



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 1-3: Seller/Grantor (Monique Spears) and Buyer/Grantee (Brian E. Ketsdever, Laura A. Ketsdever, CJ Noel Ketsdever) details including names, addresses, and tax correspondence information.

Section 4: Street address of property (1328 8th Street, Clarkston, WA) and location details (Clarkston city).

Section 5: Land Use Code(s) (11) and exemption questions (Was the seller receiving a property tax exemption...?).

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

Section 7: Personal property included in selling price and tax calculation table (Gross Selling Price \$335,000.00, Total Due \$4,527.50).

Section 8: Signature and date of signing for Grantor (Monique Spears) and Grantee (Brian E. Ketsdever).

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)).

EFT

EXHIBIT "A"

620536

That part of Lots 12 and 13 in Block 5 of South of Clarkston according to the official plat thereof, filed in Book B of Plats at Page(s) 28, records of Asotin County, Washington, described as follows:

Beginning at a point on the East boundary line of Lot 13 of Block 5 South of Clarkston, 200 feet Northerly from the Southeast corner of Lot 16 of said Block 5 South; thence Northerly along the East boundary line of Lot 13 and Lot 12 of said Block 5 South a distance of 116 feet; thence Westerly parallel to the South boundary line of Lot 12 a distance of 150 feet; thence South parallel to the East boundary line of said Lot 12 a distance of 116 feet; thence Easterly on a line parallel to the South boundary line of said Lot 12 a distance of 150 feet to the Place of Beginning.

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Asotin County, WA **378744**
Darla McKay, Auditor 09/29/2022 02:53 PM
I-2 AGR Pgs=12 \$214.50
Recorded at the request of:
ALLIANCE TITLE - CLARKSTON

Return Address
Monique Spears
1791 4th Ave
Clarkston, WA 99403

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. Spears, Ed R. 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)

Monique Spears, being first duly sworn, deposes and says:

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

(relationship to decedent) of Ed R. Spears (decedent), who died on (date)

February 17, 2022, at

Spokane Spokane 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: _____

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)

Monique Spears, spouse
1791 4th Ave, Clarkston, WA 99403
Full name, age, relationship, address

Ryan Spears, son
Cheney, WA
Full name, age, relationship, address

Scott Spears, son
Lewiston, ID
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: September 27, 2022

Monique Spears

Affiant's full name

509-552-0288

Telephone number

1791 4th Ave

Clarkston, WA. 99403

City

State

Zip Code

Monique Spears

Signature

9/27/22

Date

State of Washington County of Asotin

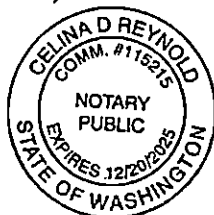
I know or have satisfactory evidence that Monique Spears

(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: 9/27/2022

(SEAL OR STAMP)



[Signature]

Signature of Notary Public

Residing at: Clarkston, WA

Notary Public in and for the State of WA

My appointment expires: 12/20/2022

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-009917

LOCAL FILE NUMBER: 0902

DATE ISSUED: 02/23/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ED R
LAST NAME(S): SPEARS

COUNTY OF DEATH: SPOKANE
DATE OF DEATH: FEBRUARY 17, 2022
HOUR OF DEATH: 09:47 PM
SEX: MALE
AGE: 60 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

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

RESIDENCE STREET: 1328 8TH ST
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: YES COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 11 YEARS

BIRTH DATE: NOVEMBER 03, 1961
BIRTH PLACE: CLARKSTON, WA

FATHER: LESTER SPEARS
MOTHER: NANCY PRICKETT

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: MONIQUE GAHAGAN

METHOD OF DISPOSITION: REMOVAL FROM STATE
PLACE OF DISPOSITION: MOUNTAIN VIEW FUNERAL HOME

OCCUPATION: LAND SURVEYOR
INDUSTRY: LAND SURVEYING
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
IN ARMED FORCES: NO

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: FEBRUARY 23, 2022

INFORMANT: MONIQUE SPEARS
RELATIONSHIP: SPOUSE
ADDRESS: 1328 8TH ST, CLARKSTON WA, 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:
ACUTE HYPOXEMIC RESPIRATORY FAILURE
INTERVAL: DAYS
ASPIRATION PNEUMONIA
INTERVAL: DAYS
PROGRESSIVE SUPRANUCLEAR PALSY
INTERVAL: MONTHS TO YEARS
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: HARRY LAWRENCE, PAC
TITLE: PHYSICIAN ASSISTANT
CERTIFIER ADDRESS: 104 W. 8TH AVENUE, 2 NORTH
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99204
DATE SIGNED: FEBRUARY 22, 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

TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: AJA RICHARDSON
DATE RECEIVED: FEBRUARY 23, 2022

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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.

DOH 422-034 August 2018

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:

Record Type: Birth Death Marriage 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: Self Guardian Informant Hospital Parent(s) Funeral Director 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 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.

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.



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

CERTIFIED

FEB 23 2022

Dr. Daniel Kaminsky

Dr. Daniel Kaminsky
Health District Officer
Garfield County Health District

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