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 Louis L. Mork, deceased
Mailing address 21101 E. Valda Ln
City/state/zip Benton City, WA 99320
Phone (including area code) 509-392-1188

2 Buyer/Grantee
Name Cindy J. Mork, surviving spouse of Louis Mork
Mailing address 21101 E Valda Ln
City/state/zip Benton City, WA 99320
Phone (including area code) 509-392-1188

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)
1-056-00-025-0000	☐	~~$0.00~~ 98,215
	☐	$ 0.00
	☐	$ 0.00

4 Street address of property Bare Land
This property is located in Asotin Unincorp *(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 exhibit A

5 19 - Vacation and cabin
Enter any additional codes 11
(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) (b)
Reason for exemption death of Louis Mork
Inheritance Community Property

Type of document CPA
Date of document 4-2-23

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
0.0075 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

PAID
OCT 20 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 Cindy J Mork
Name (print) Cindy J Mork
Date & city of signing 9-7-2023 Benton City

Signature of grantee or agent Cindy J Mork
Name (print) Cindy J Mork
Date & city of signing 9-7-2023 Benton City

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) THIS SPACE TREASURER'S USE ONLY COUNTY TREASURER

#56412

C. Mork $10.00 Cash

Print on legal size paper.

Asotin County, WA
Darla McKay Auditor

381950
10/20/2023 12:04 PM

When Recorded Return to:

Cynthia J. Mork
21101 E. Valda Lane
Benton City, WA 99320

00049159202303819500040045

I-15 CP
Pgs=4 Fee:$206.50
CYNTHIA J. MORK

Community Property Agreement

This Agreement, made this 2 day of April, 2023, by and between Louis L. Mork and Cynthia J. Mork, husband and wife, of Benton County, Washington, pursuant to the provisions of §26.16.120 RCW, permitting agreement between husband and wife fixing the status and disposition of community property to take effect upon the death of either, Witnesseth: That, in consideration of the love and affection that each of us has for each other, and in consideration of the mutual benefits to be derived by each of us, it is hereby agreed, covenanted, and promised as follows:

I.

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

II.

That upon the death of either of us, title to all community property as herein defined shall immediately best in fee simple in the survivor.

In witness whereof, we Louis L. Mork and Cynthia J. Mork have hereunto set our hands this 2 day of April, 2023.

Louis L. Mork

Cynthia J. Mork

5/4/12

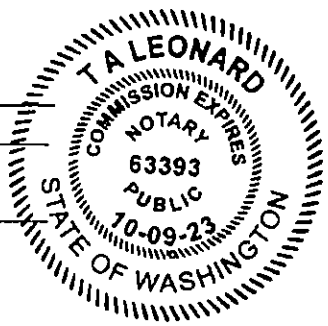
State of Washington,

County of Benton, ss.

I certify that I know or have satisfactory evidence that Affiants, Louis L. Mork and Cynthia J. Mork are the persons who appeared before me, and said persons acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: 4.2.23

Notary Name: T.A. Leonard
Notary Public in and for State of Washington
Residing at Benton City
10.9.23 - Expires



5641 2

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2023-042127

DATE ISSUED: 09/06/2023
FEE NUMBER: 0201-118

FIRST AND MIDDLE NAME(S): LOUIS LAVOY
LAST NAME(S): MORK

COUNTY OF DEATH: BENTON
DATE OF DEATH: AUGUST 28, 2023
HOUR OF DEATH: 07:15 AM PRESUMED
SEX: MALE AGE: 70 YEARS
SOCIAL SECURITY NUMBER: [redacted]

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

BIRTH DATE: AUGUST 23, 1953
BIRTHPLACE: LEWISTON, ID

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: CYNTHIA JEAN LEONARD

OCCUPATION: MECHANIC
INDUSTRY: INDUSTRIAL
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: NO

INFORMANT: CYNTHIA JEAN MORK
RELATIONSHIP: WIFE
ADDRESS: 21101 E VALDA LANE BENTON CITY, WA 99320

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 21101 E VALDA LANE
CITY, STATE, ZIP: BENTON CITY, WASHINGTON 99320

RESIDENCE STREET: 21101 E VALDA LANE
CITY, STATE, ZIP: BENTON CITY, WA 99320
INSIDE CITY LIMITS: NO COUNTY: BENTON
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 22 YEARS

FATHER: LLOYD M MORK
MOTHER: DOROTHY M HENTLEY

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HEGGIES CREMATORIUM

CITY, STATE: TOPPENISH, WASHINGTON
DISPOSITION DATE: AUGUST 31, 2023

FUNERAL FACILITY: PROSSER FUNERAL HOME

ADDRESS: PO BOX 409
CITY, STATE, ZIP: PROSSER, WASHINGTON 99350
FUNERAL DIRECTOR: CARLEN J MAJNARICH

CAUSE OF DEATH:
A: COMPLICATIONS OF SARCOMATOID CARCINOMA, SPINDLE CELL TYPE, OF THE LUNG
INTERVAL: WEEKS TO MONTHS
B:
INTERVAL:
C:
INTERVAL:
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

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: WILLIAM C. LEACH
TITLE: CORONER/ME
CERTIFIER ADDRESS: 7122 WEST OKANOGAN PLACE, BUILDING C MD
CITY, STATE, ZIP: KENNEWICK, WASHINGTON 993362359
DATE SIGNED: AUGUST 31, 2023

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: C23-0454
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: SUSANA MARTINEZ
DATE RECEIVED: AUGUST 31, 2023

5604/12

DOH 422-132 (6/18)

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)**

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.

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

CERTIFIED

SEP 06 2023

Larry D. Jecha, M.D.
Benton-Franklin County Health District

56412

0 6 4 6 8 0 9 6