

Form 84 0001a

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 cashler, Please type or print. It check box if partial sale, Indicate % 50%	Department of	Real Estate Excise	e Tax Aff	idavit (RCW 8	32.45 WA	2 458-61A)		- X*
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Enter any additional codes [see back of last page for instruction] Was the seller resolving a property tax exemption or deferral under Row 84.36, 84.37, or 84.38 (nonprofit org., senfor citizen or distable person, homework with limited income)? 194 100 Was the seller resolving a property tax exemption or deferral under Row 84.36, 84.37, or 84.38 (nonprofit org., senfor citizen or distable person, homework with limited income)? 194 100 Was the seller resolving a property tax exemption or deferral under Row 84.36 100 100 Was the seller resolven with the property sellow with common with incomendation or control to the common with the sellow of th					<u>.</u>	·		,
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Is this property classified as current use (open space, farm and agricultural, or timber) land per ACW 98-34? If yes of document Sellutory Warranty Lees Choose 1 to the property of the Comment of the	complete the predominate use ca	alculator (see instructions)	_	<u> </u>	<u> </u>			
Is this property receiving special valuation as historical property per RCM 94.267 Ves ZNO Personal property (deduct) -0.00 If any answers are yes, complete as instructed below. Personal property (deduct) -0.00 If any answers are yes, complete as instructed below. Example of claimed (deduct) -0.00 If any answers are yes, complete as instructed below. Example of claimed (deduct) -0.00 If any answers are yes, complete as instructed below. Example of claimed (deduct) -0.00 If any answers are yes, complete as instructed below. Example of claimed (deduct) -0.00 If any answers are yes, complete as instructed below. Example of claimed (deduct) -0.00 If any answers are yes, complete as instructed below. Example of claimed (deduct) -0.00 If any answers are yes, complete as instructed below. Example of claimed (deduct) -0.00 If any answers are yes, complete as instructed below. Example of claimed (deduct) -0.00 If any answers are yes, complete as instructed below. Example of claimed (deduct) -0.00 -0.00 Example of claimed (deduct	is this property classified as cu	ment use lopen space, farm	Type of docume	nt Statutory Warranty De nt October 24, 2023	ed	\$ 175	•	
If any answers are yes, complete as instructed below. (3) NOTICE OF CONTINUANCE (POREST LAND OR CURRENT USE) NOW OWNER(S): To continue the current designation as forest land or classification as current use (poen space, farm and agriculture, or timber) land, you must sign and 31 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 slighing (3) below, you may contact your local county assessor for more information. This land:	Is this property receiving speci	ial valuation as historical			rice		•	
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Signature of grantor or agent Name (print) Jeannie Rachelle Caudle Date & city of signing 10/24/2023- Lewiston, ID Date & city of si	Print name	Print name	A MININ					
riury 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 (12/1/22) THIS SPACE TREASURER'S USE ONLY COUNTY TREASURER 0.03 DATE 10/26/2023 - RECEIPT No. 56421 - Alliance Title - Clarkston 13,576.00	Signature of grantor or age Name (print) <u>Jeannie Rac</u> l	ent <u>(leannie Pachelle (l</u> helle Caudle	ecclosignature of			USYMAN	•	-
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	B			r +	n,	3,575.00	· '.	

Addendum to Excise Tax Affidavit

Section 2 Buyer/Grantee:

As to An Undivided 50% interest

Michael J. Mosman, married Address: 7614 Sweet Hours Way, Columbia MD 21046

Richard L. Mosman, married Address: 4635 SW #14th Place, Federal Way, WA 98023

Donald R. Mosman, married Address: 31604 NE 104th Street, Carnation, WA 98014-9751

Kristine A. Tannahill, married Address: 1425 Elm Street, Clarkston, WA 99403

Cynthia K. Cline, married Address: 411 4th Street / PO Box 274, Asotin, WA 99402

Steven L. Mosman, married Address: 4512 225th Place SW, Mountlake Terrace, WA 98043

56421

14 (54) 3

EXHIBIT "A"

650069

That part of the Northeast Quarter of the Northwest Quarter of Section 8 of Township 10 North, Range 46 East, WM, Asotin County, Washington, more particularly described as follows:

Commencing at the Northeast corner of Lot 18 of Block One of Swallows Crest Addition, said point being on the Southerly right-of-way line of Swallows Crest Loop, thence South 56° 27' East along said right-of-way line a distance of 34.37 feet to a point of curve, thence continue along said right-of-way line around a curve to the left with a radius of 175.0 feet for a distance of 51.18 feet to the true place of beginning, said point being a point of reverse curve; thence around a curve to the right with a radius of 20.0 feet for a distance of 19.40 feet, thence South 0° 10' West a distance of 218.11 feet, thence North 84° 30' West a distance of 185.05 feet to a point of curve, thence deflect right and continue around a curve to the left with a radius of 175.0 feet for a distance of 107.31 feet; thence North 60° 22' East a distance of 222.77 feet to the true place of beginning

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Grantee(s) (Last name first, then first name and initials):	V 1
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Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.)	
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document to verify the accuracy or completeness of the indexing information.	1 '1

5/042/

STATTE OF WASHINGTON. DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



DATE ISSUED: 08/28/2023 FEE NUMBER:

CERTIFICATE NUMBER: 2023-041226

FIRST AND MIDDLE NAME(S): MARY HELEN LAST NAME(S): MOSMAN

COUNTY OF DEATH: ASOTIN DATE OF DEATH: AUGUST 23, 2023 HOUR OF DEATH: 03:15 AM

SEX: FEMALE

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

AGE: 90 YEARS

RACE: WHITE

BIRTHDAYE: NOVEMBER 17, 1952 BIRTHPLACE: BOSWELL, OK

MARITAL STATUS: WIDOWED SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: RECEPTIONIST

INDUSTRY: MEDICINE

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: JEANNIE R CAUDLE RELATIONSHIP: DAUGHTER

ADDRESS: 3655 NICKLAUS DRIVE, CLARKSTON, WASHINGTON 89403

CAUSE OF DEATH:

A: VASCULAR DEMENTIA Interval: UNKNOWN

B: CEREBRAL ATHEROSCLEROSIS

.paterval: UNKNOWN

INTERVAL:

. INTERVA

OTHER CONDITIONS CONTRIBUTING TO DEATH: HISTORY OF CEREBROVASCULAR ACCIDENT

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: DECEDENT'S HOME
FACILITY OR ADDRESS: 3655 NICKLAUS DRIVE
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 3655 NICKLAUS DRIVE

CITY, STATE, ZIP: CLARKSTON, WA 99403

INSIDE CITY LIMITS: NO COUNTY: ASOTIN

TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 32 YEARS

FATHER: ALLIE BAXTER LAWS MOTHER: ROSA MAE CRAWFORD

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: VALLEY CREMATORY

CÎTY, STATE: LEWISTON, IDAHO
DISPOSÎTION DATE: AUGUST 27, 2023

FUNERAL FACILITY: VASSAR-RAWLS FUNERAL HOME

ADDRESS: 920 21ST AVENUE CITY, STATE, ZIP: LEWISTON, IDAHO B3501, 12 FUNERAL DIRECTOR: JAMIE M. CLONINGER 11 11 11 11 11

AUTOPSY-NO.

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE 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, WASHINGTON 99403
DATE SIGNED: AUGUST 24, 2023

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

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON DATE RECEIVED: AUGUST 24, 2023

DOH 422432 (8/18)



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Affidavit for Correction

Mail to:

Center for Health Statistics P.O. Box 47814 Olympia, WA 98504-7614 360-238-4300

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

	STATIEROFFICERUSE	ONLY		
State File Number Fee Number		Initials .	Date	Affidavit Number
	reservation de la 700 de la Fil	Ampere Name and America		
La		TRITICALINARIO	IFOHRECORDS (Disease)	A di Caratta de la companya de la co
Record Type: Birth Death	Marriage		ssolution (Divorce s of Event:	3. Place of Event:
Record Type: Birth Death 1. Name on Record: Middle La	^ 1	■ -	A/DD/YYYY	(City or County)
				Marriage or Dissolution)
4. Father/Parent Full Birth Name (Spouse A for Marriage or	, i	iraient Fuit bilai i		Last/Maiden ha
	st/Maiden First	0-16	Middle ardian □ Info	
6. Name of Person Requesting Correction:	Relationship to Person on Record:	Self ☐ Gua		er (specify)
12.4	Feison Cit (Coord.	Cicin(o) Litai		
7. Return Mailing Address: PO Box or Street Address	Ci	tu	State	Zip
Telephone Number:	Email Ad			
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Use the section below for requesting any ch	anges on the record	The record is	Incorrect or Incon	iplete as follows:
The record currently shows:			The true fact is:	North aski, Handa, Shalleston
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10.	11.	1		250-238-4300
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12.	13.	1		had a salada da katalan katalan da
I declare under penalty of perjury under the				
.14a, Signature:	14b. Sigr	nature of 2nd paren	t (if required):	appropriate and the second
Printed name: Date			1 1 1 2 1	******
Thinks hand.	, I miled it			Miles and a Contractor
INSTRUCTIONS	- go to <u>www.doh.wa.g</u> e	ov for more informa	ation	id veikid, beim Straff 🐪 🤫
Required proof documentation must be submitted with the affiday				
Birth/Marriage/Divorce record Military record (DD-214) Certificate of Naturalization Hospital/medical record	School tran Copy of Re	iscripts issport / Enhanced		inty Numident Report (1-551)
You cannot use a Driver's license, Social Sec	urity card, or hospital	decorative birth c	ertificate as proof d	ocumentation. [] Hospile!
Birth Certificates		·\$	+ ' → () ' (1)	5' (spetky)
1. Only a parent(s), legal guardian (if the child is under 18), or the	e named individual (if 1	B or older) may cha	ange the birth certifica	ale!است المراجعة الم
The proof(s) must match the asserted fact(s). For example,	if the affidavit says the r	name should be Ma	ary Ann Doe, the proc	f must show the name to be
Mary Ann Doe.	ished wilhin five veam o	f hirth		1 post . 6. 75.
4. This affidavit cannot be used to add a parent to a birth certific	ate (use Acknowledgme	nt of Parentage for	m DOH 422-159), 😘	ি । বি । বিশ্বস্থানিক ভাগে প্রতিষ্ঠিত করিক করিবলৈ করিব বিশ্বস্থানিক
3. Proof documentation must be five or more years old or estable. 4. This affidavit cannot be used to add a parent to a birth certific Child under 18 If legal quartian(s), include certified court order proving quartian.	<u>Adult (18</u>	years or older)		CO CO
and the state of t	rdianship. • Only	the adult can chan	ge his or her birth est	The of the control of
Up to age one or up to one year following the filing of an Ackt	nowiecgement • it ine parents' name requir	nist or middle nam ed: "	e is missing, unest pe	sees ar production and the sees are sees and the sees are production and the sees are seed ar
or Parentage form, last name can be changed once to either on certificate (can be any combination of the first, middle or i	est names): • If the	first, middle and/or	last name is misspell	ed, or month and a day at birth
thereafter, a court order is required to change the last name.	is inc	orrect, two pieces o	of proof docureentation	n are recoulded.
No proof is required to change the first or middle name.*		rrect parent's blith i uired.	date, place of떮lrth.lor	name, Grapproof documentation
To correct parent's information, one proof documentation is result. To correct the sex of the child, one proof documentation from	a medical		. i	ng Galler in Jan 🗗 🖰 🕆
provider is required. To change any part of the name of a child using this form, signature certificate with request.	——————————————————————————————————————	ا ــــان		人用生态的思想的人工是
To change any part of the name of a child using this form, signature	s from both parents listed	l on the certificate a	na Ledninaq. Il oue 28 (et	R la deceased, submit a death
Cerunicate with request.				H DIST
Death Certificates 1.1.4. Only the informant may change the non-medical information	without proof document	tation. The funeral	director, executors/ad	impostrators, or a family
member may change the non-medical information with process	' documentation. Family	members are spot	use or registered dom	peticipartiler, perent, sibling, or
, adult child or stepchild. Marital status requires a certified co	urt order if someone othe	er than the Informa	int is requesting the c	hange, significant (1.55.1) -
2. The medical information (cause of death) may be changed of	only by the certifying phy	ISICIAN OF THE COTOR	ier/medical examilied	
Marriage/Dissolution (Divorce) Certificates 1. Personal facts (minor spelling changes in name, date or place	of birth, or residence) r	nav be changed by	the person with one	Health Officer
2. To change the date or place of marriage or dissolution, the off	iciant (marriage) or cleri	of court (dissoluti	on) must complete an	d submit the affidavit
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