

**Real Estate Excise Tax Affidavit** (RCW 82.45 WAC 458-61A)

Only for sales in a single location code on or after January 1, 2020.  
This affidavit will not be accepted unless all areas on all pages are fully completed.  
This form is your receipt when stamped by cashier. Please type or print.

Check box if the sale occurred in more than one location code.

Check box if partial sale, indicate % sold.  
List percentage of ownership acquired next to each name.

**1 Seller/Grantor**  
Name Frederick N. Tyacke, Deceased

**2 Buyer/Grantee**  
Name Rhonda M. Tyacke

Mailing address 1111 9th Street  
City/state/zip Clarkston, WA 99403  
Phone (including area code) \_\_\_\_\_

Mailing address 1111 9th Street  
City/state/zip Clarkston, WA 99403  
Phone (including area code) \_\_\_\_\_

**3** Send all property tax correspondence to:  Same as Buyer/Grantee  
Name \_\_\_\_\_

List all real and personal property tax parcel account numbers	Personal property?	Assessed value(s)
<u>10030101000010000</u>	<input type="checkbox"/>	<u>\$ 139,700.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>

Mailing address \_\_\_\_\_  
City/state/zip \_\_\_\_\_

**4** Street address of property 1111 9th Street, Clarkston, WA  
This property is located in Clarkston (for unincorporated locations please select your county)

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 you need more space, attach a separate sheet to each page of the affidavit).

The South Half of Lot 10 in Block 1 of South of Clarkston according to the official plat thereof. Except the East 7 1/2 feet thereof deeded to City of Clarkston for alley purposes by deed recorded April 17, 1952, as Instrument No. 49097

**5** 11 - Household, single family units

**7** List all personal property (tangible and intangible) included in selling price.

Enter any additional codes \_\_\_\_\_  
(see back of last page for instructions)

None

Was the seller receiving a property tax exemption or deferral under RCW 84.36, 84.37, or 84.38 (nonprofit org., senior citizen or disabled person, homeowner with limited income)?  Yes  No

If claiming an exemption, list WAC number and reason for exemption.

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  
If yes, complete the predominate use calculator (see instructions for section 5).

WAC number (section/subsection) 458-61A-202(6)(a)  
Reason for exemption Inheritance - Community Property Agreement

**6** Is this property designated as forest land per RCW 84.33?  Yes  No  
Is this property classified as current use (open space, farm and agricultural, or timber) land per RCW 84.34?  Yes  No

Type of document CPA and Death Certificate  
Date of document 8/19/20-CPA and Death Cert.-5/28/21

Is this property receiving special valuation as historical property per RCW 84.26?  Yes  No

Gross selling price	0.00
*Personal property (deduct)	0.00
Exemption claimed (deduct)	0.00
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%	0.00
Agricultural and timberland at 1.28%	0.00
Total excise tax: state	0.00
0.0025 Local	0.00
*Delinquent interest: state	0.00
Local	0.00
*Delinquent penalty	0.00
Subtotal	0.00
*State technology fee	5.00
Affidavit processing fee	5.00
Total due	10.00

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 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 signature \_\_\_\_\_ 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) doesn't wish to continue, all additional tax calculated pursuant to RCW 84.26, shall be due and payable by the seller or transferor at the time of sale.

**(3) NEW OWNER(S) SIGNATURE**  
Signature \_\_\_\_\_ Signature \_\_\_\_\_  
Print name \_\_\_\_\_ Print name \_\_\_\_\_

0202  
**PAID**  
SEP 20 2021  
ASOTIN COUNTY  
TREASURER

**8** I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT  
Signature of grantor or agent Rhonda M. Tyacke Signature of grantee or agent Rhonda M. Tyacke  
Name (print) Rhonda M. Tyacke Name (print) Rhonda M. Tyacke  
Date & city of signing Lewiston, ID September 16, 2021 Date & city of signing Lewiston, ID September 16, 2021

Perjury in the second degree is a class C felony which is punishable by confinement in a state correctional institution for a maximum term of five years, or by a fine in an amount fixed by the court of not more than \$10,000, or by both such confinement and fine (RCW 9A.72.030 and RCW 9A.20.021(1)(c)).

To ask about the availability of this publication in an alternate format for the visually impaired, please call 360-705-6705. Teletype (TTY) users may use the WA Relay Service by calling 711.

Creason, Moore, Dokken + Gridl  
CL#13898 AA

**AFTER RECORDING, RETURN TO:**

Christopher J. Moore  
Creason, Moore, Dokken & Geidl, PLLC  
P. O. Drawer 835  
Lewiston ID 83501

**COMMUNITY PROPERTY AGREEMENT**

**Reference Numbers of Related Documents:** N/A

**Grantor:** Tyacke, Frederick N.

**Grantee:** Tyacke, Rhonda M.

**Legal Description:**

1. Real property located in Asotin County, Washington, described as follows:

The South Half of Lot 10 in Block 1 of South of Clarkston according to the official plat thereof. Except the East 7 ½ feet thereof deeded to City of Clarkston for alley purposes by deed recorded April 17, 1952, as Instrument No. 49097.

3. Assessor's Parcel No. 1-003-01-010-0001-0000

**AFTER RECORDING, RETURN TO:**

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**COMMUNITY PROPERTY AGREEMENT**

This agreement is made between Frederick N. Tyacke (“Husband”) and Rhonda M. Tyacke (“Wife”), husband and wife, who were married on August 31, 1969, in Weaverville, California, and who are currently domiciled within the State of Washington. In consideration of their mutual promises and covenants set forth below, the parties agree as follows:

1. **Property Covered:** This agreement shall apply to the following described property now owned or hereafter acquired by Husband and Wife even though some items may have been purchased or acquired by one or the other alone or may be registered in the name of one or the other or both:

A. All real property currently owned or hereafter acquired by Husband and/or Wife.

B. All tangible personal property and financial assets now owned or hereafter acquired, including without limitation, household items, tools, firearms, vehicles, art objects, ownership and debt interests in business entities, accounts and notes receivable, and all financial accounts of every nature.

**COMMUNITY PROPERTY AGREEMENT - 1**

**Creason, Moore, Dokken & Geidl, PLLC**  
P.O. Drawer 835, Lewiston ID 83501  
(208)743-1516; Fax(208)746-2231

54559

The above-described property shall be transmuted at death into and declared to be the community property of the parties and is referred to in this agreement as the "described community property."

2. ***Vesting at Death of a Spouse:*** If Husband dies and Wife survives him, all of the described community property and/or separate property shall vest in Wife as of the moment of Husband's death. If Wife dies and Husband survives her, all of the described community property and or separate property shall vest in Husband as of the moment of Wife's death.

3. ***Disclaimer:*** Upon the death of either spouse, the surviving spouse may disclaim any interest passing under the agreement in whole or in part, or with reference to specific parts, shares or assets thereof, in which event the interest disclaimed shall pass as if the provisions of paragraph 2 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition.

4. ***Automatic Revocation:*** The provisions of paragraph 2 shall be automatically revoked:

- (a) Upon the filing by either party of a petition, complaint or other pleading for separation, dissolution, or divorce; or
- (b) Immediately prior to death, if the order of death cannot be ascertained, or if both parties hereto die within ninety (90) days of one another.

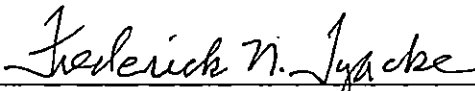
5. ***Optional Revocation by One Party:*** If either party becomes incapacitated, the other party shall have the power to terminate the provisions of paragraph 2 and each party designates the other as attorney-in-fact to become effective upon incapacity to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the incapacitated spouse and to the guardian(s), if any, of the person and of the estate of the incapacitated person. For the purposes of this paragraph, a spouse shall be deemed incapacitated if a person duly licensed to practice medicine signs a statement declaring that the person is unable to manage his or her own financial affairs.

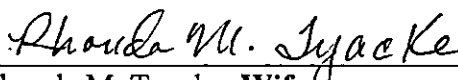
6. ***Powers of Appointment:*** This agreement shall not affect any power of appointment now held by or hereafter given to Husband or Wife or both of them, nor shall

it obligate Husband or Wife or both of them, to exercise any such power of appointment in any way.

7. **Revocation of Inconsistent Agreements:** To the extent this agreement is inconsistent with any provisions of any community property agreement or other arrangement previously made by the parties that affects the described community property, the terms of this agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

IN WITNESS WHEREOF, the parties, Frederick N. Tyacke and Rhonda M. Tyacke, have hereunto set their signatures this 19<sup>th</sup> day of August, 2020.

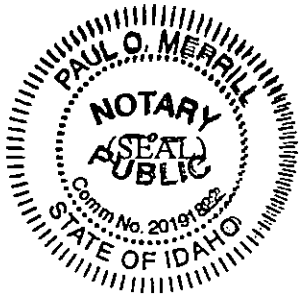
  
Frederick N. Tyacke, **Husband**

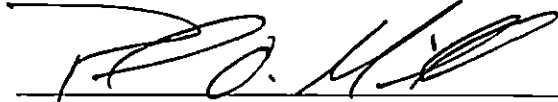
  
Rhonda M. Tyacke, **Wife**

STATE OF IDAHO            )  
                                      : ss.  
County of Nez Perce        )

On this day personally appeared before me, Frederick N. Tyacke and Rhonda M. Tyacke, husband and wife, to me known to be the individuals described in and who executed the within and foregoing Community Property Agreement, and acknowledged that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

Given under my hand and official seal on this 19<sup>th</sup> day of August, 2020.



  
\_\_\_\_\_  
Notary Public in and for said State,  
residing at or employed in Lewiston.  
My Commission Expires: 8-29-2025

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-025480

LOCAL FILE NUMBER: 2395

DATE ISSUED: 06/01/2021

FEE NUMBER:

FIRST AND MIDDLE NAME(S): FREDERICK N  
LAST NAME(S): TYACKE

COUNTY OF DEATH: SPOKANE

DATE OF DEATH: MAY 28, 2021

HOUR OF DEATH: 07:47 AM

SEX: MALE

AGE: 74 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: PROVIDENCE SACRED HEART MEDICAL CENTER

CITY, STATE, ZIP: SPOKANE, WASHINGTON 99204

RESIDENCE STREET: 1111 9TH ST

CITY, STATE, ZIP: CLARKSTON, WA 99403

INSIDE CITY LIMITS: YES

COUNTY: ASOTIN

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 8 YEARS

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: AUGUST 31, 1946

BIRTHPLACE: SALINAS, CA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: RHONDA WILLIAMS

FATHER: FREDERICK W TYACKE

MOTHER: GLENDORA HENDRICKSEN

METHOD OF DISPOSITION: REMOVAL FROM STATE

PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

OCCUPATION: SALES ACCOUNT MANAGER

INDUSTRY: LUMBER INDUSTRY

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

CITY, STATE: LEWISTON, IDAHO

DISPOSITION DATE: JUNE 01, 2021

INFORMANT: RHONDA TYACKE

RELATIONSHIP: WIFE

ADDRESS: 1111 9TH 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: ACUTE ISCHEMIC LEFT ANTERIOR COMMUNICATING ARTERY STROKE

INTERVAL: DAYS

B: HYPERCOAGULABLE STATE

INTERVAL: WEEKS

C: PROSTATE CANCER

INTERVAL: WEEKS

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: JUSTIN L. EBERLY, DO

TITLE: DO

CERTIFIER ADDRESS: 101 W. 8TH AVE ATTN: 9N HOSPITALISTS

CITY, STATE, ZIP: SPOKANE, WASHINGTON 99204

DATE SIGNED: MAY 28, 2021

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: TAYLOR L. DIGGLES

DATE RECEIVED: JUNE 01, 2021

54559  
DOH 422-132 (8/18)



# Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

### 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

<b>Required</b>	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 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 <sup>nd</sup> parent (if required):
Printed name: Date:	Printed name: Date:

### INSTRUCTIONS -- go to [www.doh.wa.gov](http://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
 

<b>Child under 18</b>	<b>Adult (18 years or older)</b>
<ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship</li> <li>• 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)*</li> <li>• After age one, a court order is required to change the last name</li> <li>• No proof is required to change the first or middle name*</li> <li>• To correct parent's information, one documentary proof is required.</li> <li>• To correct the sex of the child, one documentary proof from a medical provider is required</li> </ul>	<ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate</li> <li>• If the first or middle name is missing, three pieces of documentary proof are required</li> <li>• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required</li> <li>• To correct parent's birth date, place of birth, or name, one documentary proof is required</li> </ul>

\*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**

- 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.
- 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

DOH 422-034 January 2015



# CERTIFIED

JUN 01 2021 88

Dr. Larry Jecha  
Health District Officer  
Garfield County Health District

54559



0 3 2 1 9 6 1 0

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