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 March 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 Keith L. Riggers
Marjean T. Riggers
Mailing address PO Box 713
City/state/zip Asotin, WA 99402
Phone (including area code)

2 Buyer/Grantee
Name Marjean T. Riggers
Mailing address PO Box 55
City/state/zip Asotin WA 99402
Phone (including area code) 509-243-4355

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)
1-046-00-009-0002	☐	~~$0.00~~ 55,200
	☐	$0.00
	☐	$0.00

4 Street address of property 1422 3rd St, Asotin, WA 99402
This property is located in ~~Select Location~~ Asotin (City) *(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).

See Attached

5 Select land use code(s) 11
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) 458-61A-202(6)(a)
Reason for exemption
Inheritance - Community Property

Type of document Community Property Agreement
Date of document ~~9/27/23~~ 8/13/1982

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
0.0000 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
0201 *SEE INSTRUCTIONS

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

Signature of grantor or agent Marjean J. Riggers
Name (print) Marjean T. Riggins
Date & city of signing 9/27/23 JJ

Signature of grantee or agent Marjean J. Riggers
Name (print) Marjean T. Riggers
Date & city of signing 9/27/23 JJ

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.

REV 84 0001a (02/28/23)

PAID
THIS SPACE TREASURER'S USE ONLY
SEP 27 2023
ASOTIN COUNTY TREASURER
COUNTY TREASURER

M. Riggers CK# 1518 AH

#56380

Print on legal size paper.

EXHIBIT A

Lot 19 of O'KEEFE'S ADDITION to the town of Asotin according to plat recorded in Book B of Plats, page 33, in Asotin County, Washing- ton. EXCEPT the West 75 feet lying parallel to West boundary of said Lot 19. ALSO EXCEPTING that portion lying within the legal boundaries of Third Street and Wilson Street.

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Keith K Riggers
PO Box 55
Asotin, WA

156342

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this 13th day of August, 1982, between KEITH L. RIGGERS and MARJEAN TUCKER RIGGERS (same person as Margaret J. Tucker and Marjean Tucker), husband and wife, of Asotin, Asotin County, Washington, pursuant to the provisions of Section 26.16.120, Revised Code of Washington providing for agreements between husband and wife for the fixing of the status and disposition of community property to take effect upon the death of either,

W I T N E S S E T H:

That, in consideration of the love and affection that each of said parties has for the other, and in consideratio of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted and promised as follows:

FIRST: That all property of whatsoever nature or description, whether real or personal, or mixed, and wheresoever situated, now owned or hereafter acquired by them or either of them, including any separate property, shall be considered and is hereby declared to be community property, and each hereby conveys and quitclaims to the other his or her interest in any separate property he or she may now own or hereafter acquire so as to convert the same to community property.

SECOND: That upon the death of either of the parties hereto, title to all community property as defined in the preceding Paragraph shall immediately vest in fee simple in the survivor of them.

/ / / / / / /

/ / / / / / /

/ / / / / / /

RECORDED Aug 17, 1982 AT 4:30 P M
REQUEST OF Asotin Title Inc Co.
LaDoris Smith, ASOTIN COUNTY AUDITOR

CHARLES T. SHARP
ATTORNEYS AT LAW
POST OFFICE BOX 209
500 SYCAMORE STREET
CLARKSTON, WASHINGTON
PHONE (509) 758-8661

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/ / / / / /

IN WITNESS WHEREOF, the said KEITH L. RIGGERS and MARJEAN TUCKER RIGGERS have hereunto set their hands this 13th day of August, 1982.

Keith L. Riggers
Keith L. Riggers

Marjean Tucker Riggers
Marjean Tucker Riggers

STATE OF WASHINGTON)
) ss.
County of Asotin)

On this day personally appeared before me KEITH L. RIGGERS and MARJEAN TUCKER RIGGERS to me known to be the individuals described in and who executed the within and foregoing instrument and acknowledged to me that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 13th day of August, 1982.

Notary Public in and for the State of Washington, residing at Clarkston.

CHARLES T. SHARP
ATTORNEYS AT LAW
POST OFFICE BOX 209
500 SYCAMORE STREET
CLARKSTON, WASHINGTON
PHONE (509) 758-8661

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2023-043942

DATE ISSUED: 09/12/2023
FEE NUMBER:

FIRST AND MIDDLE NAME(S): KEITH LEWIS
LAST NAME(S): RIGGERS

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: SEPTEMBER 04, 2023
HOUR OF DEATH: 01:33 AM
SEX: MALE AGE: 80 YEARS
SOCIAL SECURITY NUMBER: [redacted]

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

BIRTH DATE: FEBRUARY 04, 1943
BIRTHPLACE: LEWISTON, ID

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: MARGARET JEAN TUCKER

OCCUPATION: ROUTE SALESMAN
INDUSTRY: RETAIL SALES
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: YES

INFORMANT: ALLISHA PAROT
RELATIONSHIP: DAUGHTER
ADDRESS: P.O. BOX 854 ASOTIN, WASHINGTON 99402

CAUSE OF DEATH:
A: COMPLETE HEART BLOCK
INTERVAL: 20 MINUTES
B: CORONARY ARTERY DISEASE
INTERVAL: YEARS
C: PULMONARY HYPERTENSION
INTERVAL: YEARS
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 EMERGENCY ROOM
FACILITY OR ADDRESS: TRI-STATE MEMORIAL HOSPITAL, INC.
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 1422-3RD STREET
CITY, STATE, ZIP: ASOTIN, WA 99402
INSIDE CITY LIMITS: YES COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 40 YEARS

FATHER: ALBERT E RIGGERS
MOTHER: AMANDA MARIE DEHNING

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: VALLEY CREMATORY

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: SEPTEMBER 12, 2023

FUNERAL FACILITY: VASSAR-RAWLS FUNERAL HOME

ADDRESS: 920 21ST AVENUE
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
FUNERAL DIRECTOR: JAMIE M. CLONINGER

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

CERTIFIER NAME: NICHOLAS I. CAREY, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1221 HIGHLAND AVE
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
DATE SIGNED: SEPTEMBER 11, 2023

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: CAREY NICHOLAS, PHYSICIAN

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: SEPTEMBER 11, 2023

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DOH 422-132 (8/18)

NOT VALID IF PHOTOCOPIED OR ALTERED

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

Record Type: ☐ **Birth** ☐ **Death** ☐ **Marriage** ☐ **Dissolution (Divorce)**

Required

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: [redacted]

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.

COUNTY OF KING STATE OF WASHINGTON HEALTH DISTRICT

Bob Lutz, M.D., MPH
Health Officer

SEP 12 2023

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

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