

# 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 FRANK B. SCHEIBE and JANICE M. SCHEIBE, husband and wife  
Mailing address 13204 E. 10th Ave.  
City/state/zip Spokane Valley, WA 99216  
Phone (including area code) \_\_\_\_\_

**2 Buyer/Grantee**  
Name JANICE M. SCHEIBE, an unmarried person  
Mailing address 13204 E. 10th Ave.  
City/state/zip Spokane Valley, WA 99216  
Phone (including area code) \_\_\_\_\_

**3 Send all property tax correspondence to:**  Same as Buyer/Grantee  
Name JENNY L. RUCHERT  
Mailing address 13204 E. 10th Ave.  
City/state/zip Spokane Valley, WA 99216

List all real and personal property tax parcel account numbers	Personal property?	Assessed value(s)
<u>10490010100150000</u>	<input type="checkbox"/>	<u>\$0.00-5000.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>

**4 Street address of property** Unplatted  
This property is located in Asotin County (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 E 1/2 of SE, SW, SE of Section 30, T9N, R47E, of the Willamette Meridian, in Asotin County, Washington.

**5** 81 - Agriculture (not classified under current use la)  
Enter any additional codes \_\_\_\_\_  
(see back of last page for instructions)

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

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  
Is this property predominantly used for timber (as classified under RCW 84.84 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).

If claiming an exemption, list WAC number and reason for exemption.  
WAC number (section/subsection) 458-61A-202(6)(h)  
Reason for exemption  
Inheritance - Community Property Agreement  
Document No. 5577517 - Recorded August 21, 2007, SPOKANE CO.

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

Type of document Community Property Agreement  
Date of document July 7, 1970

Gross selling price	<u>0.00</u>
*Personal property (deduct)	<u>0.00</u>
Exemption claimed (deduct)	<u>0.00</u>
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%	<u>0.00</u>
Agricultural and timberland at 1.28%	<u>0.00</u>
Total excise tax: state	<u>0.00</u>
0.0025 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>

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 agricultural, 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.

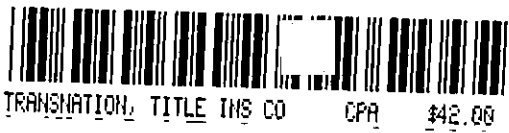
Deputy assessor signature \_\_\_\_\_ Date \_\_\_\_\_  
**(2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY)**  
NEW OWNER(S): To continue special valuation as historic property, sign (3) below. If the new owner(s) doesn't wish to continue, all additional tax calculated pursuant to RCW 84.26, shall be due and payable by the seller or transferor at the time of sale.

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

**8 I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT**  
Signature of grantor or agent [Signature]  
Name (print) SHARON CARSON, Agent  
Date & city of signing 10-11-2021 Spokane Valley

Signature of grantee or agent [Signature]  
Name (print) SHARON CARSON, Agent  
Date & city of signing 10-11-2021 Spokane Valley

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.



**RETURN ADDRESS**

HERMAN HERMAN & JOLLEY PS

12340 E. VALLEYWAY

SPOKANE VALLEY WA 99216

Please Type or Print Neatly & Clearly All Information

**Document Title(s)**

COMMUNITY PROPERTY AGREEMENT

082107-2-3

**Reference Number(s) of Related Documents**

ASOTIN COUNTY AUDITOR'S NO. 106858

**Grantor(s)** (Last Name, First & Middle Initial)

FRANK B. SCHEIBE AND JANICE M. SCHEIBE

**Grantee(s)** (Last Name, First & Middle Initial)

N/A

Public

**Legal Description** (Abbreviated form is acceptable) i.e. Section/Township/Range/1/4 Section

N/A

N/A

**Assessor's Tax Parcel ID Number:**

The County Auditor will rely on the information provided on this form. The Staff will not read the document to verify the Accuracy or completeness of the indexing information provided herein.

**Sign below only if your document is Non-Standard.**

I am requesting an emergency non-standard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some parts of the text of the original document. Fee for non-standard processing is \$50.

\_\_\_\_\_  
Signature of Requesting Party

54648

106858  
COMMUNITY PROPERTY AGREEMENT

1 THIS AGREEMENT, made and entered into this 7 day of  
2 July, 1970, by and between FRANK B. SCHEIBE and JANICE M. SCHEIBE,  
3 husband and wife, of Clarkston, Washington, pursuant to the pro-  
4 visions of Section 26.16.120, Revised Code of Washington, provid-  
5 ing for agreements between husband and wife for the fixing of the  
6 status and disposition of community property to take effect upon  
7 the death of either.

8 W I T N E S S E T H:

9 That, in consideration of the love and affection that  
10 each of said parties has for the other, and in consideration of  
11 the mutual benefits to be derived by the parties hereto, it is  
12 hereby agreed, covenanted and promised as follows:

13 FIRST: That all property of whatsoever nature or des-  
14 cription whether real, personal or mixed and wheresoever situated  
15 now owned or hereafter acquired by them or either of them, includ-  
16 ing any separate property, shall be considered and is hereby  
17 declared to be community property, and each hereby conveys and  
18 quitclaims to the other his or her interest in any separate  
19 property he or she may now own or hereafter acquire so as to  
20 convert the same to community property.

21 SECOND: That upon the death of either of the parties  
22 hereto, title to all community property as defined in the pre-  
23 ceding paragraph shall immediately vest in fee simple in the  
24 survivor of them.

25 IN WITNESS WHEREOF, the said FRANK B. SCHEIBE and JANICE  
26 M. SCHEIBE, husband and wife, have hereunto set their hands and  
27 seals this 7 day of July, 1970.

28 Frank B. Scheibe

29 Janice M. Scheibe X

30  
31  
32  
RECORDED July 8, 1970 AT 4:05 P.M.  
REQUEST OF Wendy A. Sharp  
ASOTIN COUNTY AUDITOR em

CHARLES T. SHARP  
ATTORNEY AT LAW  
POST OFFICE BOX 808  
808 SYCAMORE STREET  
CLARKSTON, WASHINGTON  
PHONE 780-2221



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CHARLES T. SHARP  
ATTORNEY AT LAW  
POST OFFICE BOX 208  
525 CAMDRE STREET  
CLARKSTON, WASHINGTON  
PHONE 758-2231

1 STATE OF WASHINGTON ( ss  
2 COUNTY OF ASOTIN ( ss  
3 This certifies that on this 7 day of July, 1970,  
4 personally appeared before me FRANK B. SCHEIBE and JANICE M.  
5 SCHEIBE, husband and wife, to me known to be the individuals  
6 who executed the foregoing instrument, and acknowledged the  
7 same as their free and voluntary act and deed for the uses and  
8 purposes therein mentioned.  
9 WITNESS my hand and official seal the day and year in  
10 this certificate first above written.

*James R. ...*  
Notary Public in and for the State  
of Washington, residing at Clarkston

20 STATE OF WASHINGTON } ss    CERTIFICATE  
21 County of Asotin  
22  
23 I Elaine Johnston County Auditor in and for  
24 said County and State do hereby certify that the foregoing is a  
25 true and correct copy of  
26 Community Property Agreement  
27 as the same appears on the record in my office.  
28 In testimony whereof, I have by my hand and affixed my  
29 official seal this 17 day of August 2007  
30  
31 By Christina Berry Deputy Auditor  
32

CHARLES T. SHARP  
ATTORNEY AT LAW  
POST OFFICE BOX 208  
500 CAMDRE STREET  
CLARKSTON, WASHINGTON  
PHONE 758-2231

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 08/05/2021  
FEE NUMBER:

CERTIFICATE NUMBER: 2007-005919

FIRST AND MIDDLE NAME(S): FRANKLIN BYNUM  
LAST NAME(S): SCHEIBE

COUNTY OF DEATH: SPOKANE  
DATE OF DEATH: AUGUST 04, 2007  
HOUR OF DEATH: 10:15 PM  
SEX: MALE AGE: 71 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: JANUARY 30, 1936  
BIRTHPLACE: ANATONE, WA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: JANICE DODD

OCCUPATION: CONSTRUCTION SUPERVISOR  
INDUSTRY: UTILITY COMPANY  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

INFORMANT: JANICE SCHEIBE  
RELATIONSHIP: WIFE  
ADDRESS: 17808 E. WASHINGTON RD, VALLEYFORD, WASHINGTON,

CAUSE OF DEATH:  
A: CARDIOVASCULAR ARREST  
INTERVAL: NOT STATED  
B: MYOCARDIAL INFARCTION  
INTERVAL: NOT STATED

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: 17808 E. WASHINGTON RD,  
CITY, STATE, ZIP: VALLEYFORD, WASHINGTON 99036

RESIDENCE STREET: 17808 E WASHINGTON RD  
CITY, STATE, ZIP: VALLEYFORD, WA 99036  
INSIDE CITY LIMITS: NO COUNTY: SPOKANE  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 28 YEARS

FATHER: GLEN SCHEIBE  
MOTHER: MAXINE BROWN

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: FREEMAN EVERGREEN CEMETERY

CITY, STATE: FREEMAN, WASHINGTON  
DISPOSITION DATE: AUGUST 10, 2007

FUNERAL FACILITY: THORNHILL VALLEY FUNERAL HOME

ADDRESS: 1400 SOUTH PINES ROAD  
CITY, STATE, ZIP: SPOKANE VALLEY, WASHINGTON 99206  
FUNERAL DIRECTOR: FRANK B WARD III

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: NOT APPLICABLE

CERTIFIER NAME: MICHAEL C KERKERING  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1215 N MC DONALD RD, SUITE 101  
CITY, STATE, ZIP: SPOKANE VALLEY, WASHINGTON 99216  
DATE SIGNED: AUGUST 09, 2007

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: WILLIAM F REED, PHYSICIAN

LOCAL DEPUTY REGISTRAR: PEGGY J WETMORE  
DATE RECEIVED: AUGUST 09, 2007

54648

# 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**

<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 Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <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: ~~REDACTED~~

**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 foregoing is true and correct.**

14a. Signature: Printed name: Date:	14b. Signature of 2 <sup>nd</sup> parent (if required): Printed name: Date:
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**INSTRUCTIONS** – go to [www.doh.wa.gov](http://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 Acknowledgement 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**

**AUG 05 2021**

54648



*Paula L. Maxwell*  
**Paula L. Maxwell**  
 CHIEF DEPUTY REGISTRAR

