPTUNE SOCIETY - SPOKANE
ADDRESS: 98 EAST FRANCIS
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99208
FUNERAL DIRECTOR: FELICIA A. GAINAY

CAUSE OF DEATH:
A. CONGESTIVE HEART FAILURE
INTERVAL: UNKNOWN
B. HYPERTENSION
INTERVAL: UNKNOWN
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ATRIAL FIBRILLATION,
CHRONIC KIDNEY DISEASE, AORTIC STENOSIS

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: NOVEMBER 24, 2020

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: NOVEMBER 24, 2020

54312

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 File Number	Fee Number	Initials	Date	Affidavit Number
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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: 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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <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. 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:		14b. Signature of 2 nd parent (if required):	
Printed name:	Date:	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

- 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.

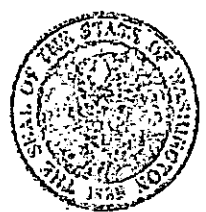
*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

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
SPOKANE REGIONAL HEALTH DISTRICT

DEC 04 2020



Paula Maxwell
Paula L. Maxwell
CHIEF DEPUTY REGISTRAR



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