

Real Estate Excise Tax Affidavit (RCW 82.45 WAC 456-61A)

Only for sales in a single location code on or after April 1, 2024.
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 ESTATE OF JULIA DANE BUTTERFIELD
Mailing address 625 33RD ST
City/state/zip EVERETT, WA 98201
Phone (including area code) _____

2 Buyer/Grantee
Name DENNIS W. BUTTERFIELD
Mailing address 625 33RD ST
City/state/zip EVERETT, WA 98201
Phone (including area code) _____

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)
1-041-25-004 0006 \$0.00
 \$0.00
 \$0.00

4 Street address of property 1537 HILLCREST WAY, CLARKSTON
This property is located in Select Location (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).

See attached

5 Select land use code(s) _____
Enter any additional codes _____
(see back of last page for instructions)

7 List all personal property (tangible and intangible) included in selling price.

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

If claiming an exemption, enter exemption code and reason for exemption. *See dor.wa.gov/REET for exemption codes*
WAC number (section/subsection) US8-61A-202(b)(a)
Reason for exemption _____

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

Type of document	<u>Community Prop Agreement</u>
Date of document	<u>8/14/18</u>
Gross selling price	<u>161,600 0.00</u>
*Personal property (deduct)	<u>0.00</u>
Exemption claimed (deduct)	<u>161,600 0.00</u>
Taxable selling price	<u>0.00</u>
Excise tax: state	
Less than \$525,000.01 at 1.1%	<u>0.00</u>
From \$525,000.01 to \$1,525,000 at 1.28%	<u>0.00</u>
From \$1,525,000.01 to \$3,025,000 at 2.75%	<u>0.00</u>
Above \$3,025,000 at 3%	<u>0.00</u>
Agricultural and timberland at 1.28%	<u>0.00</u>
Total excise tax: state	<u>0.00</u>
0.0000 Local	<u>0.00</u>
*Delinquent Interest: state	<u>0.00</u>
Local	<u>0.00</u>
*Delinquent penalty	<u>0.00</u>
Subtotal	<u>0.00</u>
*State technology fee	<u>5.00</u>
Affidavit processing fee	<u>5.00</u>
Total due	<u>10.00</u>

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 [Signature] Signature of grantee or agent [Signature]
Name (print) Dennis W Butterfield Name (print) Dennis W Butterfield
Date & city of signing 8/9/24 Astoria Date & city of signing 8/9/24 Astoria

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)).
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.

EXHIBIT "A"

That part of Lot 12 in Block G-1 of Clarkston Heights according to the official plat thereof, filed in Book C of Plats at Page(s) 19, and that part of Lot 4 in Block I of Clarkston Heights according to the official plat thereof, filed in Book C of Plats at Page(s) 20, in the records of Asotin County, Washington, more particularly described as follows:

From the Northwest corner of Lot 12 of Block "G-1" of Clarkston Heights, Asotin County Washington, run North 33° 18' West a distance of 33.55 feet, thence South 56°42' West a distance of 75.0 feet, thence South 33°18' East a distance of 100 feet, thence North 56°42' East a distance of 173.84 feet to a point on the center line of county road which is the true point of beginning, thence South 56°42' West a distance of 173.84 feet, thence South 33°18', East a distance of 100.0 feet, thence North 56°42' East a distance of 175.0 feet to a point on the center line of the county road, thence North 33°18' West along the center line of the county road to a point of curve and thence Northwesterly along a curve to the left with a radius of 373.2 feet to the true point of beginning, except areas in county road, Excepting therefrom that portion of said land deeded to Asotin County for road purposes by Quit Claim Deed, recorded June 26, 1962 under Instrument No, 81077, in the records of Asotin County, Washington.

County of Asotin, State of Washington.

5. **Automatic Revocation of Paragraph 3.** Paragraph 3 immediately above shall be automatically revoked upon the occurrence of any of the following events:

- a. The establishment of a domicile outside the State of Washington by either party.
- b. The simultaneous death of both parties or their death if its order cannot be reasonably determined.
- c. The filing in a Court of competent jurisdiction by either party or both parties of a Petition for Marital Dissolution, Legal Separation, or Declaration of Marital Invalidity followed by the death of either party survived by the other party before such proceeding is either dismissed, abandoned, or completed, with its completion being determined by the entry of an Order of Dissolution, Legal Separation, or Marital Invalidity, respectively.

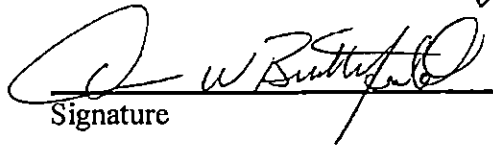
6. **Optional Revocation of Paragraph 3 by Either Party.** If either party becomes disabled, the other party may revoke Paragraph 3 above but only by a writing signed by that party and acknowledged before a Notary Public. For purposes of this paragraph, a party shall be "disabled" if he/she is:

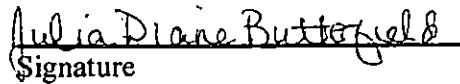
- Determined in a writing to be unable to adequately manage his/her property or financial affairs by two independent physicians, or
- Found to be legally disabled by a Court of competent jurisdiction.

7. **Optional Revocation of Paragraph 3 by Both Parties.** Paragraph 3 above may be revoked by both parties but only by a writing signed by both of them and acknowledged before a Notary Public.

8. **Independent Counsel.** Each party recognizes that he/she has the right to be represented by independent counsel as regards the advisability of his/her entering into this Agreement and waives that right.

IN WITNESS WHEREOF, the Parties have signed this Agreement on August 4
2018.

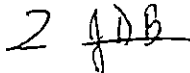

Signature

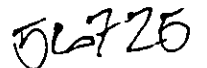

Signature

STATE OF WASHINGTON)
) ss.
COUNTY OF Snohomish)

On this day personally appeared before me DENNIS W BUTTERFIELD and JULIA DIANE BUTTERFIELD, proven to be the individuals described in and who executed the within and foregoing Community Property Agreement, and acknowledged that they signed the







When Recorded Please Return To:

BAILEY, DUSKIN, PEIFFLE & MARTIN, P.S.
P.O. BOX 188
ARLINGTON, WA 98223

Our File No: 3-134

Asotin County, WA
Darla McKay Auditor

383143

04/09/2024 01:08 PM



I-15 CP
Pgs=4 Fee:\$306.50
BUTTERFIELD, DENNIS

Document Title(s) (or transactions contained therein): COMMUNITY PROPERTY AGREEMENT
Grantor(s) (Last name first, then first name and initials) BUTTERFIELD, JULIA DIANE
Grantee(s) (Last name first, then first name and initials) BUTTERFIELD, DENNIS W.
Legal Description (abbreviated i.e. lot, block, plat or section, township, range, qtr./qtr.) N/A
Reference Number(s) of Documents assigned or released: N/A
Assessor's Property Tax Parcel/Account Number N/A
The Auditor/Recorder will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information

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COMMUNITY PROPERTY AGREEMENT

This COMMUNITY PROPERTY AGREEMENT dated August 4 2018
Dennis W. Butterfield and Julia
Diane Butterfield (the "parties"), as husband and wife.

The parties are married to each other, are residents of the State of Washington, and desire to enter into this Agreement in order to set forth the status of their property as Community Property and to provide for its disposition to the survivor of them at the death of the first of them to die.

WHEREFORE, the parties revoke all prior Community Property Agreements and any other agreement regarding the status or disposition of his, her, or their property to the extent of any inconsistency with this Agreement and agree as follows:

- 1. Financial Disclosure.** Each party has fully disclosed to the other party his/her assets, incomes, debts, and liabilities, and the other party is satisfied that full disclosure has been made.
- 2. Status of Property.** All property of whatever nature or description, whether real, personal, or mixed, and wherever located, within or without the State of Washington, now owned or hereafter acquired by either party or both of the parties shall be and is the Community Property of the parties.
- 3. Disposition of Property.** Upon the death of either party survived by the other party, all interest of the deceased party in the then current Community Property of the parties shall pass to and become the sole and separate property of the survivor of the parties.
- 4. Disclaimer.** Upon the death of either party survived by the other party, the surviving spouse may disclaim, in whole or in part, and if in part, any specific part, share, or asset, any interest passing under this Agreement. Upon such disclaimer, the disclaimed interest shall pass as if Paragraph 3 immediately above had been revoked as to that interest at the deceased spouse's death but with the surviving spouse continuing to be entitled to any benefits by any alternative disposition.

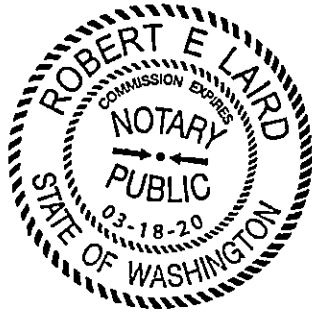
DWB

JDB

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same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal on:



Robert E Laird

NOTARY PUBLIC in & for Washington
My appointment expires on: 03-18-2020

3 *QWB*

3 *FDB*

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-057729

LOCAL FILE NUMBER: 5304

DATE ISSUED: 11/28/2023

FEE NUMBER: 311123

FIRST AND MIDDLE NAME(S): JULIA DIANE
LAST NAME(S): BUTTERFIELD

COUNTY OF DEATH: SNOHOMISH
DATE OF DEATH: NOVEMBER 24, 2023
HOUR OF DEATH: 12:40 PM

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 625 33RD ST
CITY, STATE, ZIP: EVERETT, WASHINGTON 98201

SEX: FEMALE AGE: 68 YEARS
SOCIAL SECURITY NUMBER:

RESIDENCE STREET: 625 33RD ST
CITY, STATE, ZIP: EVERETT, WA 98201-4105
INSIDE CITY LIMITS: YES COUNTY: SNOHOMISH
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 28 YEARS

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

FATHER: MARVIN HAGLUND
MOTHER: MARILYN PARKER

BIRTH DATE: AUGUST 19, 1955
BIRTHPLACE: SAN DIEGO, CA

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: DENNIS WESLEY BUTTERFIELD

CITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: NOVEMBER 30, 2023

OCCUPATION: SECRETARY
INDUSTRY: WOOD PRODUCT MANUFACTURING
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

FUNERAL FACILITY: EVERGREEN FUNERAL HOME & CEMETERY

INFORMANT: DENNIS WESLEY BUTTERFIELD
RELATIONSHIP: SPOUSE
ADDRESS: 625 33RD ST, EVERETT WA 98201

ADDRESS: 4504 BROADWAY
CITY, STATE, ZIP: EVERETT, WASHINGTON 98203
FUNERAL DIRECTOR: CANDICE MCGINNIS

CAUSE OF DEATH:

A: CHRONIC OBSTRUCTIVE PULMONARY DISEASE

INTERVAL: YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

CERTIFIER NAME: DON NGUYEN, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 2219 RIMLAND DR. STE. 301

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226

DATE SIGNED: NOVEMBER 24, 2023

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ZHARIA DENNIS

DATE RECEIVED: NOVEMBER 28, 2023

516715

Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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 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

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 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

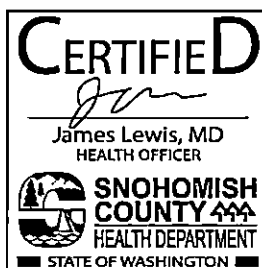
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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.



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