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 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 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 Renee Olsen, John Olsen,
and Christy J. Holand, surviving heirs
Mailing address PO Box 897
City/state/zip Asotin WA 99401
Phone (including area code)

2 Buyer/Grantee
Name Cindy R. Kolari
Mailing address 10562 E Lime Kiln Road
City/state/zip Grass Valley, CA 95949
Phone (including area code)

3 Send all property tax correspondence to: ☒ Same as Buyer/Grantee
Name Cindy R. Kolari
Mailing address
City/state/zip

List all real and personal property tax parcel account numbers	Personal property?	Assessed value(s)
10473002000000000	☐	310,350.00
	☐	
	☐	

4 Street address of property 311 Kings Lane, Asotin, WA 99402
This property is located in Asotin Asotin(city) *(for unincorporated locations please select your county)* X
☐ 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 afidavit).
-See attached 'Exhibit A'.

5 Land use code 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

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)
Reason for exemption

Type of document Statutory Warranty Deed (SWD)
Date of document ~~10/24/23~~ 10/26/23

Gross selling price	475,000.00
*Personal property (deduct)	0.00
Exemption claimed (deduct)	0.00
Taxable selling price	475,000.00
Excise tax: state	
Less than $525,000.01 at 1.1%	5,225.00
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	5,225.00
Local	3,562.50
*Delinquent interest: state	0.00
Local	0.00
*Delinquent penalty	0.00
Subtotal	8,787.50
*State technology fee	5.00
Afidavit processing fee	0.00
Total due	8,792.50

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 Renee L Olsen
Name (print) Renee Olsen, John Olsen,
Date & city of signing 10/26/23 Clarkston

Signature of grantee or agent
Name (print) Cindy R. Kolari
Date & city of signing 10/25/23 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.72.020 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 (09/08/22)

THIS SPACE TREASURER'S USE ONLY

PAID
OCT 27 2023
ASOTIN COUNTY TREASURER

COUNTY TREASURER

#56428

Print on legal size paper

ATEC CK# 48145

File No. 648397

Exhibit 'A'

The East half of Lot 18, and all of Lots 19 and 20 in Block 30 of Schank and Reed's First Addition to the Town of Asotin, according to the official plat thereof, filed in Book A of Plats at Page(s) 5, records of Asotin County, Washington.

Together with the West 15 feet that portion of the vacated Madison, lying adjacent to said Lot 20, as vacated by Ordinance # 93, recorded December 1, 2004, as Instrument No. 280356, which attaches by operation of law.

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

Title Insurance Commitment No: 648397

STATE OF Washington)
SS:
COUNTY OF Asotin)

(herein, "Affiant"), being first duly sworn, on oath deposes and says:

That Affiant 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:) _____.

All with respect to the estate of Mary Ann Olsen (herein "Decedent"), who died on May 14, 2022 , in the County of Asotin, State of Washington, then being a resident of the City of Asotin, County of Asotin, State of Washington. **(A copy of the death certificate is attached hereto.)**

That Affiant has herein below identified each and all of the heirs at law and next of kin of decedent, including but not limited to children, adopted children, the issue of any predeceased child or adopted child (if decedent left no surviving children, then Affiant has listed below all of the surviving parents, brothers and sisters of decedent), spouse, registered domestic partner, and ***including 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_____
Address: _____

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Name & relationship John Olsen - son
Address: 407 Kings Lane, Asotin, WA 99402
Name & relationship Christy J. Holand - daughter
Address: 3902 S. Morain Loop, Kennewick, WA 99337
Name & relationship Renee M Olsen - daughter
Address: 3229 8th St E Lewiston, ID

That among items of real property owned by the Decedent at the time of death was real estate located in Asotin County, Washington, and described in the above referenced Title Insurance Commitment.

As to the Decedent, said real estate 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 property was purchased the Decedent was:
   - ☒ married to Raymond Olsen.
   - ☐ 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.

5/6/28

☐ 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.

That, with respect to the property, if any, owned by the Decedent in joint tenancy as described above, at all times from the time of the execution of the instrument by which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the above described joint tenancy property was held in joint tenancy, and that the interest of no one or more of said joint tenants has ever been 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 said joint tenancy continued in full force until the death of the Decedent with respect to the interest of the Decedent and, if there are two or more surviving joint tenants, including the Affiant, the joint tenancy continues with respect to the interests of the said surviving joint tenants.

That Affiant knows of the Affiant's own knowledge, and so states, that each and all of the obligations against the estate of said 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*): _____

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That the value of the Decedent's estate at date of death, including all real and personal property, was approximately $ 475,000, including the value of community property of Decedent and Decedent's surviving spouse, if any, of approximately $ -0-, and including the value of Decedent's separate property, if any, of approximately $ -0-, and including the full value of .all other property, if any, held by the Decedent in joint tenancy of approximately $ -0-.

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

DATED: October 2023, 2023

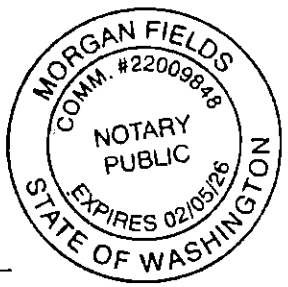
Renee M. Olsen
(Signature)

Renee) M. Olsen
(Print or type Affiant's full name)

3229 8th St E Lewiston ID 83501
(Full address and telephone number) (509) 552-1049.

SUBSCRIBED and SWORN TO before me this 23rd day of October, 2023

56428



Notary Public in and for the State of Washington, residing at Lewiston, ID

Dated: 10/24/23

Signature: John Lee Olsen

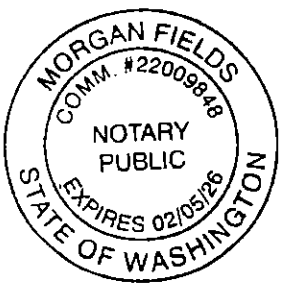
Print Name: John Lee Olsen

Address and phone number: PO Box 897 Asotin, WA 99402

208-791-5864

Subscribed and sworn to before me this 24th day of October, 2023

Notary Public in and for the State of Washington, residing at Lewiston, ID



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That the value of the Decedent's estate at date of death, including all real and personal property, was approximately $ 475,000, including the value of community property of Decedent and Decedent's surviving spouse, if any, of approximately $ -0-, and including the value of Decedent's separate property, if any, of approximately $ -0-, and including the full value of .all other property, if any, held by the Decedent in joint tenancy of approximately $ -0-.

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

DATED: 10-2026, 20 23

Christy J. Holand
(Signature)

Christy J. Holand
(Print or type Affiant's full name)

3902 S. Morain loop Kennewick WA 99337
(Full address and telephone number)
(509) 948-1300

SUBSCRIBED and SWORN TO before me this 2026 day of October, 20 23

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Jurat

State of Washington
County of Benton
Subscribed and sworn/affirmed to before me this 26 day of October
2023, by Christy J. Ickes

Notary signature

My commission expires: 6.29.2026

Notary Public
State of WASHINGTON
AMY A BECHTOL
COMM. NO. 200745
MY COMMISSION EXPIRES
JUNE 29, 2026

mk0180-03-0820

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2022-025083

DATE ISSUED: 05/17/2022
FEE NUMBER:

FIRST AND MIDDLE NAME(S): MARY ANN O
LAST NAME(S): OLSEN

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: MAY 14, 2022
HOUR OF DEATH: 07:55 PM
SEX: FEMALE AGE: 89 YEARS
SOCIAL SECURITY NUMBER: [redacted]

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

BIRTH DATE: JUNE 07, 1932
BIRTHPLACE: TORDENSKJOLD TOWNSHIP, MN

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: BOOKKEEPER
INDUSTRY: CIVIL SERVICE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: JOHN OLSEN
RELATIONSHIP: SON
ADDRESS: PO BOX 897 ASOTIN, WASHINGTON, 99402

CAUSE OF DEATH:
A: CARDIOPULMONARY ARREST
INTERVAL: 30 SECONDS
B: HEMORRHAGIC SHOCK
INTERVAL: 2 HOURS
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

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: TRI-STATE MEMORIAL HOSPITAL, INC.
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 311 KINGS LN
CITY, STATE, ZIP: ASOTIN, WA 99402
INSIDE CITY LIMITS: YES COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 40 YEARS

FATHER: JOHN GILMAR SCHEI
MOTHER: BERTHA MARIE LYSNE

METHOD OF DISPOSITION: REMOVAL FROM STATE
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: MAY 17, 2022

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: JASMIT MINHAS, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1221 HIGHLAND AVE
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
DATE SIGNED: MAY 16, 2022

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

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: MAY 16, 2022

5/24/28

Affidavit for Correction

Washington State Department of Health

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:

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 forgoing is true and correct

16a. Signature:		16b. Signature of 2nd parent (if required):	
Printed name:	Date:	Printed name:	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
- Certificate of Naturalization
- Military record (DD-214)
- Hospital/medical record
- School transcripts
- Passport
- Social Security Numident Report
- 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 422-032)

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

JEFFERSON COUNTY WASHINGTON — PUBLIC HEALTH DISTRICT

RB Lutz

Bob Lutz, M.D., MPH
Health Officer

MAY 17 2022

DOH 422-084 January 2015

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

56428

0 3 0 4 9 7 7 4