



REAL ESTATE EXCISE TAX AFFIDAVIT

PLEASE TYPE OR PRINT

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

(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 (Estate of Rita R. Lane) and Buyer/Grantee (James R. Parks, Theresa Kaye Parks) with addresses and contact info.

Form section 3: Property tax correspondence to James R. Parks Theresa Kaye Parks. Section 4: Street address 1460 Sycamore Street, Clarkston, WA.

Form section 5: Select Land Use Code(s): 11 Household, single family units. Includes exemption questions.

Form section 6: Continuation notices for forest land and historic property. Includes owner signature line for Michael Lane.


Form section 7: Personal property included in selling price. Includes tax calculation table with Gross Selling Price of 270,000.00 and Total Due of 3,650.00.

Form section 8: I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. Includes signatures of Michael Lane and James R. Parks.

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).

FILED
DEC 02 2020
Timothy W. Fitzgerald
SPOKANE COUNTY CLERK

(Clerk's Date Stamp)

	SUPERIOR COURT OF WASHINGTON, COUNTY OF SPOKANE	
ESTATE OF: RITA R. LANE, Deceased.		CASE NO. 20-4-01836-32 LETTERS TESTAMENTARY (LTRTS)

I. BASIS

- 1.1 The last will of the decedent(s), late of SPOKANE COUNTY, WASHINGTON was exhibited, proven and recorded in this court on: DECEMBER 02, 2020
- 1.2 In that will: LAURA LANE KERLEE, TIMOTHY LANE AND MICHAEL LANE is named personal representative.
- 1.3 The personal representative has qualified.

II. AUTHORIZATION

THIS CERTIFIES: LAURA LANE KERLEE, TIMOTHY LANE AND MICHAEL LANE is authorized by this court to execute the will of the above decedent according to law.
TIMOTHY W. FITZGERALD, SPOKANE COUNTY CLERK

By YELENA GNATENKO,
Deputy Clerk

III. CERTIFICATE OF COPY

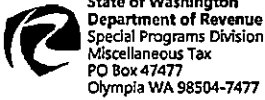
As clerk of the superior court of this county, I certify that the above is a true and correct copy of the Letters Testamentary in the above-named case which was entered of record on: DECEMBER 02, 2020.

I further certify that these letters are now in full force and effect.

TIMOTHY W. FITZGERALD, SPOKANE COUNTY CLERK

By 
Deputy Clerk

54317



AFFIDAVIT (LACK OF PROBATE)

Timothy Lane, Michael Lane, and

Laura Lane Kerlee, P.R. for the Estate of Rita R. Lane, deceased, being first duly sworn, deposes and says:

The undersigned affiant is the rightful heir to the real property described below, and is child of deceased spouse (relationship to decedent) of Robert E. Lane (decedent), who died on (date) April 04, 2019, 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

[X] 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)

Estate of Rita R. Lane, deceased Spouse

n/a Full name, age, relationship, address

Laura Lane Kerlee, daughter

12323 S. Greenfield Ln, Medical Lake, WA

Full name, age, relationship, address

Timothy Lane, son

2131 W. 7th Street, Port Angeles, WA

Full name, age, relationship, address

Michael Lane, son

1388 Poplar St, Clarkston WA 99403

Full name, age, relationship, address

(Continued on next page)

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Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: June 29, 2021

Michael Lane

Affiant's full name

208-503-9128

Telephone number

1388 Poplar St.

Street

Clarkston

City

WA

State

99403

Zip Code

Michael Lane

Signature

6/30/21

Date

State of Washington County of Asotin

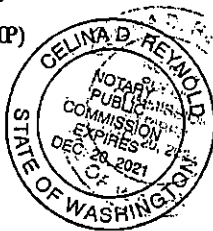
I know or have satisfactory evidence that Michael Lane

(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: 6/30/2021

(SEAL OR STAMP)



Signature of Notary Public

Residing at: Clarkston, WA

Notary Public in and for the State of WA

My appointment expires: 12/20/2021

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Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: June 29, 2021

Laura Lane Kerlee

Affiant's full name

509 279-9996

Telephone number

12323 S. Greenfield Lane

Street

Medical Lake

WA

89022

City

State

Zip Code

Laura Lane Kerlee
Signature

6/29/21
Date

State of Washington

County of SPOKANE

I know or have satisfactory evidence that Laura Lane Kerlee

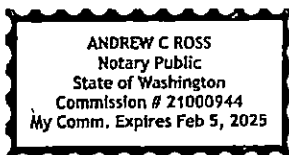
(name of person)

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: 06/29/2021

[Signature]
Signature of Notary Public

(SEAL OR STAMP)



Residing at: SPOKANE

Notary Public in and for the State of Washington

My appointment expires: 02/05/2025

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 (5/16/15)

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Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: June 29, 2021

~~Laura Lane Kedge~~ Timothy Lane
Affiant's full name

Telephone number

2131 W. 7th Street

Street

Port Angeles

City

WA

State

98002

Zip Code

57.
98363

Timothy Lane
Signature

6/29/2021
Date

State of Washington

County of Clallam

I know or have satisfactory evidence that Timothy Lane

(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: 06/29/2021

[Signature]
Signature of Notary Public

(SEAL OR STAMP)

VANDANA NAVROOP
Notary Public
State of Washington
Commission # 21006476
My Comm. Expires Feb 9, 2025

Residing at: Kitsap

Notary Public in and for the State of Washington

My appointment expires: 08/09/2025

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-015599

DATE ISSUED: 04/12/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ROBERT F
LAST NAME(S): LANE

AKA: BUCK LANE

AKA:

080418

COUNTY OF DEATH: ASOTIN

DATE OF DEATH: APRIL 04, 2019

HOUR OF DEATH: 04:50 AM

SEX: MALE

AGE: 82 YEARS

SOCIAL SECURITY NUMBER:

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 1460 SYCAMORE ST

CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 1460 SYCAMORE ST

CITY, STATE, ZIP: CLARKSTON, WA 99403

INSIDE CITY LIMITS: NO COUNTY: ASOTIN

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 54 YEARS

HISPANIC ORIGIN: NO; NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: FEBRUARY 06, 1937

BIRTH PLACE: LEWISTON, ID

FATHER/PARENT: VERNON LANE

MOTHER/PARENT: BARBARA FLICKENGER

MARITAL STATUS: MARRIED

SPOUSE: RITA STUART

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: VINELAND CEMETERY

OCCUPATION: PRINTER

INDUSTRY: NEWSPAPER

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

CITY, STATE: CLARKSTON, WASHINGTON

DISPOSITION DATE: APRIL 11, 2019

INFORMANT: RITA R LANE

RELATIONSHIP: WIFE

ADDRESS: 1460 SYCAMORE ST, CLARKSTON WA, 99403

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES LLC

ADDRESS: PO. BOX 107

CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

FUNERAL DIRECTOR: RICHARD LASSITER

CAUSE OF DEATH:

A: VENTRICULAR FIBRILLATION

INTERVAL: 15 MINUTES

B: IDIOPATHIC DILATED CARDIOMYOPATHY

INTERVAL: 20 MONTHS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: MYELODYSPLASTIC SYNDROME

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: NO

PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

CERTIFIER NAME: DANIEL B. MCINTOSH, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 222 SOUTHWAY SUITE C

CITY, STATE, ZIP: LEWISTON, ID 83501

DATE SIGNED: APRIL 08, 2019

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: DANIEL MCINTOSH, MD, MD

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON

DATE RECEIVED: APRIL 08, 2019

DOH 422-132 (1/16)

NOT VALID IF PHOTOCOPIED OR ALTERED

54317



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				
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:		
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:	<input type="checkbox"/> Self	<input type="checkbox"/> Guardian	<input type="checkbox"/> Informant
		<input type="checkbox"/> Parent(s)	<input type="checkbox"/> Funeral Director	<input type="checkbox"/> Other (specify)
7. Return Mailing Address:				
P.O. Box or Street 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 forgoing is true and correct				
16a. Signature:		16b. Signature of 2 nd 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:				
<ul style="list-style-type: none"> • 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				
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. Documentary proof must be five or more years old or established within five years of birth.				
Child under 18		Adult (18 years or older)		
<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 		<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 		
*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 422-032)				
Death Certificates				
1. 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). 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.				
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 documentary proof.				
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.				

DOH 422-034 October 2015

CERTIFIED

APR 12 2019

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



0 1 2 2 0 3 8 1

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EXHIBIT "A"

561237

The East 75 feet of the South 132 feet of the North half of Lot 14 in Block "HH" of Vineland according to the official plat thereof, filed in Book A of Plats at Page(s) 20, records of Asotin County, Washington, EXCEPT the South 30 feet thereof for road purposes.

AND

The East 40 feet of the North 75 feet of the South 207 feet of the North half of Lot 14 in Block "HH" of Vineland according to the official plat thereof, filed in Book A of Plats at Page(s) 20, records of Asotin County, Washington,

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