

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 Ronald Mason, an unmarried man

2 Buyer/Grantee

Name Stacey McNeil, a married woman as her sole separate property

Mailing address 10 Croason Moore, Clatskanie, WA 97016

City/state/zip Washington 10 83501

Phone (including area code) _____

Mailing address P.O. Box 1281

City/state/zip Clatskanie, OR 97016

Phone (including area code) (509) 936-1545

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)
1-122-02-041-0001-0000	<input type="checkbox"/>	59,888 \$179,300.00
_____	<input type="checkbox"/>	\$ 0.00
_____	<input type="checkbox"/>	\$ 0.00

4 Street address of property 2149 10th Avenue, Clarkston, WA 99403

This property is located in Asotin County (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 41 of Block 2 of Town and Country Estates Addition to Clarkston Heights, according to Plat recorded in Book "C" of Plats, Page 126, in Asotin County, Washington, except the East 150 feet thereof.

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 predominantly used for timber (as classified under RCW 84.84 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).

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 Ronald Mason

Name (print) Ronald Mason

Date & city of signing 9-14-22 Lewiston, ID

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

WAC number (section/subsection) 458-61A-215 (1)

Reason for exemption _____

Grantor is clearing title to this real property to Grantee. Please see Exhibit "A" for narrative.

Type of document Quitclaim Deed

Date of document 9/14/22

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

Signature of grantee or agent _____

Name (print) Stacey McNeil

Date & city of signing Clarkston, WA

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.

**NARRATIVE FOR REAL ESTATE EXCISE TAX AFFIDAVIT FOR PURPOSES
OF CLEARING TITLE**

WAC 458-61A-215

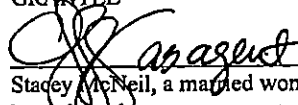
The subject property was titled in the name of Grantor's deceased spouse and Grantee as joint tenants with a right of survivorship. Though not a titled owner, Grantor has executed a quit claim deed to clear title by relinquishing any potential community property interest he may have had in the subject property.

GRANTOR


Ronald Mason, an unmarried man

Date: 9-14-22

GRANTEE


Stacey McNeil, a married woman as
her sole and separate property

Date: 9/16/22

Return Address
Stacey McNeil
72802 Conyers Creek Rd PMB 1281
Clatskanie, OR 97016

Please print or type information

Document Title(s) (or transactions contained therein): 1. Lack of Probate Affidavit 2. 3. 4.
Grantor(s) (Last name first, then first name and initials): 1. Mason, Patricia Ann 2. 3. 4. <input type="checkbox"/> Additional names on page __ of document.
Grantee(s) (Last name first, then first name and initials): 1. To The Public 2. 3. 4. <input type="checkbox"/> Additional names on page __ of document.
Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.) <input type="checkbox"/> Additional legal is on page __ of document.
Reference Number(s) of Documents assigned or released: <input type="checkbox"/> Additional numbers on page __ of document.
Assessor's Property Tax Parcel/Account Number <input type="checkbox"/> Property Tax Parcel ID is not yet assigned <input type="checkbox"/> Additional parcel numbers on page __ of document
The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

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State of Washington
 Department of Revenue
 Special Programs Division
 Miscellaneous Tax
 PO Box 47477
 Olympia WA 98504-7477

AFFIDAVIT (LACK OF PROBATE)

Stacey McNeil, being first duly sworn, deposes and says:

The undersigned affiant is the rightful heir to the real property described below, and is daughter

(relationship to decedent) of Patricia Ann Mason (decedent), who died on (date)

April 07, 2021, at

Clarkston Asotin Washington
City County State

*** A CERTIFIED COPY OF THE DEATH CERTIFICATE MUST BE PRESENTED. PLEASE NOTE: A copy may be used for recording at the discretion of the county.

REGARDING DISPOSITION OF REAL PROPERTY:

Attach the full legal description of the property with county and parcel number being transferred which is located at a commonly recognized address of: _____

Street City State Zip Code

- Decedent left no Last Will and Testament and/or Community Property Agreement; OR Decedent left a Community Property Agreement in favor of surviving spouse (A COPY OF WHICH IS ATTACHED for review), or has been recorded under _____ County recording number _____; OR
- Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked (A COPY OF WHICH IS ATTACHED for review)

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

Stacey McNeil, daughter

72802 Conyers Ck Rd PMB 1281, Clatskanie

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

(Continued on next page)

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

→ Dated: 9/15/2022

Stacey McNeil

Affiant's full name

→ 1 (509) 936-1545
Telephone number

→ 72802 Conyers Creek Rd PMB 1281
Street

→ Clatskanie OR 97016
City State Zip Code

→ Stacey McNeil 9/15/2022
Signature Date

→ State of Oregon County of Columbia

I know or have satisfactory evidence that Stacey McNeil
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her free and voluntary act for the uses and purposes mentioned in this affidavit.

→ Dated: 09/15/2022

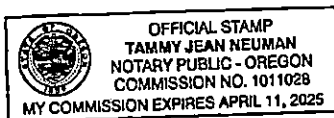
(SEAL OR STAMP)

[Signature]
Signature of Notary Public

Residing at: Longview WA

Notary Public in and for the State of Oregon

My appointment expires: Apr 11, 2025



For tax assistance call (360) 534-1503, option 2. To request this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711.

REV 84 0017 (5/16/16)

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-016613

DATE ISSUED: 04/09/2021
FEE NUMBER:

FIRST AND MIDDLE NAME(S): PATRICIA ANN
LAST NAME(S): MASON

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: APRIL 07, 2021
HOUR OF DEATH: 05:15 AM
SEX: FEMALE AGE: 81 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 2149 10TH AVENUE
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 2149 10TH AVENUE
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 28 YEARS

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

FATHER: THEODORE ALLMAN
MOTHER: MARGARITE GUTCHES

BIRTH DATE: FEBRUARY 22, 1940
BIRTH PLACE: PINE RIDGE, SD

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

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: RONALD MASON

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: APRIL 09, 2021

OCCUPATION: BANK TELLER
INDUSTRY: BANKING
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

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

INFORMANT: RONALD MASON
RELATIONSHIP: SPOUSE
ADDRESS: 2149 10TH AVENUE, CLARKSTON, WASHINGTON 99403

CAUSE OF DEATH:
A: METASTATIC BREAST CANCER
INTERVAL: 21 YEARS

B: INTERVAL:

C: INTERVAL:

D: INTERVAL:

E: 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:

LOCATION OF INJURY:

CERTIFIER NAME: ELIZABETH N. BLACK, MD.
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1271 HIGHLAND AVE STE B
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
DATE SIGNED: APRIL 08, 2021

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: APRIL 08, 2021

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DOH 422-132 (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
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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 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 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: Printed name: Date:		16b. Signature of 2 nd parent (if required): Printed name: Date:	
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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**
- 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
 - 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
 - Documentary proof must be five or more years old or established within five years of birth

<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, 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 	<p>Adult (18 years or older)</p> <ul style="list-style-type: none"> • 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
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*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**
- 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.
 - The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

- Marriage/Dissolution (Divorce) Certificates**
- 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
 - 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

APR 09 2021 97

55535

Dr. Lany Jecha
Dr. Lany Jecha
Health District Officer
Garfield County Health District



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