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 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 % 50 sold.

List percentage of ownership acquired next to each name.

1 Seller/Grantor
Name Joan Ellis, deceased
Mailing address 1672 7th Avenue
City/state/zip Clarkston, WA 99403
Phone (including area code) N/A

2 Buyer/Grantee
Name Estate of Frank Ellis
Mailing address 1672 7th Avenue
City/state/zip Clarkston, WA 99403
Phone (including area code) (425) 890-9312

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	Personal property?	Assessed value(s)
1-104-00-006-0000-0000	☐	$ 147,600.00
	☐	$ 0.00
	☐	$ 0.00

4 Street address of property 1672 7th Avenue, Clarkston, WA 99403
This property is located in Clarkston *(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).

Lot 6 of Replat of Lots 5 and 6 of RANKIN HILL FIRST ADDITION and RANKIN HILL SECOND ADDITION recorded in Book D of Plats, page 26, in Asotin County, Washington.

5 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) WAC 458-61A-202(6)(a)
Reason for exemption
Transfer by inheritance to surviving spouse under Community Property Agreement (attached as Exhibit A).

Type of document Community Property Agreement
Date of document 03/12/2002

Gross selling price	147,600.00
*Personal property (deduct)	0.00
Exemption claimed (deduct)	147,600.00
Taxable selling price	0.00
Excise tax: state	
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	0.00
0.0025 Local	0.00
*Delinquent interest: state	0.00
Local	0.00
*Delinquent penalty	0.00
Subtotal	0.00
*State technology fee	5.00
Affidavit processing fee	5.00
Total due	10.00

6200

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 Patrick Ellis
Name (print) Patrick Ellis, P.R. of Surviving Spouse
Date & city of signing 01/19/2024, Clarkston, WA

Signature of grantee or agent Patrick Ellis
Name (print) Patrick Ellis, Personal Representative
Date & city of signing 01/19/2024, Clarkston, WA

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)).

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REV 84 0001a (02/28/23)

THIS SPACE TREASURER'S USE ONLY

PAID
FEB - 6 2024
ASOTIN COUNTY TREASURER

COUNTY TREASURER
#56606

F. ELLIS ESTATE
CK# 15061

Print on legal size paper.

Attn: Wendy Jones

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT entered into on this 12th day of March, 2002, between FRANK R. ELLIS and JOAN E. ELLIS, husband and wife, for the purposes contained herein:

In consideration of the love and affection that each party has for the other, and in consideration of the mutual benefits to be derived hereunder, the parties agree as follows:

I

All property of whatever nature or description whether real, personal or mixed and wherever situated, irrespective of the source, now owned or hereafter acquired by either or both parties, shall be considered and is hereby declared to be community property from this day forward.

II

Upon the death of either party, title to all community property shall immediately vest in fee simple in the surviving party.

IN WITNESS WHEREOF, parties have signed this agreement on the date first written above.

Frank R. Ellis
FRANK R. ELLIS

Joan E. Ellis
JOAN E. ELLIS

Scott C. Broyles
901 Sixth Street
Clarkston, Washington 99403
(509) 758-1636

56606

STATE OF WASHINGTON)
) ss
County of Asotin)

This is to certify that on this 13th day of March, 2002, personally appeared FRANK R. ELLIS and JOAN E. ELLIS, husband and wife, to me known to be the individuals described in and who executed the within instrument, and acknowledged to me that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have set my hand and seal this 13th day of March, 2002.

Patricia A. Baldwin

NOTARY PUBLIC in and for the State of Washington,
residing at Clarkston.
My appointment expires 4/19/04.

Scott C. Broyles
901 Sixth Street
Clarkston, Washington 99403
(509) 758-1636

56606

CERTIFIED

FILED
2023 OCT 13 AM 11:03
MCKENZIE A. CAMPBELL
COUNTY CLERK
ASOTIN COUNTY, WA

SUPERIOR COURT OF WASHINGTON FOR ASOTIN COUNTY

In re the Estate of: FRANK R. ELLIS, Deceased.	No. 23-4-00115-02 LETTERS TESTAMENTARY WITH NONINTERVENTION POWERS

WHEREAS, the Last Will and Testament of Frank R. Ellis, deceased, was on the 13th day of October, 2023, duly exhibited, proven, and recorded in our said Superior Court;

WHEREAS, Gerri Mitts and Patrick Ellis are the persons nominated as Co-Personal Representatives in said Will;

WHEREAS, Gerri Mitts and Patrick Ellis have petitioned this court to be appointed Co-Personal Representatives thereof; and

WHEREAS, this court has entered an order appointing Gerri Mitts and Patrick Ellis as Co-Personal Representatives and granting nonintervention powers to the Co-Personal Representatives,

NOW, THEREFORE, know all people by these presents, that we do hereby authorize the said Gerri Mitts and Patrick Ellis to execute the terms of the Will with nonintervention powers according to law.

Gittins & Dukes, PLLC
843 Seventh Street
Clarkston, WA 99403
(509) 758-2501
Facsimile: (509) 758-3576

56606

WITNESS, TINA KERNAN Judge of our Superior Court, and the seal of said Court hereto affixed this 13th day of October, 2023.

Clerk of the Superior Court

STATE OF WASHINGTON)
: ss.
County of Asotin)

I, McKenzie A. Campbell, County Clerk of the County of Asotin, State of Washington, and ex-officio Clerk of the Superior Court of the State of Washington for Asotin County, do hereby certify that the within and foregoing is a full, true, and correct copy of the Letters Testamentary and of the whole thereof, as the same are now on file and of record in the above entitled cause in my office and custody. Said Letters have never been revoked and are still in Full Force and Effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Superior Court this 13th day of October, 2023.

McKenzie A. Campbell, County Clerk &
Ex-Officio Clerk of the Superior Court

By _____
Deputy

Gittins & Dukes, PLLC
843 Seventh Street
Clarkston, WA 99403
(509) 758-2501
Facsimile: (509) 758-3576

56606

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

OFFICE USE ONLY
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22. QUERIES
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TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NUMBER

Washington State Department of Health

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

DECEDENT

1. NAME First	Middle	Last	2. SEX (M / F)	3. DEATH DATE (Mo, Day, Yr)
Joan	Elaine	Ellis	female	05/25/2002

4. AGE LAST BIRTHDAY (Yrs)	5. UNDER 1 YEAR MOS	DAYS	6. UNDER 1 DAY HOURS	MINS	7. BIRTHDATE (Mo, Day, Yr)	8. BIRTHPLACE (City, State or Foreign Country)	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No)	13. COUNTY OF DEATH
57					10/25/1944	Seattle, Wa.	no	Asotin

11. CITY, TOWN OR LOCATION OF DEATH	12. PLACE OF DEATH — ☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. ☒ HOME 2. ☐ IN TRANSPORT 3. ☐ EMERG. RM/OUT PTN 4. ☐ HOSP. 5. ☐ NUR HOME 6. ☐ OTHER PLACE	13. SMOKING IN LAST 15 YEARS? (Yes / No)
Clarkston, Wa.	1672-7th Ave.	No

14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify)	15. SURVIVING SPOUSE (If wife, give maiden name)	16. SOCIAL SECURITY NO.	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
			Elementary/Secondary (0-12)	College (1-4 or 5+)
married	Frank Ellis			2

18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	19. KIND OF BUSINESS OR INDUSTRY	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify:	21. RACE (Specify)
Self Employed	Monograming	no	White

22. RESIDENCE — NUMBER AND STREET	23. CITY/TOWN, OR LOCATION	24. INSIDE CITY LIMITS? (Yes / No)	25A. COUNTY	25B. LENGTH OF RES. IN CO.	26. STATE	27. ZIP CODE
1672-7th Ave.	Clarkston	no	Asotin	17yrs	Wa.	99403

PARENTS

28. FATHER'S NAME — FIRST, MIDDLE, LAST	29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME
Ivan Bennett	Bertha Peer

30. INFORMANT — NAME	31. MAILING ADDRESS STREET OR RFD NO.	CITY OR TOWN	STATE	ZIP
Frank Ellis	1672-7th Ave.	Clarkston	Wa.	99403

DISPOSITION

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	33. DATE (Mo, Day, Yr)	34. CEMETERY/CREMATORY — NAME	35. LOCATION — CITY/TOWN, STATE
Burial	06/01/2002	Vineland Cemetery	Clarkston, Wa.

36. FUNERAL DIRECTOR SIGNATURE	37. NAME OF FACILITY	38. ADDRESS OF FACILITY
X [signature]	Merchant's Funeral Home	P.O.Box 107 Clarkston, Wa. 99403

CERTIFIER

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN	TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X [signature] M.D.	43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X
40. DATE SIGNED (Mo, Day, Yr): 5-28-02	41. HOUR OF DEATH (24 Hrs): 16:20
44. DATE SIGNED (Mo, Day, Yr)	45. HOUR OF DEATH (24 Hrs)
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	46. PRONOUNCED DEAD (Mo, Day, Yr) / 47. HOUR PRONOUNCED DEAD (24 Hrs)
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Dr. S. Pant M.D. 428-6th Ave. Lewiston, Idaho 83501	49. ME/CORONER FILE NUMBER

CAUSE OF DEATH

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:

IMMEDIATE CAUSE (Final disease or condition resulting in death).

DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.

		INTERVAL BETWEEN ONSET AND DEATH
A.	Progressive metastatic Breast cancer	months
DUE TO, OR AS A CONSEQUENCE OF: B.	Bronchial constriction 2° to the cancer	weeks
DUE TO, OR AS A CONSEQUENCE OF: C.	malnutrition & Cachexia	months
DUE TO, OR AS A CONSEQUENCE OF: D.		

51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:	52. AUTOPSY? (Yes / No)	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)
	no	no

54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo, Day, Yr)	56. HOUR OF INJURY (24 Hrs)	57. DESCRIBE HOW INJURY OCCURRED:

58. INJURY AT WORK? (Yes / No)	59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify)	60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE
		56606

61. RECORD AMENDMENT (Registrar use only) ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY	DATE	62. REGISTRAR SIGNATURE	63. DATE RECEIVED (Mo, Day, Yr)
				[signature]	MAY 28 2002

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/01) formerly DSHS 9-

DOH 01-003 (5/99)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

AFFIDAVIT FOR CORRECTION

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER

STATE OFFICE USE ONLY	STATE OFFICE USE ONLY
The record of Birth ☐ Death ☐ Marriage ☐ Dissolution ☐ with	1. STATE FILE NUMBER / for
2. NAME	3. DATE OF EVENT / 4. PLACE OF EVENT (City and County)
5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution)	6. MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Dissolution)

THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:

THE RECORD NOW SHOWS:	THE TRUE FACT IS:
7.	8.
9.	10.
11.	12.
13.	14.

I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY 15.

PHONE NUMBER: _____

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.

16. SIGNATURE	17. DATE	18. ADDRESS

DCH 110-007 (Rev. 3/99)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

1. **All changes must be established by documentary proof submitted with the affidavit.**
2. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
3. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
4. Proof must be five (or more) years old or established within five years of birth.
5. Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport

6. **Up to age one, the parent(s) or legal guardian may change the child's surname with an affidavit for correction provided:**
   - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
   - The new surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
   - After age one, surname changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
7. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
8. **This affidavit cannot be used to add a father to a birth certificate.** (use the paternity affidavit - form DOH 110-001)

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.
2. The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

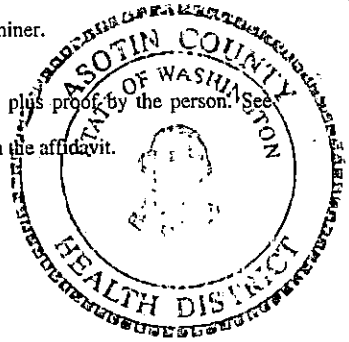
Marriage/Dissolution (Divorce) Certificates

1. Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
Center for Health Statistics
1112 Quince Street South
P.O. Box 9709
Olympia, WA 98507-9709

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



C. Spitters, M.D.
Health Officer

MAY 28 2002

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