

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 Esther M. Corey, Deceased
Mailing address 1005 16th Avenue
City/state/zip Clarkston, WA 99403
Phone (including area code) _____

2 Buyer/Grantee
Name Robert George Corey
Mailing address 1005 16th Avenue
City/state/zip Clarkston, WA 99403
Phone (including area code) _____

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)
1-212-00-001-0000	<input checked="" type="checkbox"/>	\$0.00 - 80,200
_____	<input type="checkbox"/>	\$0.00
_____	<input type="checkbox"/>	\$0.00

4 Street address of property 1005 16th Avenue, Clarkston, WA 99403
This property is located in Asotin (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 1 of Lakeview Addition, according to the official plat thereof, filed in Book E of Plats at page 21, records of Asotin County, Washington.

5 11 - Household, single family units
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 84.34 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).

If claiming an exemption, list WAC number and reason for exemption.
WAC number (section/subsection) 458-61A-202(2)(b) (6) (i)
Reason for exemption
Lack of Probate Affidavit

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	<u>LACK OF PROBATE AFFIDAVIT</u>
Date of document	<u>11-24-21</u>
Gross selling price	0.00
*Personal property (deduct)	0.00
Exemption claimed (deduct)	0.00
Taxable selling price	0.00
Excise tax: state	0.00
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
0.0075 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 _____

0200
PAID
DEC - 2 2021
ASOTIN COUNTY
TREASURER
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 Lyn S. Corey
Name (print) Lyn S. Corey
Date & city of signing 11/24/2021 Clouston, ID

Signature of grantee or agent Lyn S. Corey
Name (print) Lyn S. Corey
Date & city of signing 11/24/2021 Clouston, 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)).
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.

J. Crow
CU# 10417
AH

054797

AFFIDAVIT
(LACK OF PROBATE)

LYN S. COREY, being first duly sworn, deposes and says:

1. I am the daughter of ESTHER M. COREY, deceased, who died on October 16, 2009, at Clarkston, Asotin County, Washington, then being a resident of Clarkston, Asotin County, Washington.

2. A copy of the State of Washington Death Certificate is attached.

3. Decedent left no Last Will and Testament.

4. The heirs at law of the decedent, at the time of her death, are as follows:

Name/address	Relationship
ROBERT GEORGE COREY 1005 16 th Street Clarkston, WA 99403	SPOUSE
SUSAN ROBERTS 908 Cedar Drive Lewiston, ID 83501	DAUGHTER
STEVE COREY 1005 16 th Street Clarkston, WA 99403	SON
LYN S. COREY 3314 5 th Street Lewiston, ID 83501	Daughter

5. All debts of the Decedent, ESTHER M. COREY, and/or marital community, including but not limited to all of decedent's medical, funeral and burial expenses, as well as all applicable succession and/or inheritance taxes, have been fully paid.

6. The decedent, ESTHER M. COREY, has not received assistance from the State of Washington for subsistence or medical care in the past.

7. The total amount of all community property of the decedent was approximately \$150,000, and the value of all separate property of the decedent was approximately \$0.00.

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8. The real property subject to this affidavit is as follows:

Situate in the County of Asotin, State of Washington, to-wit:

Lot 1 of Lakeview Addition, according to the Official Plat thereof, filed in Book E of Plats at page 21, records of Asotin County, Washington.

Mobile Home: 1970 60x24 Broadmore, Serial No: S2439


Parcel No: 1-212-00-001-0000 and 5-212-00-001-0000-0010

9. The Decedent's spouse, ROBERT GEORGE COREY, died testate on February 3, 2019.

Decedent, ROBERT GEORGE COREY, estate is being probated in the Superior Court of Asotin County, Cause No: 19-4-00073-02.

10. The Decedent's daughter, SUSAN ROBERTS, died on November 14, 2012, being a resident of Lewiston, Nez Perce County, Idaho.

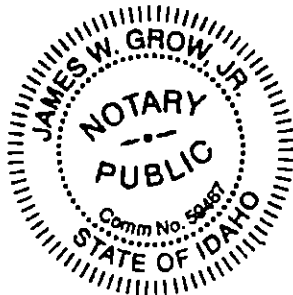
Dated this 24 day of November, 2021.

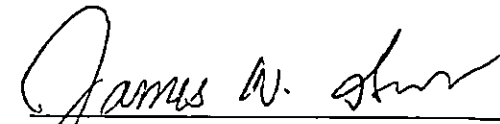

LYN S. COREY

STATE OF IDAHO)
 :
County of Nez Perce)

I know or have satisfactory evidence that LYN S. COREY, is the person who appeared before me and said person acknowledge that she signed this affidavit and acknowledge it to be her free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated this 24 day of November, 2021.




Notary Public in and for the State of Idaho
Residing at Lewiston, ID
My Commission Expires: 5-3-24

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STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number: **392**

Washington State Certificate of Death

State File Number

9 63830

1. Legal Name (include AKA's if any) First Middle LAST Esther Marie Corey			2. Death Date Oct. 16, 2009		
3. Sex (M/F) F	4a. Age - Last Birthday 70	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Asotin
7. Birthdate Nov. 8, 1938	8a. Birthplace (City, Town, or County) Cottonwood	8b. (State or Foreign Country) Idaho	9. Decedent's Education 11th Grade		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. NO			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? NO
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (include Apt. No.) 1005 16th Street			13b. City or Town Clarkston		
13c. Residence: County Asotin		13d. Tribal Reservation Name (if applicable) N/A	13e. State or Foreign Country Washington	13f. Zip Code + 4 99403	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time of residence. 16yrs		15. Marital Status at Time of Death Married	16. Surviving Spouse's Name (Give name prior to first marriage) Robert G. Corey		
17. Usual Occupation (Indicate type of work done during most of working life. (Do not use RETIRED).) Homemaker			18. Kind of Business/Industry (Do not use Company Name) Own Home		
19. Father's Name (First, Middle, Last, Suffix) Henry Reiland			20. Mother's Name Before First Marriage (First, Middle, Last) Theresa Mary Uhlenkott		
21. Informant's Name Robert Corey		22. Relationship to Decedent Husband	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1005 16th St. - Clarkston, Washington 99403		
24. Place of Death, if Death Occurred in a Hospital: Home					
25. Facility Name (if not a facility, give number & street or location) 1005 16th Street			26a. City, Town, or Location of Death Clarkston	26b. State WA	27. Zip Code 99403
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Mountain View Crematory		30. Location-City/Town, and State Lewiston, Idaho 83501	
31. Name and Complete Address of Funeral Facility Mountain View Funeral Home - 3521 7th St. - Lewiston, Idaho 83501				32. Date of Disposition Oct. 20, 2009	
33. Funeral Director Signature <i>Jerry Bartlett</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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Pulmonary Thromboemboli					
Sequentially 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. Lower extremity Deep Venous Thrombosis				Interval between Onset & Death minutes	
c. _____ Due to (or as a consequence of)				Interval between Onset & Death weeks to months	
d. _____ Due to (or as a consequence of)				Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above.			36. Autopsy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of 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		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <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 at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.	
45. Location of Injury: Number & Street: City or Town: _____ County: _____ State: _____ Zip Code + 4: _____			46. Describe how injury occurred		
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			48a. Certifying Physician-To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. [Signature]		
48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. [Signature]			49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Missy M. Rego, Deputy Coroner P.O. Box 220 Asotin, WA 99402		
50. Hour of Death (24hrs) 0513			51. Name and Title of Attending Physician (if other than Certifier) (Type or Print) 10/20/2009		
52. Date Signed (mm/dd/yyyy)		53. Title of Certifier Deputy Coroner		54. License Number	
55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		57. Registrar Signature <i>[Signature]</i>	
58. Date Received (mm/dd/yyyy) OCT 20 2009		59. Amendments			

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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: <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 Marriages 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:			

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:		14b. Signature of 2 nd parent (if required):	
Printed name:	Date:	Printed name:	Date:

INSTRUCTIONS – go to 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 Number 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
 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. Proof documentation must be five or more years old or established within five years of birth.
 4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage from DOH 422-159).

<p>Child under 18</p> <ul style="list-style-type: none"> • If legal guardian(s), include certified court order proving guardianship. • Up to age one or up to one year following the filing of an Acknowledgment 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. <p>*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.</p>	<p>Adult (18 years or older)</p> <ul style="list-style-type: none"> • Only the adult can change their own 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.
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Death Certificates
 1. 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.
 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 proof documentation.
 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.



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

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Jean Remsbecker, State Registrar.

Jean Remsbecker

ISSUED
SEP 09 2021



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