



**REAL ESTATE EXCISE TAX AFFIDAVIT**  
 CHAPTER 82.45 RCW – CHAPTER 458-61A WAC  
 (See back of last page for instructions)

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

**THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED**

Check box if partial sale of property

If multiple owners, list percentage of ownership next to name.

SELLER GRANTOR	1 Name <u>Norman L. Garrett, Trustee/Surviving Trustee</u>	BUYER GRANTEE	2 Name <u>Charles J. Walton</u>
	<u>Garrett Living Trust dated July 18, 1996</u>		<u>Erna A. Strehlow-Walton</u>
	Mailing Address <u>2055 13th St</u>		Mailing Address <u>2395 Shelley Lane</u>
	City/State/Zip <u>Clarkston, WA 99403</u>		City/State/Zip <u>Clarkston WA 99403</u>
3 Send all property tax correspondence to: <input checked="" type="checkbox"/> Same as Buyer/Grantee		List all real and personal property tax parcel account numbers – check box if personal property	
Name <u>Charles J. Walton Erna A. Strehlow-Walton</u>		1308030020000000 <input type="checkbox"/>	
Mailing Address <u>2395 Shelley Lane</u>		<input type="checkbox"/>	
City/State/Zip <u>Clarkston WA 99403</u>		<input type="checkbox"/>	
Phone No. (including area code) _____		<input type="checkbox"/>	
		List assessed value(s) <u>186,900.00</u>	

4 Street address of property: 2395 Shelley Lane, Clarkston, WA  
 This property is located in  unincorporated Asotin County OR within  city of Unincorp  
 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.  
 Lot 2 in Block Three of Ridgeview Addition according to the official plat thereof, filed in Book E of Plats at Page(s) 107, records of Asotin County, Wa

5 Select Land Use Code(s):  
11 Household, single family units  
 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

6 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) 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) \_\_\_\_\_  
 Reason for exemption \_\_\_\_\_

Type of Document	<u>Statutory Warranty Deed (SWD)</u>	
Date of Document	<u>10/22/21</u>	
Gross Selling Price \$	<u>380,900.00</u>	
*Personal Property (deduct) \$	<u>0.00</u>	
Exemption Claimed (deduct) \$	<u>0.00</u>	
Taxable Selling Price \$	<u>380,900.00</u>	
Excise Tax : State \$	<u>4,189.90</u>	
Local \$	<u>952.25</u>	
*Delinquent Interest: State \$	<u>0.00</u>	
Local \$	<u>0.00</u>	
*Delinquent Penalty \$	<u>0.00</u>	
Subtotal \$	<u>5,142.15</u>	
*State Technology Fee \$	<u>5.00</u>	<u>5.00</u>
*Affidavit Processing Fee \$	<u>0.00</u>	
Total Due \$	<u>5,147.15</u>	

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 <u>Norman L. Garrett</u>	Signature of Grantee or Grantee's Agent <u>Charles J. Walton</u>
Name (print) <u>Norman L. Garrett, Trustee/Surviving Trustee</u>	Name (print) <u>Charles J. Walton</u>
Date & city of signing: <u>10-28-21, Clarkston, WA</u>	Date & city of signing: <u>10-28-21, Clarkston, WA</u>

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)).

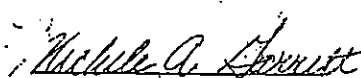
## Certificate of Trust

The undersigned Trustees hereby certify the following:

1. This Certificate of Trust refers to the GARRETT LIVING TRUST dated, 4/11/18/1996 under a revocable trust agreement executed by NORMAN L. GARRETT and MICHELE A. GARRETT as Trustors and initial Trustees. Either Trustor while acting as Trustee may conduct business on behalf of the trust without the consent of any other Trustee.
2. The primary disability and death Trustee for NORMAN L. GARRETT is MICHELE A. GARRETT.
3. The successor disability and death Trustee(s) for NORMAN L. GARRETT are:
  - (1) STEVEN E. GARRETT
  - (2) JAMES E. GARRETT
  - (3) DALE M. GARRETT
  - (4) BRIAN E. GARRETT
4. The primary disability and death Trustee for MICHELE A. GARRETT is NORMAN L. GARRETT.
5. The successor disability and death Trustee(s) for MICHELE A. GARRETT are:
  - (1) STEVEN E. GARRETT
  - (2) JAMES E. GARRETT
  - (3) DALE M. GARRETT
  - (4) BRIAN E. GARRETT
6. The Trustee(s) under the trust agreement are authorized to acquire, sell, convey, encumber, lease, borrow, manage and otherwise deal with interests in real and personal property in trust name. All powers of the Trustee(s) are fully set forth in Article Fourteen of the trust agreement.
7. The trust has not been revoked and there have been no amendments limiting the powers of the Trustee(s) over trust property.
8. No person or entity paying money to or delivering property to any Trustee shall be required to see to its application. All persons relying on this document regarding the Trustees and their powers over trust property shall be held harmless for any resulting loss or liability from such reliance. A copy of this Certificate of Trust shall be just as valid as the original.

The undersigned certify that the statements in this Certificate of Trust are true and correct and that it was executed in the County of Spokane, Washington on JUL 18 1996.

  
NORMAN L. GARRETT

  
MICHELE A. GARRETT

54686

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

Part 1 completed by Funeral Director

Part 2 completed by Certifier

1. Legal Name (include AKA's) (First, Middle, LAST, Suffix)		2. Death Date	
MICHELE ARLENE GARRETT		November 27, 2007	
3. Sex (M/F)	4a. Age (Last Birthday) (Mo. Under 1 Year, Days)	4b. Under 1 Day (Hours, Minutes)	5. Social Security Number
Female	67		
6. County of Death	7. Birthdate	8a. Birthplace (City, Town, or County)	8b. State or Foreign Country
Asotin	October 2, 1940	San Francisco	California
9. Decedent's Education	10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify:	11. Decedent's Race(s)	12. Was Decedent ever in U.S. Armed Forces? (Yes/No)
High school graduate or GED completed	No	White	No
13a. Residence: Number and Street (e.g., 624 SE 6 <sup>th</sup> St.) (include Apt. No.)	13b. City or Town	13c. State or Foreign Country	13d. Zip Code + 4
2395 Shelly Lane	Clarkston	Washington	99403
14. Estimated length of time at residence.	15. Marital Status at Time of Death	16. Surviving Spouse's Name (Give name prior to first marriage)	13g. Inside City Limits? (Yes/No/Unk)
11 Yrs.	Married	Norman Leon Garrett	No
17. Usual Occupation (Indicate type of work done during most of working life. Do not use RETIRED)	18. Kind of Business/Industry (Do not use Company Name)	19. Father's Name (First, Middle, Last, Suffix)	20. Mother's Name Before First Marriage (First, Middle, Last)
Homemaker	Own Home	Russell Buster Thompson	Francis Julia Pigeon
21. Informant's Name	22. Relationship to Decedent	23. Mailing Address: (Number and Street or RFD No., City or Town, State, Zip)	
Norman Garrett	Husband	2395 Shelly Lane, Clarkston, Washington 99403	
24. Place of Death, if Death Occurred in a Hospital	25. Facility Name (if not a facility, give number & street or location)	26a. City, Town, or Location of Death	26b. State
Emergency Room/Outpatient	Tri-State Memorial Hospital	Clarkston	WA
27. Zip Code	28. Method of Disposition	29. Place of Final Disposition (Name of cemetery, crematory, other place)	30. Location-City/Town, and State
99403	Removal/Crem.	Valley Crematory	Lewiston, Idaho
31. Name and Complete Address of Funeral Facility	32. Date of Disposition	33. Funeral Director Signature	
Vassar-Rawls Funeral Home, 920-21st Avenue, Lewiston, Idaho 83501	November 27, 2007	<i>Debra Hart</i>	
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.			
Cause of Death (See instructions and examples)			
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. Cardio Pulmonary Failure	Interval between Onset & Death: Hours
Sequently list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		b. Sepsis	Interval between Onset & Death: Days
		c. Sclera derma	Interval between Onset & Death: Years
		d. Metastatic Lung Cancer	Interval between Onset & Death: Years
35. Other significant conditions contributing to death but not resulting in the underlying cause given above		36. Autopsy? (Yes/No)	37. Were autopsy findings available to complete the Cause of Death? (Yes/No)
		No	No
38. Manner of Death	39. If female	40. Did tobacco use contribute to death?	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending	<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
41. Date of Injury (MM/DD/YYYY)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	44. Injury by Work? (Yes/No/Unk)
			No
45. Location of Injury: (Number & Street, City or Town, County, State, Zip Code + 4)	46. Describe how injury occurred.		
47. If transportation injury, Specify:		48a. Certifying Physician: To the best of my knowledge, death occurred at the time, date, and place and due to the cause as was manifestly stated.	
<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		48b. Medical Examiner/Coroner: On the basis of my education, and investigations in my jurisdiction, death occurred at the time, date, and place, and due to the cause as was manifestly stated.	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)		50. Hour of Death (24hrs)	
Robert J. Lotstein, M.D., 338-6th Street, Suite 103, Lewiston, Idaho 83501		1234	
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)		52. Date Signed (MM/DD/YYYY)	
		11-27-07	
53. Title of Certifier	54. License Number	55. Medical Examiner/Coroner License Number	56. Was case referred to ME/Coroner? (Yes/No)
Medical Doctor	00000000	00000000	No
57. Registrar Signature	58. Date of Death (MM/DD/YYYY)		
<i>[Signature]</i>	NOV 27 2007		
59. Amendments			

54626



### Affidavit for Correction

Center for Health Statistics  
P.O. Box 9709  
Olympia, WA 98507-9709  
(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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Use the section below for requesting any changes on the record.

Record Type:  Birth  Death  Marriage  Dissolution

1. Name on record: \_\_\_\_\_ 2. Date of Event: \_\_\_\_\_ 3. Place of Event: (City or County) \_\_\_\_\_

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) \_\_\_\_\_ 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution) \_\_\_\_\_

The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as:  Self  Parent  Guardian  Informant  Funeral Director  Other (Specify) \_\_\_\_\_ Telephone Number: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature: \_\_\_\_\_ 16. Date: \_\_\_\_\_ 17. Address: \_\_\_\_\_

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:

Certificate of Naturalization	Medical Record	School Record
Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
Insurance Records	Birth Record	Alien Registration Card (front and back)
Marriage/Divorce Records	Passport	

#### Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
  - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
  - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
  - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)

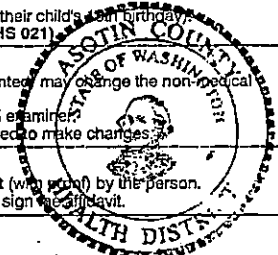
#### Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

#### Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)



C. Spitters, M.D.  
Health Officer

NOV 27 2007

NNO1227888

FH626