

# 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.*

**Form 84 0001a**

Check box if partial sale, indicate % \_\_\_\_\_ sold.

List percentage of ownership acquired next to each name.

**1 Seller/Grantor**

Name George Aron Bissell, aka George A. Bissell (Deceased)

Mailing address 526 Monroe Street

City/state/zip Clarkston, WA 99403

Phone (including area code) (509) 751-8899

**2 Buyer/Grantee**

Name Denise Bissell, an unmarried person.

Mailing address 526 Monroe Street

City/state/zip Clarkston, WA 99403

Phone (including area code) (509) 751-8899

**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)
10042000400070000	<input type="checkbox"/>	\$ 109,100.00
	<input type="checkbox"/>	\$ 0.00
	<input type="checkbox"/>	\$ 0.00

**4** Street address of property 526 Monroe Street, Clarkston

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 South 50 feet of the North 280 feet of the East 132 feet of Lot 4 of Block "AA" of Vineland according to plat recorded in Book A of Plats, page 42, records of Asotin County, Washington, EXCEPT the East 25 feet thereof, which is now a portion of Monroe Street.

**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 84.337  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 84.34.10B). 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 \_\_\_\_\_

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

None

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

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

Reason for exemption \_\_\_\_\_

Inheritance by spouse by Community Property Agreement and Death Certificate.

Type of document CPA and Death Certificate

Date of document CPA-8/27/20 and Death Certificate-8/25/21

Gross selling price	0.00
*Personal property (deduct)	0.00
Exemption claimed (deduct)	0.00
Taxable selling price	0.00
Excise tax: state	
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
0.0025 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

A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX  
\*SEE INSTRUCTIONS

0202

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

Signature of grantor or agent Iris Denise Bissell

Name (print) Iris Denise Bissell, Successor in Interest

Date & city of signing Lewiston, ID February 10, 2022

Signature of grantee or agent Denise Bissell

Name (print) Denise Bissell

Date & city of signing Lewiston, ID February 10, 2022

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.

*Erason, Moore, Dokken, Geidl*  
*CK # 74071*

**FEB 15 '2022**  
ASOTIN COUNTY  
TREASURER

**054970**

**AFTER RECORDING, RETURN TO:**

Paul B. Burris  
Creason, Moore, Dokken & Geidl, PLLC  
P. O. Drawer 835  
Lewiston ID 83501

**COMMUNITY PROPERTY AGREEMENT**

*Reference Numbers of Related Documents:* N/A

*Grantor:* Bissell, George Aron, aka Bissell, George A.

*Grantee:* Bissell, Iris Denise, aka Bissell, Denise

***Legal Description:***

1. Real property located in Asotin County, Washington, described as follows:  
  
The South 50 feet of the North 280 feet of the East 132 feet of Lot 4 of Block "AA" of Vineland according to plat recorded in Book A of Plats, page 42, records of Asotin County, Washington, EXCEPT the East 25 feet thereof, which is now a portion of Monroe Street.
  
2. Assessor's Parcel No. 10042000400070000

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**AFTER RECORDING, RETURN TO:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMMUNITY PROPERTY AGREEMENT**

This agreement is made between George Aron Bissell ("Husband") and Iris Denise Bissell ("Wife"), husband and wife, who were married on December 23, 1979, in Poulsbo, Washington, and who are currently domiciled within the State of Washington. In consideration of their mutual promises and covenants set forth below, the parties agree as follows:

1. **Property Covered:** This agreement shall apply to the following described property now owned or hereafter acquired by Husband and Wife even though some items may have been purchased or acquired by one or the other alone or may be registered in the name of one or the other or both:

A. All real property currently owned or hereafter acquired by Husband and/or Wife.

B. All tangible personal property and financial assets now owned or hereafter acquired, including without limitation, household items, tools, firearms, vehicles, art objects, ownership and debt interests in business entities, accounts and notes receivable, and all financial accounts of every nature.

COMMUNITY PROPERTY AGREEMENT - 1

Creason, Moore, Dokken & Geidl, PLLC  
P.O. Drawer 835, Lewiston ID 83501  
(208)743-1516; Fax(208)746-2231

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The above-described property shall be transmuted at death into and declared to be the community property of the parties and is referred to in this agreement as the “described community property.”

2. ***Vesting at Death of a Spouse:*** If Husband dies and Wife survives him, all of the described community property and/or separate property shall vest in Wife as of the moment of Husband’s death. If Wife dies and Husband survives her, all of the described community property and or separate property shall vest in Husband as of the moment of Wife’s death.

3. ***Disclaimer:*** Upon the death of either spouse, the surviving spouse may disclaim any interest passing under the agreement in whole or in part, or with reference to specific parts, shares or assets thereof, in which event the interest disclaimed shall pass as if the provisions of paragraph 2 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition.

4. ***Automatic Revocation:*** The provisions of paragraph 2 shall be automatically revoked:

- (a) Upon the filing by either party of a petition, complaint or other pleading for separation, dissolution, or divorce; or
- (b) Immediately prior to death, if the order of death cannot be ascertained, or if both parties hereto die within ninety (90) days of one another.


5. ***Optional Revocation by One Party:*** If either party becomes incapacitated, the other party shall have the power to terminate the provisions of paragraph 2 and each party designates the other as attorney-in-fact to become effective upon incapacity to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the incapacitated spouse and to the guardian(s), if any, of the person and of the estate of the incapacitated person. For the purposes of this paragraph, a spouse shall be deemed incapacitated if a person duly licensed to practice medicine signs a statement declaring that the person is unable to manage his or her own financial affairs.

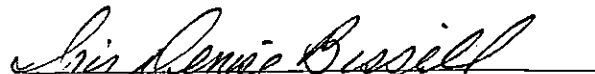
6. ***Powers of Appointment:*** This agreement shall not affect any power of appointment now held by or hereafter given to Husband or Wife or both of them, nor shall

it obligate Husband or Wife or both of them, to exercise any such power of appointment in any way.

7. **Revocation of Inconsistent Agreements:** To the extent this agreement is inconsistent with any provisions of any community property agreement or other arrangement previously made by the parties that affects the described community property, the terms of this agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

IN WITNESS WHEREOF, the parties, George Aron Bissell and Iris Denise Bissell, have hereunto set their signatures this 27<sup>th</sup> day of August, 2020.

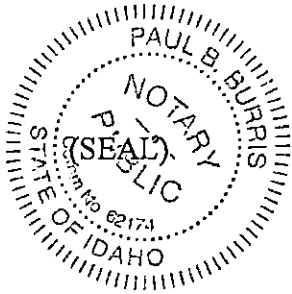
  
George Aron Bissell, Husband

  
Iris Denise Bissell, Wife

STATE OF IDAHO )  
 : ss.  
County of Nez Perce )

On this day personally appeared before me, George Aron Bissell and Iris Denise Bissell, husband and wife, to me known to be the individuals described in and who executed the within and foregoing Community Property Agreement, and acknowledged that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

Given under my hand and official seal on this 27<sup>th</sup> day of August, 2020.



Paul B. Burris  
Notary Public in and for said State,  
residing at or employed in Lewiston.  
My Commission Expires: Sept 9 2025

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-041517

DATE ISSUED: 08/30/2021

FEE NUMBER:

FIRST AND MIDDLE NAME(S): GEORGE ARON  
LAST NAME(S): BISSELL

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: AUGUST 25, 2021  
HOUR OF DEATH: 11:25 AM  
SEX: MALE AGE: 73 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: TRI-STATE MEMORIAL HOSPITAL, INC.  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

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

RESIDENCE STREET: 526 MONROE ST  
CITY, STATE, ZIP: CLARKSTON, WA 99403-2233  
INSIDE CITY LIMITS: YES COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 17 YEARS

BIRTH DATE: JULY 16, 1948  
BIRTHPLACE: FORT WORTH, TX

FATHER: DELMAR BISSELL  
MOTHER: FLORENCE DUBBELDE

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: IRIS DENISE CLOTFELTER

METHOD OF DISPOSITION: REMOVAL FROM STATE  
PLACE OF DISPOSITION: MOUNTAIN VIEW FUNERAL HOME &  
CREMATORY  
CITY, STATE: LEWISTON, IDAHO  
DISPOSITION DATE: AUGUST 27, 2021

OCCUPATION: MILITARY SUB CONTRACTOR  
INDUSTRY: CONSTRUCTION  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: YES

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME

INFORMANT: IRIS DENISE BISSELL  
RELATIONSHIP: WIFE  
ADDRESS: 526 MONROE STREET, CLARKSTON, WA 99403

ADDRESS: 3521 7TH STREET  
CITY, STATE, ZIP: LEWISTON, IDAHO 83501  
FUNERAL DIRECTOR: GERALD E. BARTLOW

CAUSE OF DEATH:

- A: CARDIAC ARREST  
INTERVAL: IMMEDIATE
- B: CONGESTIVE HEART FAILURE EXACERBATION  
INTERVAL: 2 WEEKS
- C: INTERVAL:
- 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: NO  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:

CERTIFIER NAME: CHI L. PUI, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1221 HIGHLAND AVE  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403  
DATE SIGNED: AUGUST 25, 2021

LOCATION OF INJURY:

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

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON  
DATE RECEIVED: AUGUST 26, 2021

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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

<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 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 <sup>nd</sup> parent (if required):
Printed name: Date:	Printed name: Date:

### INSTRUCTIONS – go to [www.doh.wa.gov](http://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 using this form, 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 DOH 422-032)

#### 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). 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

DOH 422-034 January 2015



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

# CERTIFIED

AUG 30 2021

*[Signature]*

Dr. Larry Jecha  
Health District Officer  
Garfield County Health District

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