



REAL ESTATE EXCISE TAX AFFIDAVIT
CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

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

(See back of last page for instructions)

Check box if partial sale of property

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

Form sections 1 and 2: Seller/Grantor (Estate of Mary Jo White, deceased) and Buyer/Grantee (Christopher Antonelli). Includes mailing addresses and phone numbers.

Form sections 3 and 4: Property tax correspondence and street address (1136 8th Street, Clarkston). Includes exemption codes and a description of the property.

Form section 5: Land Use Code selection (Household, single family units) and exemption questions.

Form section 6: Continuation and compliance notices, owner signature, and deputy assessor information.

Form section 7: Personal property included in selling price and tax calculation table. Total Due: \$4,190.00.

Form section 8: Certification of truth and correctness, signatures of grantor and grantee, and date of signing.

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)).

REV 84 0001a (6/26/14) THIS SPACE - TREASURER'S USE ONLY COUNTY TREASURER DATE 06/16/2022 - RECEIPT No. 55295 - Alliance Title - Clarkston

EFT

FILED

2022 MAR 25 PM 3: 34

MCKENZIE A. CAMPBELL
COUNTY CLERK
ASOTIN COUNTY, WA

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**SUPERIOR COURT OF WASHINGTON
FOR THE COUNTY OF ASOTIN
IN PROBATE**

<p>IN THE MATTER OF THE ESTATE</p> <p>OF</p> <p>MARY JO WHITE,</p> <p>Deceased.</p>	<p>Case No. 22-4-00030-02</p> <p>LETTERS TESTAMENTARY (RCW 11.28.090)</p>
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WHEREAS, the Last Will of Mary Jo White was filed on March ^{25th} 2022, duly exhibited, proven, and recorded in our Superior Court; and whereas, it appears in and by such Will that Robert Drake is appointed personal representative thereon; and whereas, Robert Drake is duly qualified,

NOW, THEREFORE, KNOW ALL MEN BY THESE PRESENTS, that we do hereby authorize Robert Drake to execute such Will according to law, and without intervention of the Court except as provided by law.

LETTERS TESTAMENTARY -1-

Blake L. Houlihan, WSBA #58720
Creson, Moore, Dokken & Geidl, PLLC
P.O. Drawer 835, Lewiston, ID 83501
(208) 743-1516; Fax: (208) 746-2231
Email: blakeh@cmad-law.com

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WITNESS my hand and seal of this Court this 25th day of March, 2022.

SUPERIOR COURT CLERK

By *J. Berger*
Deputy



STATE OF WASHINGTON)
 : ss.
County of Asotin)

I, McKenzie Campbell, County Clerk of the County of Asotin, State of Washington, an 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 this Court Superior Court this ____ day of _____, 2022.

County Clerk & Ex-officio
Clerk of the Superior Court

By _____

LETTERS TESTAMENTARY -2-

Blake L. Houlihan, WSBA #58720
Creason, Moore, Dokken & Geidl, PLLC
P.O. Drawer 835, Lewiston, ID 83501
(208) 743-1516; Fax: (208) 746-2231
Email: blakeh@cmd-law.com

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I-1 AFF
Pgs=7 Fee:\$108.50
BROOKE BURNS

AFTER RECORDING MAIL TO:

BROOKE J. BURNS
Brooke Burns Law, PLLC
608 Chestnut Street
Clarkston, WA 99403

Grantor: ESTATE OF THOMAS A. WHITE, deceased.
Grantee: MARY JO WHITE, widow.
Legal: The North 70 Feet of Lot 16 in Block 1 of South of Clarkston in Asotin County,
Washington
Parcel No.: 1-003-01-016-0001-0000

AFFIDAVIT OF SURVIVORSHIP
(Pursuant to Community Property Survivorship Agreement)

STATE OF WASHINGTON)
County of Asotin) ss.

MARY JO WHITE, being first duly sworn upon her oath, deposes and says:

1. That I am the surviving spouse of THOMAS A. WHITE, who died at Spokane, Washington, on February 16, 2020, then being a legal resident of Asotin County, Washington.

Note: A Death Certificate of decedent is attached hereto.

2. Decedent left a Last Will and Testament wherein I was designated as personal representative. Your affiant does not intend to petition for probate of the Will because of the existence of a Community Property Agreement.

3. The heirs at law of decedent, and their ages, relationship to decedent and current addresses are as follows (including spouse, natural or adopted children, issue of any predeceased child, and surviving parents, brothers and sisters of decedent):

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HEIRS AT LAW

<u>Name and Address</u>	<u>Relationship</u>	<u>Age</u>
Mary Jo White 1136 8 th Street Clarkston, WA 99403	Spouse	Legal
Robert Byron Drake 450 N. Beech Street Genesee, ID 83832	Son	Legal
Joshua Alan White 208 N. Tacoma Ave, Apt. B Tacoma, WA 98403	Son	Legal

4. All the debts of the decedent and/or the marital community, including but not limited to all expenses of decedent's last illness, funeral and burial, and all applicable federal and state succession or inheritance taxes, have been fully paid or provided for, except as follows:

None.

5. A true copy of Community Property Agreement dated November 27, 2017, and recorded ^{Aug} ~~July~~ ^{19th}, 2020, under Asotin County Auditor's Receiving No. 31074910 is attached. The parties to the agreement were legally competent at the time of the agreement and executed no subsequent wills or agreements which would have the effect of abrogating or nullifying the agreement.

6. As of the date of death, the value of all of our community property was approximately THREE HUNDRED THOUSAND DOLLARS (\$300,000), decedent's half being approximately ONE HUNDRED FIFTY THOUSAND DOLLARS (\$150,000). The decedent left no separate property.

7. Under the terms of the Community Property Agreement, title to all real property

of the community vests immediately in the survivor upon the death of either party to the agreement. Among other items of community property was the following described real estate:

The North 70 Feet of Lot 16 in Block 1 of South of Clarkston, according to the official plat thereof, filed in Book B of Plats at Page(s) 28 Official Records of in Asotin County, Washington. EXCEPTING THEREFROM the West 7 1/2 Feet deeded to the City of Clarkston for alley purposes.

Parcel No.: 1-003-01-016-0001-0000

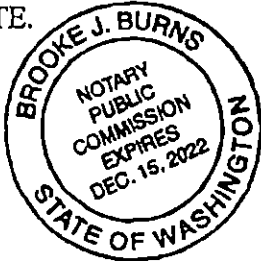
commonly known as 1136 8th Street, Clarkston, Asotin County, Washington.

8. This affidavit is made to induce title insurance companies to issue their policies of title insurance on real property passing to the undersigned surviving spouse by virtue of the Community Property Survivorship Agreement in reliance upon the representations set forth above.

DATED: 30th day of July, 2020.

Mary Jo White
MARY JO WHITE

SIGNED AND SWORN to before me this 30th day of July, 2020, by MARY JO WHITE.



Brooke J. Burns
Notary Public in and for the State of Washington,
residing at Clarkston. Expires: 12/15/2022

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2020-008281

LOCAL FILE NUMBER: 0729

DATE ISSUED: 02/25/2020
FEE NUMBER:

FIRST AND MIDDLE NAME(S): THOMAS A.
LAST NAME(S): WHITE

COUNTY OF DEATH: SPOKANE
DATE OF DEATH: FEBRUARY 16, 2020
HOUR OF DEATH: 01:46 PM
SEX: MALE AGE: 67 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: DECEMBER 09, 1952
BIRTHPLACE: LEWISTON, ID

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: MARY JO WILLIAMS

OCCUPATION: DEPUTY SHERIFF
INDUSTRY: LAW ENFORCEMENT
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

INFORMANT: MARY JO WHITE
RELATIONSHIP: SPOUSE
ADDRESS: 1136 8TH ST, CLARKSTON WA, 99403

CAUSE OF DEATH:
A: ACUTE RESPIRATORY FAILURE
INTERVAL: DAYS
B: SEPSIS
INTERVAL: DAYS
C: ASPIRATION PNEUMONIA
INTERVAL: DAYS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: PROVIDENCE HOLY FAMILY HOSPITAL
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99208

RESIDENCE STREET: 1136 8TH ST
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: YES COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 35 YEARS

FATHER: GEORGE LELAND WHITE
MOTHER: DONNA MAE PETERSEN

METHOD OF DISPOSITION: REMOVAL FROM STATE
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: FEBRUARY 25, 2020

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES
LLC
ADDRESS: PO. BOX 107
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
FUNERAL DIRECTOR: RICHARD LASSITER

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

CERTIFIER NAME: MAYANK ARORA, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 5633 N. LIDGERWOOD STREET
CITY, STATE, ZIP: SPOKANE, WA 99220
DATE SIGNED: FEBRUARY 24, 2020

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

LOCAL DEPUTY REGISTRAR: TAYLOR L. DIGGLES
DATE RECEIVED: FEBRUARY 25, 2020

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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

Required information must match current information on record

Record Type: Birth Death Marriage Dissolution (Divorce)

1. Name on Record: _____ 2. Date of Event: _____ 3. Place of Event: _____

4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) _____ 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) _____

6. Name of Person Requesting Correction: _____ Relationship to Person on Record: Self Guardian Informant Hospital Parent(s) Funeral Director Other (specify) _____

7. Return Mailing Address: _____

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 2nd parent (if required): _____

Printed name: _____ Date: _____ Printed name: _____ 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 Number 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



CERTIFIED

FEB 25 2020

Glenn Houser MD JD
Dr. Glenn Houser
 Health District Officer
 Garfield County Health District



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

After Recording Return to:

Ledgerwood & Burns, PLLC
922 6th Street
Clarkston, WA 99403

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, Made and entered into this 27th day of November, 2017, by and between THOMAS ALAN WHITE and MARY JO WHITE, husband and wife,

WITNESSETH:

WHEREAS, The parties are husband and wife and residents of Asotin County, Washington; and it is the intention of the parties that all of the property now owned or hereafter acquired by them, or either of them, shall be community property and shall vest in the survivor upon the death of one of them,

NOW, THEREFORE, for and in consideration of the covenants herein contained and the mutual benefits to be derived therefrom, the parties hereto covenant and agree that every piece, parcel and item of property, whatever its nature and wherever situate, be and have the status of community property, and all of such property is hereby conveyed by each and both to themselves as a marital community, and upon the death of either party, title to such property shall immediately pass to, and become vested in, the survivor as his or her sole and separate property.

THIS AGREEMENT will be automatically revoked by a decree of legal separation or dissolution, unless otherwise provided in such decree. This agreement will not control the division of property in any such proceeding.

IN WITNESS WHEREOF, the parties hereunto have set their hands and seals the day and year first above-written.

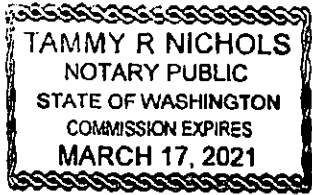


THOMAS ALAN WHITE



MARY JO WHITE

SIGNED AND SWORN to before me this 27th day of November, 2017, by
THOMAS ALAN WHITE and MARY JO WHITE.



Tammy R. Nichols

NOTARY PUBLIC in and for the State of
Washington, residing at Clarkston.
Commission expires: 3-17-2021

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