

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

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 Garey E. Broemeling

**2 Buyer/Grantee**

Name Coleen Broemeling

Mailing address 2021 Pleasant View Ct

City/state/zip Clarkston, WA 99403

Phone (including area code) \_\_\_\_\_

Mailing address 2021 Pleasant View Ct

City/state/zip Clarkston, WA 99403

Phone (including area code) 509-254-3283

**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)
<u>13030203100000000</u>	<input type="checkbox"/>	<u>\$ 309,850.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>

**4 Street address of property** 2021 Pleasant View Ct, Clarkston, WA 99403

This property is located in Asotin County (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 31, Block 2, of Parkview Acres, according to the official plat thereof, filed in Book E of Plats at Page 98, records of 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.

N/A

If claiming an exemption, enter exemption code and reason for exemption. \*See dor.wa.gov/REET for exemption codes\*

WAC number (section/subsection) 458-81A-202(6)(a)

Reason for exemption \_\_\_\_\_

Inheritance, see attached death certificate and Community Property Agr

Type of document Death Certificate and GPA

Date of document 6/12/1989

Gross selling price	0.00
*Personal property (deduct)	0.00
Exemption claimed (deduct)	0.00
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
Technology fee	5.00
Avail processing fee	5.00
Total due	10.00

**PAID**

**APR 12 2024**

**ASOTIN COUNTY TREASURER**

A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX  
0200 \*SEE INSTRUCTIONS

**8** I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature of grantor or agent Kellie Earle  
Name (print) Kellie Earle  
Date & city of signing 4/10/24 Lewiston, ID

Signature of grantee or agent Kellie Earle  
Name (print) Kellie Earle  
Date & city of signing 4/10/24 Lewiston, ID

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.

*Crason, Moore, Dokken & Opicall*  
*att# 15249*

**# 56740**



I-15 CP  
Pgs=2 Fee:\$304.50  
CREASON, MOORE, DOKKEN &

**AFTER RECORDING, RETURN TO:**

Paul B. Burris  
Creason, Moore, Dokken & Geidl, PLLC  
P. O. Drawer 835  
Lewiston ID 83501

**COMMUNITY PROPERTY AGREEMENT**

*Reference Numbers of Related Documents:* N/A

*Grantor:* Broemeling, Gary E.

*Grantee:* Broemeling, Coleen

***Legal Description:***

1. Real property located in Asotin County, Washington, described as follows:  
  
Lot 31, Block 2, of Parkview Acres, according to the official plat thereof, filed in Book E of Plats at Page 98, records of Asotin County, Washington.
2. Assessor's Parcel No. 13030203100000000

**COMMUNITY PROPERTY AGREEMENT**

Creason, Moore, Dokken & Geidl, PLLC  
P.O. Drawer 835, Lewiston, ID 83501  
(208)743-1516; Fax (208)746-2231

56740

COMMUNITY PROPERTY AGREEMENT

KNOW ALL PERSONS BY THESE PRESENTS:

This agreement, made and entered into this 12th day of June, 1989, by and between Gary E. Broemeling and Coleen Broemeling, husband and wife, of Asotin County, State of Washington, pursuant to the provisions of §26.16.120RCW, permitting agreements between husband and wife fixing the status and disposition of community property to take effect upon the death of either, Witnesseth: That, in consideration of the love and affection that each of us has for each other, and in consideration of the mutual benefits to be derived by each of us, it is hereby agreed, covenanted, and promised as follows:

I.

That all property of whatsoever nature or description whether real, personal or mixed and wheresoever situated now owned or hereafter acquired by us or either of us, including separate property, shall be considered and is hereby declared to be community property, and each of us hereby conveys and quit claims to the other his or her interest in any separate property he or she now owns or hereafter acquires so as to convert the same to community property.

II.

That upon the death of either of us, title to all community property as herein defined shall immediately vest in fee simple in the survivor.

IN WITNESS WHEREOF, we Gary E. Broemeling and Coleen Broemeling have hereunto set our hands this 12th day of June, 1989.

[Signature] WITNESS

[Signature] SPOUSE

[Signature] WITNESS

[Signature] SPOUSE

STATE OF WASHINGTON, County of Asotin } ss.

This is to certify on this 12th day of June, 1989, before me a Notary Public in and for the State of Washington duly commissioned and sworn, personally came Gary E. Broemeling and Coleen Broemeling husband and wife, to me known to be the individual 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.

WITNESS my hand and official seal the day and year in this certificate first above written.

[Signature]

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

56740



I-131 DC  
Pgs=3 Fee:\$20.00  
CREASON, MOORE, DOKKEN &  
-----

**AFTER RECORDING, RETURN TO:**

Paul B. Burris  
Creason, Moore, Dokken & Geidl, PLLC  
P. O. Drawer 835  
Lewiston ID 83501

**DEATH CERTIFICATE**

*Reference Numbers of Related Documents:* N/A

*Decedent:* Broemeling, Gary Earl

**DEATH CERTIFICATE**

Creason, Moore, Dokken & Geidl, PLLC  
P.O. Drawer 835, Lewiston, ID 83501  
(208)743-1516; Fax (208)746-2231

56740

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-043007

DATE ISSUED: 09/26/2023  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): GARY EARL  
LAST NAME(S): BROEMELING

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: SEPTEMBER 02, 2023  
HOUR OF DEATH: 08:00 AM PRESUMED  
SEX: MALE AGE: 76 YEARS  
SOCIAL SECURITY NUMBER: redacted

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

BIRTH DATE: SEPTEMBER 03, 1946  
BIRTHPLACE: LEWISTON, ID

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: COLEEN BABINO

OCCUPATION: INSURANCE PACKAGING  
INDUSTRY: INSURANCE  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: YES

INFORMANT: COLEEN BROEMELING  
RELATIONSHIP: SPOUSE  
ADDRESS: 2021 PLEASANT VIEW CT, CLARKSTON WA, 99403

CAUSE OF DEATH:  
A: PERFORATING BRAIN INJURY  
INTERVAL: MOMENTS  
B: SELF INFLICTED GUN SHOT WOUND TO THE HEAD  
INTERVAL: MOMENTS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: SEPTEMBER 02, 2023  
HOUR OF INJURY: 08:00 AM PRESUMED  
INJURY AT WORK: NO  
PLACE OF INJURY: DECEDENT'S HOME

LOCATION OF INJURY: 2120 PLEASANT VIEW COURT  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403  
COUNTY: ASOTIN

DESCRIBE HOW INJURY OCCURRED: SELF INFLICTED GUN SHOT WOUND  
TO THE HEAD

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: DECEDENT'S HOME  
FACILITY OR ADDRESS: 2021 PLEASANT VIEW CT  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 2021 PLEASANT VIEW CT  
CITY, STATE, ZIP: CLARKSTON, WA 99403  
INSIDE CITY LIMITS: NO COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 28 YEARS

FATHER: EARL BROEMELING  
MOTHER: LOUISE KASCHMITTER

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

CITY, STATE: LEWISTON, IDAHO  
DISPOSITION DATE: SEPTEMBER 07, 2023

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES  
LLC  
ADDRESS: PO BOX 107  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403  
FUNERAL DIRECTOR: RICHARD LASSITER

MANNER OF DEATH: SUICIDE  
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: LISA WEBBER  
TITLE: CORONER/ME  
CERTIFIER ADDRESS: PO BOX 220  
CITY, STATE, ZIP: ASOTIN, WASHINGTON 99402  
DATE SIGNED: SEPTEMBER 06, 2023

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

LOCAL DEPUTY REGISTRAR: LORA L. GITTINS  
DATE RECEIVED: SEPTEMBER 06, 2023

56740

DOH 422-132 (8/18)

# 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
-------------------	------------	----------	------	------------------

**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: Printed name: Date:  
 14b. Signature of 2<sup>nd</sup> parent (if required): Printed name: Date:

**INSTRUCTIONS – go to [www.doh.wa.gov](http://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, 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.
- 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.

