

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 DOUGLAS DUDLEY,
DECEASED

Mailing address 616 8TH ST.

City/state/zip CLARKSTON, WA 99403

Phone (including area code) _____

2 Buyer/Grantee

Name KATHLEEN E. DUDLEY,
SURVIVING SPOUSE

Mailing address 616 8TH ST.

City/state/zip CLARKSTON, WA 99403

Phone (including area code) _____

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

1-002-16-009-0000

Personal
property?

Assessed
value(s)

☐

\$0.00 - 140,800

☐

\$0.00

☐

\$0.00

4 Street address of property: 616 8TH ST, CLARKSTON

This property is located in Select Location

(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 its 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 Kathleen E. Dudley

Name (print) Kathleen E. Dudley

Date & city of signing 11/18/2023 CLARKSTON

Signature of grantee or agent Kathleen E. Dudley

Name (print) Kathleen E. Dudley

Date & city of signing 11/18/2023 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
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.

EXHIBIT A

The following described real estate in the County of Asotin, State of Washington Together with all after acquired title of the grantor(s) herein,

Lot 9 in Block 16 of West Clarkston according to the official plat thereof, filed in Book B of Plats at Page(s) 23, records of Asotin County, Washington

Tax Parcel Number:

1-002-16-009-0000-0000

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RETURN NAME and ADDRESS

Kathleen E. Dudley
616 8th St
Clarkston, Wa. 99403

Please Type or Print Neatly and Clearly All Information

Document Title(s)

LACK OF PROBATE AFFIDAVIT

Reference Number(s) of Related Documents

1-002-16-009-0000

Grantor(s) (Last Name, First Name, Middle Initial)

Kathleen E. Dudley

Grantee(s) (Last Name, First Name, Middle Initial)

Kathleen E. Dudley

Legal Description (Abbreviated form is acceptable, i.e. Section Township Range Qtr Section or Lot Block Subdivision)

see attached

Assessor's Tax Parcel ID Number

1-002-16-009-0000

The County Auditor will rely on the information provided on this form. The Staff will not read the document to verify the accuracy and completeness of the indexing information provided herein.

Sign below only if your document is Non-Standard.

I am requesting an emergency non-standard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some parts of the text of the original document. Fee for non-standard processing is \$50.

Kathleen E. Dudley
Signature of Requesting Party

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LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)
FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, OR JOINT TENANCY PROPERTY

Title Insurance Commitment No.: 2536944, County: ASOTIN

STATE OF WA)

COUNTY OF Asotin) SS:

The undersigned, KATHLEEN E DUDLEY, executes this affidavit relating to the estate of DOUGLAS D DUDLEY (herein "Decedent"), who died on 7/19/2020, in the County of ASOTIN, State of WA, then being a resident of the City of CLARKSTON, County of ASOTIN, State of WA.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

That the undersigned is (check one):

- ☒ the lawful surviving spouse of the Decedent
- ☐ Surviving child of the Decedent
- ☐ Registered domestic partner of the Decedent
- ☐ One of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on _____ [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington,
- ☐ other (identify:) _____

That the undersigned has listed below all of the heirs at law and next of kin of Decedent, including but not limited to:

1. spouse or registered domestic partner; and
2. children, adopted children, the issue of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving parents, brothers and sisters of decedent); and
3. *all parties who would have been heirs at law if the decedent had not been married or a registered domestic partner on the date of death:*

That the heirs at law and next of kin of the decedent are (list all parties, using the reverse side or attaching a list if necessary):

Name & relationship KATHLEEN E DUDLEY
Address: 72 WIDOW 616 8TH ST CLARKSTON WA 99403
Name & relationship RYAN DUDLEY / BROTHER
Address: _____
Name & relationship CHRISTINA REAGLE / SISTER
Address: _____
Name & relationship _____
Address: _____
Name & relationship _____
Address: _____

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That immediately prior to the date of death the Decedent was an owner of the real estate described in the above referenced Title Insurance Commitment (herein the "Real Estate"), and that the Decedent's ownership interest was [check one]:

- ☒ Community property
☐ Separate property
☐ Joint tenancy property

CHECK ALL BOXES WHICH APPLY IN EACH SECTION:

1. That on the date the Real Estate was purchased the Decedent was:
☒ married to Douglas D. Dudley
☐ unmarried, not a registered domestic partner
☐ unmarried, a registered domestic partner of _____
2. That on the date of death the Decedent was:
☐ married to _____
☒ unmarried, not a registered domestic partner
☐ unmarried, a registered domestic partner of _____
3. ☐ That the decedent left a Will, *a copy of which is attached hereto.*
☒ That the decedent left no Will.
☐ That the decedent executed a Community Property Agreement. It was recorded under _____ County recording number _____. (if unrecorded, attach a copy)
4. ☒ That the decedent's estate is not being probated.
☐ That the decedent's estate is subject to probate proceedings in _____ County, State of _____, under Probate No. _____
5. ☒ That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.
☐ That State and/or Federal succession or inheritance taxes in the amount of \$ _____ have been paid. Copies of the release/discharge are attached hereto.
☐ That State and/or Federal succession or inheritance taxes are due, but have not been paid.
5. ☐ That the decedent has not received assistance from the State of Washington for medical care.
☒ That the decedent has received assistance from the State of Washington for medical care.
☐ That the State of Washington has been fully reimbursed for assistance for medical care.

(This paragraph applies only if the Real Estate referred to above was owned by the Decedent in joint tenancy):

That at all times from the date on which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the Real Estate was held in joint tenancy, and that the interest of no one or more of the joint tenants has ever been independently conveyed, encumbered or otherwise separated from the interest of the other joint tenant(s), either voluntarily or involuntarily, whether by specific act or by operation of law; and that the joint tenancy continued in full force until the death of the Decedent and, if there are two or

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more surviving joint tenants, including the undersigned. the joint tenancy continues in effect as to the interests of the surviving joint tenants.

That the undersigned knows of his/her own knowledge, and so states, that each and all of the obligations 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; and state and federal succession taxes upon Decedent's estate, if applicable) have been paid in full, except as follows (use reverse side or attach a list if necessary): _____

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ 58,200 , including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ 51,700 , and including the value of Decedent's separate property, if any, of approximately \$ 500 , and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ 115,400 .

This affidavit is made to induce _____ TITLE INSURANCE COMPANY (the Company) to insure real property covered by the Company's commitment for title insurance number set forth above, in which Decedent held an interest at the time of the Decedent's death. The undersigned urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein. The undersigned, for himself/herself and for the undersigned's heirs, executors and administrators, indemnifies the Company or any other person, including a purchaser of the Real Estate, for any loss arising from reliance on any misstatement of fact herein.

DATED: 10/18 , 2023

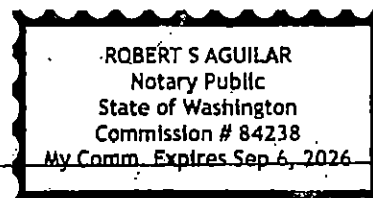
Kathleen E. Dudley
(Signature)

Kathleen E. Dudley
(Print or type full name)

6168 1st St., Clarkston, Wa. 98403 208-413-4490
(Full address and telephone number)

SUBSCRIBED and SWORN TO before me this 18 day of Oct , 2023

Robert S. Aguilar
Notary Public in and for the State of
Washington, residing at Walla Walla



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EXHIBIT A

The following described real estate in the County of Asotin, State of Washington Together with all after acquired title of the grantor(s) herein,

Lot 9 in Block 16 of West Clarkston according to the official plat thereof, filed in Book B of Plats at Page(s) 23, records of Asotin County, Washington

Tax Parcel Number:

1-002-16-009-0000-0000

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-032781

DATE ISSUED: 07/22/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): DOUGLAS DOYLE

LAST NAME(S): DUDLEY

COUNTY OF DEATH: ASOTIN

DATE OF DEATH: JULY 19, 2020

HOUR OF DEATH: 06:56 PM

SEX: MALE

AGE: 65 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: SEPTEMBER 13, 1954

BIRTHPLACE: LEWISTON, ID

MARITAL STATUS: DIVORCED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: ENTREPRENEUR

INDUSTRY: ENTREPRENEUR

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

INFORMANT: KATHLEEN DUDLEY

RELATIONSHIP: DOMESTIC PARTNER / POA

ADDRESS: 616 8TH ST, CLARKSTON WA, 99403

CAUSE OF DEATH:

A: PULMONARY FIBROSIS

INTERVAL: UNKNOWN

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC OBSTRUCTIVE
PULMONARY 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: HOME

FACILITY OR ADDRESS: 616 8TH ST

CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 616 8TH ST

CITY, STATE, ZIP: CLARKSTON, WA 99403

INSIDE CITY LIMITS: YES

COUNTY: ASOTIN

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 9 YEARS

FATHER: WARREN DUDLEY

MOTHER: DOROTHY VOGEL

METHOD OF DISPOSITION: REMOVAL FROM STATE

PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

CITY, STATE: LEWISTON, IDAHO

DISPOSITION DATE: JULY 21, 2020

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: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ELIZABETH N. BLACK, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1271 HIGHLAND AVE STE B

CITY, STATE, ZIP: CLARKSTON, WA 99403

DATE SIGNED: JULY 20, 2020

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BRADY WOODBURY

DATE RECEIVED: JULY 21, 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 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 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 2 nd 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

*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.

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

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-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

DOH 422-034 January 2015



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

CERTIFIED

JUL 22 2020

Dr. Glenn Houser MD
Health District Officer
Garfield County Health District

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