

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>Richard J McKinley</u>	BUYER GRANTEE	2 Name <u>Sharon T McKinley</u>
	<u>Sharon T McKinley</u>		
	Mailing Address <u>1057 9th Street</u>		Mailing Address <u>1057 9th St.</u>
	City/State/Zip <u>Clarkston WA 99403</u>		City/State/Zip <u>Clarkston WA 99403</u>
	Phone No. (including area code)		Phone No. (including area code) <u>509-780-2078</u>

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

List all real and personal property tax parcel account numbers - check box if personal property

Name	1-003-01-007-002 <input type="checkbox"/>	List assessed value(s)
Mailing Address	<input type="checkbox"/>	152,500.00
City/State/Zip	<input type="checkbox"/>	0.00
Phone No. (including area code)	<input type="checkbox"/>	0.00

4 Street address of property: 1057 9th St.

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)
THE SOUTH 70 FEET OF LOT 7 OF BLOCK ONE, SOUTH OF CLARKSTON, ASOTIN COUNTY WASHINGTON, ACCORDING TO THE RECORDED PLAT THEREOF.

5 Select Land Use Code(s): 11

Select Land Use Codes

enter any additional codes:

(See back of last page for instructions)

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)? YES NO

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 YES NO

6 YES NO

Is this property designated as forest land per chapter 84.33 RCW? YES NO

Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW? YES NO

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

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 _____

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-202(b)(h)
Reason for exemption INHERITANCE, COMMUNITY PROPERTY

Type of Document COMMUNITY PROP. AGREEMENT
Date of Document 11-22-94
(RECORDED 8-4-21)

Gross Selling Price \$	
*Personal Property (deduct) \$	
Exemption Claimed (deduct) \$	
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%	0.00
Agricultural and timberland at 1.28%	0.00
Total Excise Tax: State \$	0.00
Local \$	0.00
*Delinquent Interest: State \$	0.00
Local \$	0.00
*Delinquent Penalty \$	0.00
Subtotal \$	0.00
State Technology Fee \$	5.00
Assessment Processing Fee \$	5.00
Total Due \$	10.00

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 Grantor's Agent Sharon McKinley Signature of Grantee or Grantee's Agent Sharon McKinley

Name (print) Sharon McKinley Name (print) Sharon McKinley

Date & city of signing 8-4-21 Date & city of signing 8-4-21

CASA \$10.00

054429

RETURN DOCUMENT TO:

Sharon McKinley
1057 9th St
Clarkston WA 99403



I-15 CP
Pgs=5 Fee:\$207.50
SHARON MCKINLEY

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

DOCUMENT TITLE(S):

Agreement As To Status of Community Property
Certificate of Death

**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)

Richard J McKinley

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

GRANTEE(S):

Sharon T McKinley

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.)

The South 90 feet of Lot 7, Block 1, South
of Clarkston, Asotin County, WA

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

ASSESSOR'S 16-DIGIT GEO-PARCEL NUMBER:

1003010670002000

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.

AGREEMENT AS TO STATUS OF COMMUNITY PROPERTY

KNOW ALL MEN BY THESE PRESENTS:

That this Agreement, made and entered into this day by and between RICHAD J. MCKINLEY and SHARON T. MCKINLEY, husband and wife, of Clarkston, Asotin County, State of Washington.

WITNESSETH:

In consideration of the love and affection that each of said parties has for the other and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted, and promised:

I.

That all property of whatsoever nature or description whether real or personal or mixed and wheresoever situated, now owned by either of them, shall be considered and is hereby declared to be community property.

II.

That upon the death of either of the aforementioned parties title to all community property shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF, the parties have hereunto set their hands and seal this 22 day of November, 1994.


RICHAD J. MCKINLEY


SHARON T. MCKINLEY

AGREEMENT AS TO STATUS OF COMMUNITY PROPERTY - 1

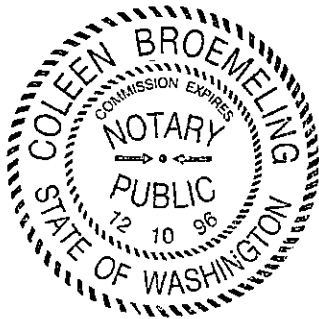
COWAN WALKER, P.S.
A Professional Service Corporation
Attorneys at Law
P.O. Box 927
503 Knight Street, Suite A
Richland, Washington 99352
Telephone (509) 943-2676

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STATE OF WASHINGTON)
 Asotin) ss.
County of ~~Benton~~)

This is to certify that on this 22ND day of November, 1994, before me personally appeared RICHAD J. MCKINLEY and SHARON T. MCKINLEY, 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 hereunto set my hand and official seal on the day and year first above-written.



Coleen Broemeling
Printed Name: COLEEN BROEMELING
NOTARY PUBLIC in and for the State of
Washington, residing at Clarkston
My commission expires: 12.10.96

AGREEMENT AS TO STATUS OF COMMUNITY PROPERTY - 2

COWAN WALKER, P.S.
A Professional Service Corporation
Attorneys at Law
P.O. Box 927
503 Knight Street, Suite A
Richland, Washington 99352
Telephone (509) 943-2878

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-034223

DATE ISSUED: 07/19/2021

FEE NUMBER:

FIRST AND MIDDLE NAME(S): RICHARD JESS
LAST NAME(S): MCKINLEY

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: JULY 14, 2021
HOUR OF DEATH: 10:50 PM
SEX: MALE AGE: 80 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: NOVEMBER 17, 1940
BIRTHPLACE: COTTONWOOD, ID

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: SHARON THERESA ANDERSEN

OCCUPATION: ELECTRICIAN
INDUSTRY: LUMBER MILL
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

INFORMANT: SHARON T MCKINLEY
RELATIONSHIP: WIFE
ADDRESS: 1057-9TH STREET, CLARKSTON, WASHINGTON 99403

CAUSE OF DEATH:
A: METASTATIC SQUAMOUS CELL CARCINOMA OF SCALP
INTERVAL: 4 YEARS 4 MONTHS
B: INTERVAL:
C: INTERVAL:
D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1057-9TH STREET
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 1057-9TH STREET
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: YES COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 54 YEARS

FATHER: ROBERT GERALD MCKINLEY
MOTHER: ANNA MARY GEIS

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: VALLEY CREMATORY

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: JULY 19, 2021

FUNERAL FACILITY: VASSAR-RAWLS FUNERAL HOME

ADDRESS: 920 21ST AVENUE
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
FUNERAL DIRECTOR: DENNIS W. HASTINGS

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

CERTIFIER NAME: GERARDO MIDENCE, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1250 IDAHO STREET
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
DATE SIGNED: JULY 17, 2021

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

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: JULY 17, 2021

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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: (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 Person on Record: Self Guardian Informant Hospital 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 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: Printed name: Date: 16b. Signature of 2nd parent (if required): 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

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

- 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

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 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 using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

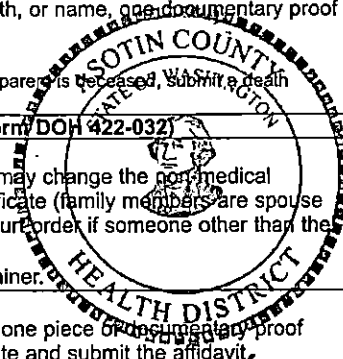
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

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). 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.



Bob Lutz, M.D., MPH
Health Officer

JUL 19 2021



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

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