

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 Edward G. Merkuris (Deceased)

Mailing address 2614 19th Street

City/state/zip Clarkston, WA 99403

Phone (including area code) _____

2 Buyer/Grantee

Name Deborah F. Merkuris

Mailing address 2614 19th Street

City/state/zip Clarkston, WA 99403

Phone (including area code) 509-758-3412

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

1136020040000000

Personal
property?

Assessed
value(s)

☐

\$ 179,300.00

☐

\$ 0.00

☐

\$ 0.00

4 Street address of property 2614 19th Street, 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 4, Block 2, STEMBER ADDITION, according to plat recorded in Book D of Plats, page 23, Asotin County, Washington.

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 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 _____

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

Signature of grantor or agent Deborah F. Merkuris

Name (print) Deborah F. Merkuris

Date & city of signing September 28, 2023, Lewiston, ID

Signature of grantee or agent Deborah F. Merkuris

Name (print) Deborah F. Merkuris

Date & city of signing September 28, 2023, Lewiston, ID

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.

Crason, Moore, Dokken & Gridl
CK # 15014

OCT - 2 2023
ASOTIN COUNTY
TREASURER

#56387
Print on legal size paper.
Page 1 of 6

AFTER RECORDING MAIL TO:

Paul B. Burris
P. O. Drawer 835
Lewiston, ID 83501

AFFIDAVIT OF DEBORAH F. MERKURIS – REAL PROPERTY

STATE OF IDAHO)
 : ss.
County of Nez Perce)

Deborah F. Merkuris, deposes and says:

Affiant is the lawful surviving spouse of Edward G. Merkuris, who died on August 26, 2020, at Clarkston, Asotin County, Washington, then being a resident of Clarkston, Asotin County, Washington. A copy of the Certificate of Death is attached hereto.

Affiant has hereinbelow identified each and all of the heirs at law of decedent.

The heirs of law of decedent are:

NAME AND ADDRESS	RELATIONSHIP
Deborah F. Merkuris 2614 19 th Street Clarkston, WA 99403	Spouse

That affiant knows of her own knowledge, and so states, that each and all of the obligations against the marital community and against the estate of the decedent (including but not limited to: all the debts of decedent, all of the expenses of decedent's last illness, funeral and burial, promissory notes, installment contracts and mortgages, state and federal succession taxes upon decedent's estate, if applicable) have been paid in full.

The decedent died intestate. Affiant is the sole distributee of decedent's estate.

**AFFIDAVIT OF DEBORAH F.
MERKURIS – REAL PROPERTY - 2**

Creason, Moore, Dokken & Geidl, PLLC
P.O. Drawer 835, Lewiston, ID 83501
(208)743-1516; Fax (208)746-2231

56387

This affidavit is made solely to transfer the Estate's interest in real property commonly referred to as 2614 19th Street, Clarkston, County of Asotin, State of Washington, and more particularly described as follows:

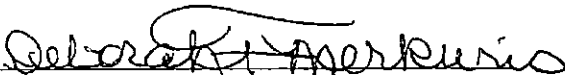
Lot 4, Block 2, STEMBER ADDITION, according to plat recorded in Book D of Plats, page 23, Asotin County, Washington.

Assessor's Parcel No. 11360200400000000

Affiants hereby agree to indemnify and hold harmless any person or entity who is damaged economically as the result of transferring or accepting title in reliance upon the representations in this document.

DATED This 28th day of September, 2023.

DEBORAH F. MERKURIS

By 

Deborah F. Merkuris
2614 19th Street
Clarkston, WA 99403

AFFIDAVIT OF DEBORAH F.
MERKURIS – REAL PROPERTY - 3

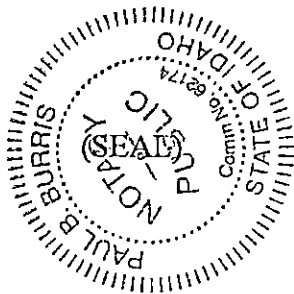
Creason, Moore, Dokken & Geidl, PLLC
P.O. Drawer 835, Lewiston, ID 83501
(208)743-1516; Fax (208)746-2231

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STATE OF IDAHO)
 : ss.
County of Nez Perce)

On this 28th day of September, 2023, before me, the undersigned, a notary public in and for said state, personally appeared Deborah F. Merkuris, known or identified to me to be the individual described in and who executed the foregoing instrument and acknowledged that she signed and sealed the same as her own free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN UNDER MY HAND AND OFFICIAL SEAL the day and year in this certificate first above written.



A handwritten signature in cursive script, appearing to read "Paul B. Burris", written over a horizontal line.

Notary Public in and for said state,
residing at or employed in Lewiston.
My Commission Expires: September 4, 2025

**AFFIDAVIT OF DEBORAH F.
MERKURIS – REAL PROPERTY - 4**

**Creason, Moore, Dokken & Geidl, PLLC
P.O. Drawer 835, Lewiston, ID 83501
(208)743-1516; Fax (208)746-2231**

56387

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-039510

DATE ISSUED: 09/01/2020
FEE NUMBER:

FIRST AND MIDDLE NAME(S): EDWARD GEORGE
LAST NAME(S): MERKURIS

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: AUGUST 26, 2020
HOUR OF DEATH: 06:45 AM FOUND
SEX: MALE AGE: 63 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: SEPTEMBER 19, 1956
BIRTHPLACE: LEWISTON, ID

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: DEBORAH F JOHNSON

OCCUPATION: AUTO BODY TECHNICIAN
INDUSTRY: AUTO BODY
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: NO

INFORMANT: DEBORAH F MERKURIS
RELATIONSHIP: WIFE
ADDRESS: 2614-19TH STREET, CLARKSTON, WASHINGTON 99403

CAUSE OF DEATH:
A: VENTRICULAR FIBRILLATION
INTERVAL: MINUTES
B: ISCHEMIC CARDIOMYOPATHY
INTERVAL: MONTHS
C: CONGESTIVE HEART FAILURE
INTERVAL: YEARS
D: DIABETES
INTERVAL: YEARS

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: HOME
FACILITY OR ADDRESS: 2614-19TH STREET
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 2614-19TH STREET
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE

FATHER: GEORGE JOHN MERKURIS
MOTHER: MARY ANNE RAMACLE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: VALLEY CREMATORY

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: AUGUST 28, 2020

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: PROBABLY
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: LISA WEBBER
TITLE: CORONER/ME
CERTIFIER ADDRESS: PO BOX 220
CITY, STATE, ZIP: ASOTIN, WA 99402
DATE SIGNED: AUGUST 27, 2020

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

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: AUGUST 27, 2020



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
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Required	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 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 foregoing is true and correct

16a. Signature:	16b. Signature of 2nd parent (if required):
Printed name:	Printed name:
Date:	Date:

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

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. Documentary proof must be five or more years old or established within five years of birth

Child under 18

- 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

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 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

*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 422-035)

Death Certificates

1. Only the Informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the 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.
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 documentary proof
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.

Bob Lutz, M.D., MPH
Health Officer

SEP 01 2020



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