Department of Revenue
Washington State

Real Estate Excise Tax Affidavit (RCW 82.45 WAC 458-61A)

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 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 Rayette L. Scriver
Surviving (surviving heir of William Scriver deceased)
Mailing address 1704 7th St. Apt 2
City/state/zip Lewiston ID 83501
Phone (including area code)

2 Buyer/Grantee

Name Israel Espinoza
Mailing address 1508 10th Street
City/state/zip Clarkston WA 99403
Phone (including area code) 5093788184

3 Send all property tax correspondence to: ☒ Same as Buyer/Grantee

Name Israel Espinoza
Mailing address 1508 10th Street
City/state/zip Clarkston WA 99403 5093788184

List all real and personal property tax parcel account numbers	Personal property?	Assessed value(s)
10041501000060000	☐	158,350.00
	☐	
	☐	

4 Street address of property 1508 10th Street, Clarkston, WA
This property is located in Asotin Unincorp *(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 affidavit).

see attached legal

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 11/28/23

Gross selling price	235,000.00
*Personal property (deduct)	0.00
Exemption claimed (deduct)	0.00
Taxable selling price	235,000.00
Excise tax: state	
Less than $525,000.01 at 1.1%	2,585.00
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	2,585.00
Local	587.50
*Delinquent interest: state	0.00
Local	0.00
*Delinquent penalty	0.00
Subtotal	3,172.50
*State technology fee	5.00
Affidavit processing fee	0.00
Total due	3,177.50

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 Rayette L. Scriver
Name (print) Rayette L. Scriver
Date & city of signing 11-28-23, Clarkston, WA

Signature of grantee or agent
Name (print) Israel Espinoza
Date & city of signing 12-1-23, Clarkston, WA

Perjury in the second degree, a class C felony, which is punishable by confinement in a state correctional facility for a maximum term of five years, a fine of up to $10,000, or both. (RCW 9A.20.021)

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REV 84 0001a (09/08/22)

THIS SPACE TREASURER'S USE ONLY COUNTY TREASURER

DATE 12/08/2023 - RECEIPT No. 56509 - Alliance Title - Clarkston

Print on legal size paper

EXHIBIT "A"

650054

That part of Lot 10 of Block V of Vineland, according to the official plat thereof, records fo Asotin County, Washington, more particularly described as follows:

From the Northwest corner of said Lot 10 of Block V of Vineland, run East along the North boundary line of said Lot 10 a distance of 135 feet; thence right 90° a distance of 168 feet; thence due East a distance of 174.17 feet to the place of beginning; thence continue East a distance of 276.21 feet; thence right 126°40' a distance of 40.69 feet; thence left 90° a distance of 13.68 feet; thence right 89°31' a distance of 95.61 feet; thence right 82°48' a distance of 237.53 feet to the place of beginning

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

Title Insurance Commitment No: 650054

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 William B. Scriver (herein "Decedent"), who died on 02/27/2023, in the County of Asotin, State of Washington, then being a resident of the City of Clarkston, 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 Rayette L. Scriver, spouse
Address: 1704 7th St., Apt 2, Lewiston ID 83501
Name & relationship _____
Address: _____
Name & relationship _____
Address: _____
Name & relationship _____
Address: _____

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

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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 __Rayette L. Scriver_____.

   ☐ unmarried, not a registered domestic partner

   ☐ unmarried, a registered domestic partner of _____.

2. That on the date of death the Decedent was

   ☒ married to __Rayette L. Scriver_____.

   ☐ 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.

6. ☒ 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

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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*): _____

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately $ 235,000.00, including the value of community property of Decedent and Decedent's surviving spouse, if any, of approximately $ 235,000.00, and including the value of Decedent's separate property, if any, of approximately $ 0.00, and including the full value of .all other property, if any, held by the Decedent in joint tenancy of approximately $ 0.00.

This affidavit is made to induce CHICAGO 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: November 28, 2023

Rayette Scriver
(Signature)

Rayette L. Scriver
(Print or type Affiant's full name)

1704 7th Apt 2.
(Full address and telephone number)
Lewiston ID 83501

SUBSCRIBED and ~~SWORN~~ TO before me this 28th day of Nov., 2023

Notary Public in ~~and for the State of~~ Washington, residing at WA

CELINA D REYNOLD
COMM. #115215
NOTARY PUBLIC
EXPIRES 12/20/2025
STATE OF WASHINGTON

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2023-011425
DATE ISSUED: 03/09/2023
FEE NUMBER: 158463264

FIRST AND MIDDLE NAME(S): WILLIAM BRADFORD
LAST NAME(S): SCRIVER

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: FEBRUARY 27, 2023
HOUR OF DEATH: 08:45 PM
SEX: MALE AGE: 79 YEARS
SOCIAL SECURITY NUMBER: [redacted]

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

BIRTH DATE: APRIL 22, 1943
BIRTHPLACE: PORTLAND, OR

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: RAYETTE LORRAINE FISTER

OCCUPATION: SECURITY GUARD
INDUSTRY: SECUITY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

INFORMANT: RAYETTE LORRAINE SCRIVER
RELATIONSHIP: SPOUSE
ADDRESS: 1508 10TH ST. CLARKSTON, WA 99403

CAUSE OF DEATH:
A: METASTATIC PANCREATIC CANCER
INTERVAL: 3 MONTHS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CORONARY ARTERY DISEASE, HYPERTENSION

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: 1508 10TH ST
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 1508 10TH ST
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 10 YEARS

FATHER: JAMES E SCRIVER
MOTHER: VIVIAN SANDS

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: BALL & DODD FUNERAL HOME & CREMATORY

CITY, STATE: SPOKANE, WASHINGTON
DISPOSITION DATE: MARCH 08, 2023

FUNERAL FACILITY: NEPTUNE SOCIETY - SPOKANE

ADDRESS: 98 EAST FRANCIS
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99208
FUNERAL DIRECTOR: KATIE WILCOX

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: ELIZABETH N. BLACK, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1271 HIGHLAND AVE STE B
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
DATE SIGNED: FEBRUARY 28, 2023

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

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: MARCH 08, 2023

DOH 422-132SPO (1/22)

NOT VALID IF PHOTOCOPIED OR ALTERED

E6509

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 ☐ Parent(s) ☐ Guardian ☐ Funeral Director ☐ Informant ☐ Other (specify) ☐ Hospital

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 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
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Copy of Passport / Enhanced ID
- 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

Francisco R. Velazquez, M.D., S.M., FCAP
Health Officer, Spokane Regional Health District

STATE OF WASHINGTON

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