

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 Glenda E. Welch

Mailing address 618 Highland Ave

City/state/zip Clarkston WA 99403

Phone (including area code) 5092434088

2 Buyer/Grantee

Name James D. Ebbers

Lori A. Ebbers

Mailing address 3417 Skyline Drive

City/state/zip Clarkston WA 99403

Phone (including area code) 4254570036

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

Name James D. Ebbers Lori A. Ebbers

Mailing address 3417 Skyline Drive

City/state/zip Clarkston WA 99403

4254570036

4 Street address of property 3417 Skyline Drive, 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

List all real and personal property tax parcel account numbers

11110000400010000

Personal property?

Assessed value(s)

327,800.00

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 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 Glenda E. Welch

Name (print) Glenda E. Welch

Date & city of signing 12-15-23, Clarkston, WA

Signature of grantee or agent James D. Ebbers

Name (print) James D. Ebbers

Date & city of signing 12-18-23, Clarkston, WA

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 12/15/23

Gross selling price	420,000.00
*Personal property (deduct)	0.00
Exemption claimed (deduct)	0.00
Taxable selling price	420,000.00
Excise tax: state	4,620.00
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	4,620.00
Local	1,050.00
*Delinquent interest: state	0.00
Local	0.00
*Delinquent penalty	0.00
Subtotal	5,670.00
*State technology fee	5.00
Affidavit processing fee	0.00
Total due	5,675.00

A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX

*SEE INSTRUCTIONS

Perjury in the second degree is a class C felony which is punishable by confinement in a state reformatory for not more than 5 years or by a fine not exceeding \$5,000, or both.

To ask about the availability of this publication, or for a free sample, please call 360-705-6705. Teletype publication is available for purchase.

EXHIBIT "A"

651883

Lot 3 and part of Lot 4 of Sanger's Riverview Addition, according to the official plat thereof, filed in Book C of Plats at Page(s) 101, Official Records of Asotin County, Washington, more particularly described as follows:

Beginning at the Northeast corner of said Lot 3; thence South 7°47' East along the Easterly lot lines of said Lots 3 and 4 for a distance of 152.22 feet; thence South 72°58' West for a distance of 130.48 feet to a point on the Easterly right of way line of Skyline Drive; thence North 9°02' West for a distance of 5.0 feet to a point of curve; thence around a curve to the left with a radius of 125.0 feet for a distance of 71.35 feet to the Northwest corner of said Lot 3; thence North 48°16' East for a distance of 181.05 feet to the place of beginning.

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Title Insurance Commitment No: 651883

Name & relationship Glenda E. Welch, spouse
Address: 1618 Highland Ave, Clarkston WA
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 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 Glenda E. Welch
☐ unmarried, not a registered domestic partner
☐ unmarried, a registered domestic partner of _____

2. That on the date of death the Decedent was

- ☒ married to Glenda E. Welch
☐ 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.

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☐ 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 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 \$ 850,000.00, including the value of community property of Decedent and Decedent's surviving spouse, if any, of approximately \$ 850,000.00, 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 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: December 15, 2023

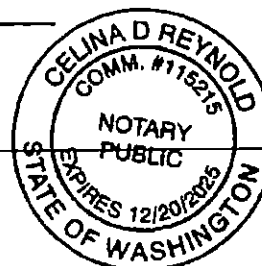
Glenda E. Welch
(Signature)

Glenda E. Welch
(Print or type Affiant's full name)

1618 Highland Ave.
(Full address and telephone number)
Clarkston WA 99403

SUBSCRIBED and SWORN TO before me this 15 day of December, 2023

[Signature]
Notary Public in and for the State of Washington
Residing at Lewiston, ID



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STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-046654

DATE ISSUED: 10/18/2023
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DAVID ROSS
LAST NAME(S): WELCH

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: SEPTEMBER 23, 2023
HOUR OF DEATH: 09:30 PM
SEX: MALE AGE: 85 YEARS
SOCIAL SECURITY NUMBER:

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

BIRTH DATE: JUNE 22, 1938
BIRTHPLACE: VANCOUVER, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: GLENDA MINDER

OCCUPATION: MECHANICAL FOREMAN
INDUSTRY: CORPS OF ENGINEERS
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: YES

INFORMANT: GLENDA WELCH
RELATIONSHIP: WIFE
ADDRESS: 618 HIGHLAND AVE, CLARKSTON WA, 99403

CAUSE OF DEATH:
A: FRACTURE OF BILATERAL SUPERIOR PUBIC BONE, EXTENDING INTO SUPERIOR PUBIC RAMI, MINIMALLY DISPLACED
INTERVAL: UNKNOWN
B: CHRONIC KIDNEY DISEASE STAGE 3
INTERVAL: UNKNOWN
C: HYPERTENSION
INTERVAL: UNKNOWN
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:

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: CLARKSTON HEALTH & REHABILITATION OF
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 618 HIGHLAND AVE
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: YES COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 MONTHS

FATHER: RAYMOND WELCH
MOTHER: INGRID ISAACSON

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

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: SEPTEMBER 26, 2023

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES
LLC
ADDRESS: PO BOX 407
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: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: SETH SIX, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 415 6TH ST
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
DATE SIGNED: SEPTEMBER 25, 2023

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: SEPTEMBER 26, 2023

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DOH 422-132 (8/18)

NOT VALID IF PHOTOCOPIED OR ALTERED



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
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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 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 foregoing is true and correct.

14a. Signature:		14b. Signature of 2 nd 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

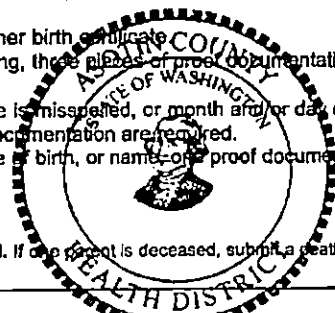
- Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
- The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
- Proof documentation must be five or more years old or established within five years of birth.
- 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 Acknowledgment 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

- Only the informant may change the non-medical information without proof documentation. The funeral director, executor/administrator, 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

OCT 18 2023

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