



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 with sections 1 and 2. Section 1: Seller/Grantor: Name Janice Twila Genascl, Personal Rep, Estate of Patricia Yvonne Cross, deceased. Mailing Address: 8739 Whitewood LP SE, Yelm, WA 98597. Section 2: Buyer/Grantee: Name Zachary David Nixon, Mailing Address: 1035 Francis Street, Clarkston WA 99403.

Section 3: Send all property tax correspondence to: Same as Buyer/Grantee. Name: Zachary David Nixon, Mailing Address: 1035 Francis Street, Clarkston WA 99403. Section 4: Direct address of property: 1035 Francis Street/Avenue, Clarkston, WA. This property is located in Asotin County OR within Unincorp.

Section 5: Select Land Use Code(s): 11 Household, single family units. Was the seller receiving a property tax exemption or deferral under chapters 84.36, 84.37, or 84.38 RCW? YES NO [] [X]

Section 6: Is this property designated as forest land per chapter 84.33 RCW? YES NO [] [X]. Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW? YES NO [] [X]. Is this property receiving special valuation as historical property per chapter 84.26 RCW? YES NO [] [X].

(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. This land [] does [X] does not qualify for continuance.

(2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY) NEW OWNER(S): To continue special valuation as historic property, sign (3) below. (3) OWNER(S) SIGNATURE PRINT NAME

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

If claiming an exemption, list WAC number and reason for exemption: WAC No. (Section/Subsection) Reason for exemption

Table with columns: Description, Amount. Includes Gross Selling Price \$398,000.00, Exemption Claimed (deduct) \$0.00, Taxable Selling Price \$398,000.00, Excise Tax: State \$4,358.00, Local \$990.00, Delinquent Interest: State \$0.00, Local \$0.00, Delinquent Penalty \$0.00, Subtotal \$5,348.00, State Technology Fee \$5.00, Affidavit Processing Fee \$0.00, Total Due \$5,351.00.

Section 8: I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. Signature of Grantor or Grantor's Agent: Janice Twila Genascl, Personal Rep. Signature of Grantee or Grantee's Agent: Zachary David Nixon. Date & city of signing: 9/16/22, Clarkston, WA.

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)).

Exhibit 'A'

Lots 14, 15, 16 and 17 in Block 4 of Dr. Boston's Addition, according to the official plat thereof, filed in Book B of Plats at Page 86 Official Records of Asotin County, Washington.

Together with that portion of the vacated alley, lying adjacent to said Lots 14-17, as vacated by Ordinance # 1259, recorded May 2006, as Instrument No. 291435, which attaches by operation of law.

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6 SUPERIOR COURT OF WASHINGTON
7 FOR THURSTON COUNTY

8 IN THE MATTER OF ESTATE OF
9 PATRICIA YVONNE CROSS,
10 Deceased.

NO. 22-4-00484-34

LETTERS TESTAMENTARY
(LTRTS)

11
12 WHEREAS, the last Will of PATRICIA YVONNE CROSS, Deceased, was on the 5th day of May,
13 2022, duly exhibited, proven, and recorded in our said Superior Court;

14 WHEREAS, it appears in and by the said Will that JANICE TWILA GENASCI is appointed Personal
15 Representative therein; and

16 WHEREAS, said JANICE TWILA GENASCI has duly qualified;

17 NOW, THEREFORE, know all men by these presents, that we do hereby authorize JANICE TWILA
18 GENASCI to execute said Will according to law.

19 WITNESS, The Honorable Rebekah Zinn, Court Commissioner of our said Court and the seal of said
20 Court hereto affixed this 18th day of May, 2022.

21 LINDA MYHRE ENLOW
22 THURSTON COUNTY CLERK

23 STATE OF WASHINGTON)
24) ss.
25 COUNTY OF THURSTON)

By: Kate Robinson
Deputy Clerk

26 I, Linda Myhre Enlow, County Clerk of Thurston County, and ex-officio clerk of the
27 Superior Court of the State of Washington, for the County of Thurston, do hereby certify that I have
28 compared the foregoing instrument and find that it is a true and correct copy of the original now on
file in my office, and find that it is in full force and effect in the above-entitled matter and that the
undersigned has the custody thereof.

IN TESTIMONY WHEREOF, I have hereunder set my hand and affixed the seal of said
Superior Court, at my office at Olympia, this 19th day of May, 20 22.

LINDA MYHRE ENLOW
THURSTON COUNTY CLERK

By: Kate Robinson
Deputy Clerk



55539

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-000293

DATE ISSUED: 01/10/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): PATRICIA YVONNE
LAST NAME(S): CROSS

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: JANUARY 05, 2022
HOUR OF DEATH: 07:32 PM

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 1035 FRANCIS STREET
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

SEX: FEMALE AGE: 89 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 1035 FRANCIS STREET
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 18 YEARS

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

BIRTH DATE: SEPTEMBER 02, 1932
BIRTHPLACE: BUHL, ID

FATHER: NICK SHAVER
MOTHER: EVELYN LAURA MOORE

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

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

OCCUPATION: REGISTERED NURSE
INDUSTRY: NURSING
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: NO

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: JANUARY 07, 2022

INFORMANT: CLAYTON CROSS
RELATIONSHIP: SON
ADDRESS: 1035 FRANCIS STREET - CLARKSTON, WASHINGTON 99403

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: FRONTAL LOBE DEMENTIA
INTERVAL: UNKNOWN

B: INTERVAL:
C: INTERVAL:
D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CONGESTIVE HEART FAILURE,
CHRONIC OBSTRUCTIVE PULMONARY DISEASE

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY
PREGNANCY STATUS, IF FEMALE: NO RESPONSE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE 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: JANUARY 06, 2022

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: JANUARY 06, 2022

55539



Affidavit for Correction

Mall 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 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:	Printed name:
Date:	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 Num/dent 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 Acknowledgement 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.

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.

*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.

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.

CERTIFIED

JAN 10 2022

Dr. Daniel Kaminsky

Dr. Daniel Kaminsky
Health District Officer
Garfield County Health District

55539



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