

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 and accurately completed.
This form is your receipt when stamped by cashier. *Please type or print.*

Check box if partial sale, indicate % _____ sold.

List percentage of ownership acquired next to each name.

1 Seller/Grantor

Name Gerald M. Olson, deceased

2 Buyer/Grantee

Name Estate of Jowana Olson

Mailing address 2003 Willow St

City/state/zip Clarkston, WA 99403

Phone (including area code) _____

Mailing address 1302 8th Ave

City/state/zip Lewiston, ID 83501

Phone (including area code) (208) 413-3167

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

Name _____

Mailing address _____

City/state/zip _____

List all real and personal property tax parcel account numbers	Personal property?	Assessed value(s)
<u>1-074-00-013-0000</u>	<input type="checkbox"/>	<u>\$ 232,100.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>

4 Street address of property 2003 Willow St, Clarkston, WA 99403

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).

Lot 13 of Crestview First Addition, a subdivision of Lots 9, 10, and 13 and part of Lots 8, 14, and 15 in Block "K" of Vineland, according to the official plat thereof, records of Asotin County, Washington.

5 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 RCW 84.36, 84.37, or 84.38 (nonprofit org., senior citizen or disabled person, homeowner with limited income)? Yes No

Is this property predominately used for timber (as classified under RCW 84.34 and 84.33) or agriculture (as classified under RCW 84.34.020) and will continue in it's current use? If yes and the transfer involves multiple parcels with different classifications, complete the predominate use calculator (see instructions) Yes No

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

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 _____

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

WAC number (section/subsection) WAC 458-61A-202(6)(h)

Reason for exemption _____

Transfer of community property interest to surviving spouse - no right of survivorship, Will, trust, etc.

Type of document Lack of Probate Affidavit

Date of document 11/01/2021

Gross selling price	<u>232,100.00</u>
*Personal property (deduct)	<u>0.00</u>
Exemption claimed (deduct)	<u>232,100.00</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>

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 agent [Signature]

Name (print) Daniel R. Olson, PR of Surviving Spouse

Date & city of signing 11/02/2021, Lewiston, ID

Signature of grantee or agent [Signature]

Name (print) Daniel R. Olson, Personal Representative

Date & city of signing 11/02/2021, Lewiston, ID

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)).

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-043001

DATE ISSUED: 10/09/2017
FEE NUMBER:

FIRST AND MIDDLE NAME(S): GERALD MYRON
LAST NAME(S): OLSON

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: SEPTEMBER 28, 2017
HOUR OF DEATH: 07:10 PM
SEX: MALE AGE: 82 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 2003 WILLOW STREET
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

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

RESIDENCE STREET: 2003 WILLOW STREET
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 14 YEARS

BIRTH DATE: JULY 26, 1935
BIRTHPLACE: RAY, ND

FATHER/PARENT: ELMER ADOLF OLSON
MOTHER/PARENT: IRENE ALICE HARTSOCH

MARITAL STATUS: MARRIED
SPOUSE: JOWANA GOODWIN

METHOD OF DISPOSITION: OTHER
PLACE OF DISPOSITION: VALLEY CREMATORY

OCCUPATION: TEACHER
INDUSTRY: ELEMENTARY EDUCATION
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: NO

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: OCTOBER 05, 2017

INFORMANT: JOWANA OLSON
RELATIONSHIP: WIFE
ADDRESS: 2003 WILLOW DRIVE, CLARKSTON, WASHINGTON 99403

FUNERAL FACILITY: VASSAR-RAWLS FUNERAL HOME

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

CAUSE OF DEATH:

- A: URINARY TRACT INFECTION
INTERVAL: 3 DAYS
- B: DIABETES MELLITUS
INTERVAL: 9 YRS
- C: CHRONIC OBSTRUCTIVE PULMONARY DISEASE
INTERVAL: 10 YRS
- 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: MELANIE EGGLESON, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 2315 8TH STREET
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
DATE SIGNED: OCTOBER 04, 2017

LOCATION OF INJURY:

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

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: MELANIE EGGLESTON, MD

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: SUNDIE HOFFMAN
DATE RECEIVED: OCTOBER 06, 2017

54708



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

Required	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 Legal Name (Spouse A for Marriage or Dissolution) First Middle Last		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: P.O. 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 nd parent (if required):
Printed name:	Printed name:
Date:	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, 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 DPH 422-0325)

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.

Joel McCullough, M.D., MPH, MS
Health Officer

OCT 09 2017



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CERTIFIED

FILED
OFFICE OF COUNTY CLERK
ASOTIN COUNTY, WA

JUN 21 2019

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CLERK/DEPUTY

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SUPERIOR COURT OF WASHINGTON FOR ASOTIN COUNTY

In re the Estate of:

No. 19-4-00047-02

JOWANA OLSON,

LETTERS TESTAMENTARY

Deceased.

WHEREAS, the Last Will and Testament of Jowana Olson, deceased, was on the 21st day of June, 2019, duly exhibited, proven, and recorded in our said Superior Court;

WHEREAS, Daniel R. Olson is the person nominated as Personal Representative in said Will;

WHEREAS, Daniel R. Olson has petitioned this court to be appointed Personal Representative thereof,

NOW, THEREFORE, know all men by these presents, that we do hereby authorize the said Daniel R. Olson to execute the terms of the Will according to law.

LETTERS TESTAMENTARY

Gittins & Dukes, PLLC
843 Seventh Street
Clarkston, WA 99403
(509)758-2501
Facsimile: (509) 758-3576

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WITNESS, **BROOKE J. BURNS**
Judge/Commissioner of our Superior Court, and
the seal of said Court hereto affixed this 21st
day of June, 2019.

Tricia Morris
Clerk of the Superior Court



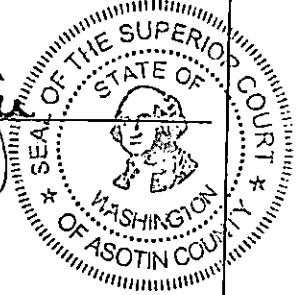
STATE OF WASHINGTON)
: ss.
County of Asotin)

I, McKenzie Kelley, County Clerk of the County of Asotin, State of Washington, and ex-officio Clerk of the Superior Court of the State of Washington for Asotin County, do hereby certify that the within and foregoing is a full, true, and correct copy of the Letters Testamentary and of the whole thereof, as the same are now on file and of record in the above entitled cause in my office and custody. Said Letters have never been revoked and are still in Full Force and Effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Superior Court this 21st day of June, 2019.

County Clerk & Ex-Officio Clerk of
the Superior Court

By *Tricia Morris*
Deputy



LETTERS TESTAMENTARY

Gittins & Dukes, PLLC
843 Seventh Street
Clarkston, WA 99403
(509)758-2501
Facsimile: (509) 758-3576

54708

3. Gerald M. Olson died intestate. A certified copy of Gerald M. Olson's death certificate is attached as Exhibit A. The real property described below was community property owned jointly by Gerald M. Olson and his surviving spouse, Jowana Olson. Pursuant to RCW 11.04.015(1)(a), the Estate of Jowana Olson is the lawful surviving heir and owner of the following-described real property:

Lot 13 of Crestview First Addition, a subdivision of Lots 9, 10, and 13 and part of Lots 8, 14, and 15 in Block "K" of Vineland, according to the official plat thereof, records of Asotin County, Washington.

Property Tax Parcel No. 1-074-00-013-0000

more commonly known as 2003 Willow St, Clarkston, WA 99403.

4. This Affidavit is made solely to induce the title insurance company to insure title to real property in which decedent held an interest at the time of his death, and to comply with the provisions of WAC 458-61A-202(6)(h).

Dated this 1st day of November, 2021.

ESTATE OF JOWANA OLSON

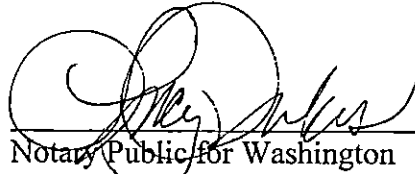
By: [Signature]
DANIEL R. OLSON, Personal Representative

STATE OF WASHINGTON)
)
:ss
County of Asotin)

On this 1st day of November, 2021, before me personally appeared Daniel R. Olson, to me known to be the Personal Representative of the Estate of Jowana Olson, and acknowledged the within and foregoing instrument to be the free and voluntary act and deed of said entity, for the uses and purposes therein mentioned, and on oath stated that he or she was authorized to execute said instrument.

54708

In Witness Whereof I have hereunto set my hand and affixed my official seal the day and year first above written.



Notary Public for Washington
Residing at Clarkston
My appointment expires June 9, 2023

