Department of Revenue
Washington State

Form 84 0001a

Real Estate Excise Tax Affidavit (RCW 82.45 WAC 458-61A)

Only for sales in a single location code on or after January 1, 2023.
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.*

☐ Check box if partial sale, indicate % _____ sold.

List percentage of ownership acquired next to each name.

1 Seller/Grantor
Name William D. Turner
Mailing address 2420 Legacy Court
City/state/zip Clarkston WA 99403
Phone (including area code)

2 Buyer/Grantee
Name Bonnie G. Turner
Mailing address 2420 Legacy Court
City/state/zip Clarkston WA 99403
Phone (including area code)

3 Send all property tax correspondence to: ☒ Same as Buyer/Grantee
Name Bonnie G. Turner
Mailing address 2420 Legacy Court
City/state/zip Clarkston WA 99403

List all real and personal property tax parcel account numbers	Personal property?	Assessed value(s)
11320029900000000	☐	272,300.00
	☐	
	☐	

4 Street address of property 11498 Peola Road, Clarkston, WA 99403
This property is located in Asotin Unincorp *(for unincorporated locations please select your county)* X
☐ 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 afidavit).
-See Attached Exhibit "A"

5 Land use code 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 84.33? ☐ 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

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

If claiming an exemption, list WAC number and reason for exemption.
WAC number (section/subsection) ~~82.45-197(1)(i)~~ 458-61A-202(4)(d)
Reason for exemption
_Inheritance, Transfer on Death Deed

Type of document Other - Transfer on Death Deed
Date of document 04/18/18

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 $525,000.01 at 1.1%	0.00
From $525,000.01 to $1,525,000 at 1.28%	0.00
From $1,525,000.01 to $3,025,000 at 2.75%	0.00
Above $3,025,000 at 3%	0.00
Agricultural and timberland at 1.28%	0.00
Total excise tax: state	0.00
Local	0.00
*Delinquent interest: state	0.00
Local	0.00
*Delinquent penalty	0.00
Subtotal	0.00
*State technology fee	5.00
Afidavit processing fee	5.00
Total due	10.00

0200

PAID
APR 27 2023
ASOTIN COUNTY TREASURER

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

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

Signature of grantor or agent Kelsey Gingerich
Name (print) William D. Turner
Date & city of signing 4/27/23 Clarkston

Signature of grantee or agent Kelsey Gingerich
Name (print) Bonnie G. Turner
Date & city of signing 4/27/23 Clarkston

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 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.

REV 84 0001a (09/08/22) THIS SPACE TREASURER'S USE ONLY COUNTY TREASURER

ATEC OR# 464167
AH

#560023

Print on legal size paper

EXHIBIT "A"

635209

That part of Government Lots 3 and 4 of Section 3 of Township 10 North, Range 45, East of the Willamette Meridian, Asotin County, Washington, more particularly described as follows:

Commencing at the Southeast corner of said Lot 3; thence North 89°33'39" West along the South line of said Lot 3 a distance of 1034.32 feet to the TRUE PLACE OF BEGINNING; thence continue North 89°33'39" West, 451.15 feet; thence North 2°07' East, 515.00 feet; thence South 89°35'23" East, 435.72 feet; thence South 0°24'01" West, 515.00 feet to the true place of beginning.

56023

Asotin County, WA
Darla McKay Auditor

357418
04/20/2018 11:00 AM

I-478 TOD
Pgs=4 Fee:$77.00
DAVID A GITTINS

Document Title(s) or transactions contained therein: 1. Transfer on Death Deed
Grantor (Last name first, then first name and initials) 1. Turner, William D. ☐ Additional names on page _____ of document.
Grantee (Last name first, then first name and initials) 1. Turner, Bonnie G. ☐ Additional names on page 1 of document.
Legal Description (abbreviated: i.e. lot, block, plat or section, township, range) Pt. Sections 21, 22, 28, 33, Tsp. 8 N, Range 46, EWM, pt. Sections 4 and 5, Tsp. 7 N, Range 46, EWM, and Pt. Government Lots 3 and 4, Section 3, Tsp. 10 N, Range 45, EWM. ☐ Additional legal is on page 1-2 of document.
Assessor's Property Tax Parcel/Account Number 2-007-46-004-2700-0000, 2-007-46-004-8800-0000, 2-007-46-005-1400-0000, 2-008-46-021-4400-0000, 2-008-46-022-3300-0000, 2-008-46-028-1000-0000, 2-008-46-028-3400-0000, 2-008-46-028-4300-0000, 2-008-46-028-4800-0000, 2-008-46-033-2100-0000, 2-008-46-033-2700-0000, 2-008-46-033-3000-0000, 2-008-46-033-5600-0000, and 1-132-00-299-0000 ☐ Additional legal is on page ____ of document.

56023

After recording return to:

David A. Gittins
843 Seventh Street
P.O. Box 191
Clarkston, WA 99403

TRANSFER ON DEATH DEED

The Grantor, William D. Turner, a married man dealing in his sole and separate property, for and in consideration of a gift, conveys and quitclaims to Bonnie G. Turner, his spouse, the Grantee, the following described real property, situate in the County of Asotin, State of Washington, including any after-acquired title:

> The Southeast Quarter of the Southeast Quarter (SE¼SE¼) of Section Twenty-One (21); the Southwest Quarter of the Southwest Quarter (SW¼SW¼) of Section Twenty-Two (22); the Northeast Quarter (NE¼), the North half of the Southeast Quarter (N½SE¼), the Southwest Quarter of the Southeast Quarter (SW¼SE¼), and the Southeast Quarter of the Southwest Quarter (SE¼SW¼) of Section Twenty-Eight (28); the Northeast Quarter of the Northwest Quarter (NE¼NW¼), the South half of the Northwest Quarter (S½NW¼), the West half of the Northeast Quarter (W½NE¼), the West half of the Southeast Quarter (W½SE¼), and the Southwest Quarter (SW¼) of Section Thirty-Three (33) all in Township 8 North of Range Forty-Six (46), E.W.M.
>
> Lots 1, 2, 3, and 4, and the South half of the Northwest Quarter (S½NW¼) of Section (4); the Southeast Quarter of the Northeast Quarter (SE¼NE¼) of Section Five (5) all in Township 7 North of Range Forty-Six (46) E.W.M.
>
> Tax Parcel Nos. 2-007-46-004-2700-0000, 2-007-46-004-8800-0000, 2-007-46-005-1400-0000, 2-008-46-021-4400-0000, 2-008-46-022-3300-0000, 2-008-46-028-1000-0000, 2-008-46-028-3400-0000,

56023

2-008-46-028-4300-0000, 2-008-46-028-4800-0000, 2-008-46-033-2100-0000, 2-008-46-033-2700-0000, 2-008-46-033-3000-0000, and 2-008-46-033-5600-0000

And also:

That part of Government Lots 3 and 4 of Section 3 of Township 10 North, Range 45, East of the Willamette Meridian, Asotin County, Washington, more particularly described as follows:

Commencing at the Southeast corner of said Lot 3; thence North 89°33'39" West along the South line of said Lot 3 a distance of 1034.32 feet to the TRUE PLACE OF BEGINNING; thence continue North 89°33'39" West, 451.15 feet; thence North 2°07' East, 515.00 feet; thence South 89°35'23" East, 435.72 feet; thence South 0°24'01" West, 515.00 feet to the true place of beginning.

TOGETHER WITH: An easement for ingress and egress and public utilities over and across the South 50 feet of the East 1034.33 feet of said Lot 3 and over and across the North 50 feet of the East 100 feet of the SE¼NE¼ and over and across the North 50 feet of all that portion of the SW¼NE¼ of said Section 3 lying West of the Peola Highway.

TOGETHER WITH: An easement for utilities lying 5.00 feet West of the following described line: Beginning at the Northeast corner of the above described tract; thence North 0°24'01" East, 499.23 feet to the terminus of the above described line.

SUBJECT TO: An easement for ingress and egress and public utilities over and across the East 20 feet of the above described tract.

Tax Parcel No. 1-132-00-299-0000

The transfer as described above is to occur upon the death of the Grantor. This Deed is made pursuant to RCW Chapter 64.80.

Dated this 18th day of April, 2018.

William D. Turner

56023

STATE OF WASHINGTON)
: ss.
County of Asotin)

I certify that I know or have satisfactory evidence that William D. Turner is the person who appeared before me, and said person is physically unable to sign his name but is otherwise competent. I furthermore certify that the mark made above is the mark made by William D. Turner and that said person acknowledged that he made his mark in signing this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 18th day of April, 2018.

Notary Public
State of Washington
DAVID A. GITTINS
MY COMMISSION EXPIRES
MARCH 28, 2021

Notary Public for Washington
Residing at Clarkston
My appointment expires March 28, 2021

56023

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

10971637

CERTIFICATE NUMBER: 2022-060359
LOCAL FILE NUMBER: 5426
DATE ISSUED: 12/05/2022
FEE NUMBER:

FIRST AND MIDDLE NAME(S): WILLIAM DOUGLAS
LAST NAME(S): TURNER

COUNTY OF DEATH: SPOKANE
DATE OF DEATH: NOVEMBER 26, 2022
HOUR OF DEATH: 08:05 PM
SEX: MALE AGE: 75 YEARS
SOCIAL SECURITY NUMBER: [redacted]

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

BIRTH DATE: OCTOBER 03, 1947
BIRTHPLACE: LEWISTON, ID

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: BONNIE NILSON

OCCUPATION: MAINTENANCE SUPERVISOR
INDUSTRY: ELECTRICIAN
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: YES

INFORMANT: BONNIE TURNER
RELATIONSHIP: WIFE
ADDRESS: 11498 PEOLA RD CLARKSTON, WA 99403

CAUSE OF DEATH:
A: CONGESTIVE HEART FAILURE
INTERVAL: YEARS
B: ISCHEMIC CARDIOMYOPATHY
INTERVAL: YEARS
C: CORONARY ARTERY DISEASE
INTERVAL: YEARS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC KIDNEY DISEASE

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: HOSPICE FACILITY
FACILITY OR ADDRESS: HOSPICE OF SPOKANE
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99202

RESIDENCE STREET: 11498 PEOLA RD
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE

FATHER: HARLAN TURNER
MOTHER: NEVA MONTGUE

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

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: NOVEMBER 30, 2022

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: YES
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: BRIAN J. SEPPI, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 121 S. ARTHUR
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99202
DATE SIGNED: NOVEMBER 29, 2022

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

LOCAL DEPUTY REGISTRAR: JESSICA L. DVORAK
DATE RECEIVED: NOVEMBER 29, 2022

56023

DOH 422-132 (8/18)

Washington State Department of Health

DOH 422-034 August 2019

Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: **Center for Health Statistics**
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number

Required information must match current information on record

Required

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 forgoing 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
- Certificate of Naturalization
- Military record (DD-214)
- Hospital/medical record
- School transcripts
- Copy of Passport / Enhanced ID
- Social Security Numident Report
- 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.

KITSAP COUNTY STATE OF WASHINGTON HEALTH DISTRICT

Bob Lutz, M.D., MPH
Health Officer

DEC 05 2022

56023

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