

**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 Erinn D. Hovermale, a single woman

Mailing address 307 Delsol Ln

City/state/zip Lewiston ID 83501

Phone (including area code) \_\_\_\_\_

**2 Buyer/Grantee**

Name Gary Gene Hovermale as Administrator of the Estate of

Gary Jason Hovermale, deceased

Mailing address P.O. Box 243

City/state/zip Clarksville, OH 45113

Phone (including area code) (937) 289-2854

**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>1-003-08-016-0001-0000</u>	<input type="checkbox"/>	<u>\$ 106,900.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>

**4** Street address of property 1148 6th 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).

The East 84.5 feet of the South 80 feet of Lot 16 of Block 8 South of Clarkston, according to plat recorded in Book B of Plats, page 41, in 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 \_\_\_\_\_

**8** I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature of grantor or agent Erinn D. Hovermale

Name (print) Erinn D. Hovermale

Date & city of signing 1/27/2022 Lewiston

Signature of grantee or agent Gary G. Hovermale

Name (print) Gary G. Hovermale, Personal Representative

Date & city of signing 1/31/22 Clarksville, OH

**7** List all personal property (tangible and intangible) included in selling price.  
If claiming an exemption, list WAC number and reason for exemption.  
WAC number (section/subsection) WAC 458-61A-203(2)  
Reason for exemption

Transfer from one former spouse to the other per Decree of Dissolution filed in Asotin County Superior Court Cause No. 19-3-00101-02.

Type of document Quitclaim Deed

Date of document 01/27/2022

Gross selling price	<u>106,900.00</u>
*Personal property (deduct)	<u>0.00</u>
Exemption claimed (deduct)	<u>106,900.00</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

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.

**PAID**  
FEB - 3 2022

ASOTIN COUNTY  
TREASURER

054940

*Gillins + Dukes*  
*ck 17223*  
*AA*

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

FILED

2021 NOV -3 PM 8: 23

CERTIFIED

MCKENZIE A. CAMPBELL  
COUNTY CLERK  
ASOTIN COUNTY, WA

SUPERIOR COURT OF WASHINGTON FOR ASOTIN COUNTY

<p>In re the Estate of:</p> <p>GARY JASON HOVERMALE,</p> <p>Deceased.</p>	<p>No. 21-4-00086-02</p> <p>LETTERS OF ADMINISTRATION WITH NONINTERVENTION POWERS</p>
---	---

WHEREAS, Gary Jason Hovermale, of Clarkston, Asotin County, Washington, died intestate on or about September 29, 2021, leaving at the time of his death property subject to administration; and;

WHEREAS, Gary Gene Hovermale has petitioned this court to be appointed Administrator of decedent's estate; and

WHEREAS, Gary Gene Hovermale has duly qualified;

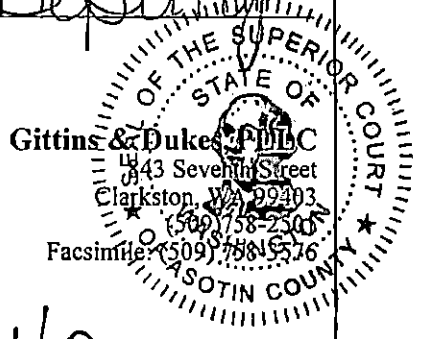
NOW, THEREFORE, know all persons by these presents:

We hereby appoint Gary Gene Hovermale as Administrator of said estate; and

We hereby authorize Gary Gene Hovermale to administer the same according to law.

WITNESS, TINA KERNAN Pro Tem,  
Judge/Commissioner of our Superior Court, and the  
seal of said Court hereto affixed this 3rd day of  
November, 2021.

*[Signature]*  
Clerk of the Superior Court



LETTERS OF ADMINISTRATION  
WITH NONINTERVENTION POWERS 1

54940

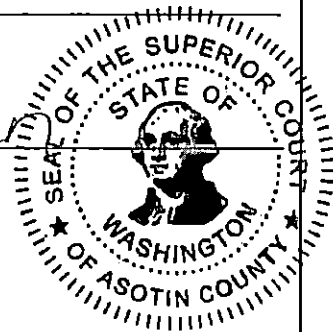
1 STATE OF WASHINGTON )  
2 : ss.  
3 County of Asotin )

4 I, McKenzie A. Campbell, County Clerk of the County of Asotin, State of Washington,  
5 and ex-officio Clerk of the Superior Court of the State of Washington for Asotin County, do  
6 hereby certify that the within and foregoing is a full, true, and correct copy of the Letters of  
7 Administration as the same appear on file and of record in my office, and that said Letters are  
8 now in full force and effect and have never been revoked.

9 IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said  
10 Superior Court this 3rd day of November, 2021.

11 \_\_\_\_\_  
12 Clerk

13 By [Signature]  
14 Deputy



15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
  
LETTERS OF ADMINISTRATION  
WITH NONINTERVENTION POWERS 2

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

54940

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-049625

DATE ISSUED: 12/17/2021  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): GARY JASON

LAST NAME(S): HOVERMALE

AKA: JASON HOVERMALE

COUNTY OF DEATH: ASOTIN

DATE OF DEATH: SEPTEMBER 29, 2021

HOUR OF DEATH: 11:11 AM FOUND

SEX: MALE

AGE: 48 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME

FACILITY OR ADDRESS: 1148 6TH STREET

CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 1148 6TH STREET

CITY, STATE, ZIP: CLARKSTON, WA 99403

INSIDE CITY LIMITS: YES

COUNTY: ASOTIN

TRIBAL RESERVATION: NOT APPLICABLE

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: JULY 12, 1973

BIRTHPLACE: WILMINGTON, OH

FATHER: GARY HOVERMALE

MOTHER: MICHELLE BENNETTE

MARITAL STATUS: DIVORCED

SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: REMOVAL FROM STATE

PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

OCCUPATION: TRUCK DRIVER

INDUSTRY: TRANSPORT

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

CITY, STATE: LEWISTON, IDAHO

DISPOSITION DATE: OCTOBER 06, 2021

INFORMANT: GARY HOVERMALE

RELATIONSHIP: FATHER

ADDRESS: 193 SUGARTREE STREET - CLARKSVILLE, OHIO 45113

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: PERFORATING GUNSHOT WOUND TO THE HEAD

INTERVAL: MOMENTS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: SUICIDE

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: NO

PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY: SEPTEMBER 29, 2021

HOUR OF INJURY: 11:11 AM FOUND

INJURY AT WORK: NO

PLACE OF INJURY: DECEDENTS HOME

CERTIFIER NAME: LISA WEBBER

TITLE: CORONER/ME

CERTIFIER ADDRESS: PO BOX 220

CITY, STATE, ZIP: ASOTIN, WASHINGTON 99402

DATE SIGNED: OCTOBER 04, 2021

LOCATION OF INJURY: 1148 LIBBY STREET

CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

COUNTY: ASOTIN

DESCRIBE HOW INJURY OCCURRED: SELF INFLICTED GUN SHOT WOUND

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON

DATE RECEIVED: OCTOBER 05, 2021

54940

DOH 122-132 (8/18)



# 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
-------------------	------------	----------	------	------------------

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:			

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 2nd parent (if required):	
Printed name:	Date:	Printed name:	Date:

### 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

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 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 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.
- \*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.

#### 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.

#### 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.

# CERTIFIED

DEC 17 2021

*Dr. Daniel Kaminsky*

Dr. Daniel Kaminsky  
Health District Officer  
Garfield County Health District

54940



0 5 1 9 8 0 5 3