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: Patrick and Linda Wolf
Virginia L. Riedinger, Sur. TTEE & Tracie Oxford, Succ. TTEE
Mailing address: 2443 4th Avenue
City/state/zip: Clarkston WA 99403
Phone (including area code): 5097512370

2 Buyer/Grantee
Name: Terance J. Busch
Esther Busch
Mailing address: 2017 Marilyn Way
City/state/zip: Clarkston WA 99403
Phone (including area code): 2148708957

3 Send all property tax correspondence to: ☒ Same as Buyer/Grantee
Name: Terance J. Busch Esther Busch
Mailing address: 2017 Marilyn Way
City/state/zip: Clarkston WA 99403   2148708957

List all real and personal property tax parcel account numbers	Personal property?	Assessed value(s)
See attached Exh A	☐	62,500
	☐	
	☐	

4 Street address of property: Land Only, 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).
~~The North half of Section 34 of Township 10 North, Range 43 East of the Willamette Meridian, records of Asotin County, Washington.~~
See attached full legal description

5 Land use code: 83 Agriculture classified under current use
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: Neal Waller   Date: 1-30-24

(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]   Signature: [signature]
Print name: Terence J. Busch   Print name: Esther Busch

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: ~~Warranty Deed (WD)~~ Statutory
Date of document: ~~12/01/23~~ 2-8-24

Gross selling price	291,466.00
*Personal property (deduct)	0.00
Exemption claimed (deduct)	0.00
Taxable selling price	291,466.00
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%	3,730.76
Total excise tax: state	3,730.76
Local	728.67
*Delinquent interest: state	0.00
Local	0.00
*Delinquent penalty	0.00
Subtotal	4,459.43
*State technology fee	5.00
Affidavit processing fee	0.00
Total due	4,464.43

0200

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: [signature]
Name (print): Patrick and Linda Wolf
Date & city of signing: 2-8-24, Clarkston, WA

Signature of grantee or agent: [signature]
Name (print): Terance J. Busch
Date & city of signing: 2-8-24, 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 not more than 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 call 711.

REV 84 0001a (09/08/22)   THIS SPACE TREASURER'S USE ONLY   COUNTY TREASURER

DATE 02/09/2024 - RECEIPT No. 56610 - Alliance Title - Clarkston

EFT

Print on legal size paper

EXHIBIT "A"

643348

Parcel 1:

Northeast Quarter of Section 34 in Township 10 North, Range 43 East of the Meridian, records of Asotin County, Washington.
Parcel Numbers: 2-010-43-034-1000-0000; 2-010-43-034-1001-0000; 2-010-43-034-1002-0000.

Parcel 2:

The Southwest Quarter of the Northwest Quarter of Section 34 in Township 10 North, Range 43 East of the Meridian, records of Asotin County, Washington.
Parcel Numbers: 2-010-43-034-2300-0000; 2-010-43-034-2301-0000; 2-010-43-034-2302-0000.

Parcel 3:

The Southeast Quarter of the Northwest Quarter of Section 34 in Township 10 North, Range 43 East of the Meridian, records of Asotin County, Washington.
Parcel Numbers: 2-010-43-034-2400-0000; 2-010-43-034-2401-0000; 2-010-43-034-2402-0000.

Parcel 4:

The North half of the Northwest Quarter of Section 34 in Township 10 North, Range 43 East of the Meridian, records of Asotin County, Washington.
Parcel Numbers: 2-010-43-034-2800-0000; 2-010-43-034-2801-0000; 2-010-43-034-2802-0000.

Tax Parcel Number(s): 2-010-43-034-1000-0000, 2-010-43-034-1001-0000, 2-010-43-034-1002-0000, 2-010-43-034-2300-0000, 210-43-034-2301-0000, 2-010-43-034-2302-0000, 2-010-43-034-2400-0000, 2-010-43-034-2401-0000, 2-010-43-034-2402-0000, 2-010-43-034-2800-0000, 2-010-43-034-2801-0000, 2-010-43-034-2802-0000

56610

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2021-024677
LOCAL FILE NUMBER: 2304
DATE ISSUED: 06/10/2021
FEE NUMBER: 126679177

FIRST AND MIDDLE NAME(S): ALICE M
LAST NAME(S): OXFORD

COUNTY OF DEATH: SPOKANE
DATE OF DEATH: MAY 23, 2021
HOUR OF DEATH: 10:25 AM
SEX: FEMALE AGE: 90 YEARS
SOCIAL SECURITY NUMBER:

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

BIRTH DATE: JULY 23, 1930
BIRTH PLACE: CLARKSTON, WA

MARITAL STATUS: DIVORCED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: CHECKER
INDUSTRY: GROCERY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: TRACIE OXFORD
RELATIONSHIP: DAUGHTER-IN-LAW
ADDRESS: 108 S. FISKE ST., SPOKANE, WA 99202

CAUSE OF DEATH:
A: RENAL FAILURE
INTERVAL: WEEKS
B: DECREASED ORAL INTAKE
INTERVAL: MONTHS
C: ALZHEIMER'S DEMENTIA
INTERVAL: YEARS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC KIDNEY DISEASE, ATRIAL FIBRILLATION,

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: HOME
FACILITY OR ADDRESS: 4408 N. CANAL ROAD
CITY, STATE, ZIP: NEWMAN LAKE, WASHINGTON 99025

RESIDENCE STREET: 4408 N. CANAL ROAD
CITY, STATE, ZIP: NEWMAN LAKE, WA 99025
INSIDE CITY LIMITS: NO COUNTY: SPOKANE
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 33 YEARS

FATHER: CARL RIEDINGER
MOTHER: EDNA POWERS

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: ST. JOSEPH CATHOLIC CEMETERY

CITY, STATE: SPOKANE VALLEY, WASHINGTON
DISPOSITION DATE: JUNE 12, 2021

FUNERAL FACILITY: HOLY CROSS FUNERAL AND CEMETERY SERVICES

ADDRESS: 7200 N WALL ST
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99208
FUNERAL DIRECTOR: GREGORY A FINCH

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: BRIAN J. SEPPI, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 121 S. ARTHUR
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99202
DATE SIGNED: MAY 25, 2021

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

LOCAL DEPUTY REGISTRAR: REINA PARSONS
DATE RECEIVED: MAY 25, 2021

DOH 422-032 (6/18)

NOT VALID IF PHOTOCOPIED OR ALTERED

566610

Washington State Department of Health

DOH 422-034 August 2018

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 ☐ 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 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

SPOKANE REGIONAL HEALTH DISTRICT

JUN 10 2021

Paula L. Maxwell
CHIEF DEPUTY REGISTRAR

0 4 8 2 7 2 2 0

5660