

# 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 Floyd D. McCallum

Mailing address c/o Tammie Hernandez; 3780 Nicklaus Dr

City/state/zip Clarkston WA 99403

Phone (including area code) 208-413-8238

**2 Buyer/Grantee**

Name Gary Kershaw

Mailing address 2605 8th Avenue

City/state/zip Clarkston WA 99403

Phone (including area code) 4252931775

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

Name Gary Kershaw

Mailing address 2605 8th Avenue

City/state/zip Clarkston WA 99403 4252931775

List all real and personal property tax parcel account numbers	Personal property?	Assessed value(s)
11320019400000000	<input type="checkbox"/>	270,900.00
	<input type="checkbox"/>	
	<input type="checkbox"/>	

**4** Street address of property 2605 8th Avenue, 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

**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 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 \_\_\_\_\_

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

Signature of grantor or agent [Signature]

Name (print) Floyd D. McCallum

Date & city of signing 4/18/24, Clarkston, WA

Signature of grantee or agent [Signature]

Name (print) Gary Kershaw

Date & city of signing 4/18/24, 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 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.

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

Type of document	Statutory Warranty Deed (SWD)
Date of document	<u>04/18/24</u>
Gross selling price	<u>390,000.00</u>
*Personal property (deduct)	<u>0.00</u>
Exemption claimed (deduct)	<u>0.00</u>
Taxable selling price	<u>390,000.00</u>
Excise tax: state	
Less than \$525,000.01 at 1.1%	<u>4,290.00</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>4,290.00</u>
Local	<u>975.00</u>
*Delinquent Interest: state	<u>0.00</u>
Local	<u>0.00</u>
*Delinquent penalty	<u>0.00</u>
Subtotal	<u>5,265.00</u>
*State technology fee	<u>5.00</u>
Affidavit processing fee	<u>0.00</u>
Total due	<u>5,270.00</u>

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

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EXHIBIT "A"

658928

That part of the North half of Section 6, Township 10 North, Range 46 East of the Willamette Meridian, Asotin County, Washington, more particularly described as follows:

Commencing at the monument at the intersection of Critchfield Road and 6th Avenue; thence North 89°04'44" West along the centerline of 6th Avenue for a distance of 1485.0 feet; thence South 0°55'16" West for a distance of 1345 feet to The True Place of Beginning; thence continue South 0°55'16" West for a distance of 105 feet; thence South 89°04'44" East for a distance of 140 feet; thence North 0°55'16" East for a distance of 105.0 feet; thence North 89°04'44" West for a distance of 140 feet to the place of beginning.

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**LACK OF PROBATE AFFIDAVIT  
STATE OF WASHINGTON  
FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, OR JOINT TENANCY PROPERTY**

Title Insurance Commitment No: 658928

STATE OF Washington                    )  
  ) SS:  
COUNTY OF Asotin                    )

(herein, "Affiant"), being first duly sworn, on oath deposes and says:

That Affiant is (check one):

- the lawful surviving spouse of the Decedent
- Surviving child of the Decedent
- Registered domestic partner of the Decedent
- One of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on \_\_\_\_\_ [mm/dd/yyyy], under Recording No. \_\_\_\_\_, in \_\_\_\_\_ County, Washington,
- other (identify:)

All with respect to the estate of Starla Rae McCallum (herein "Decedent"), who died on November 1, 2015, in the County of Asotin, State of Washington, then being a resident of the City of Clarkston, County of Asotin, State of Washington. (A copy of the death certificate is attached hereto.)

That Affiant has herein below identified each and all of the heirs at law and next of kin of decedent, including but not limited to children, adopted children, the issue of any predeceased child or adopted child (if decedent left no surviving children, then Affiant has listed below all of the surviving parents, brothers and sisters of decedent), spouse, registered domestic partner, and **including all parties who would have been heirs at law if the decedent had not been married or a registered domestic partner on the date of death:**

That the heirs at law and next of kin of the decedent are (list all parties, using the reverse side or attaching a list if necessary):

Name & relationship Floyd D. McCallum, spouse

Address: \_\_\_\_\_

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 Floyd D. McCallum

unmarried, not a registered domestic partner

unmarried, a registered domestic partner of \_\_\_\_\_

2. That on the date of death the Decedent was

married to Floyd D. McCallum

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.

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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.  
 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 \$ 390,000.00, including the value of community property of Decedent and Decedent's surviving spouse, if any, of approximately \$ 390,000.00, and including the value of Decedent's separate property, if any, of approximately \$ 0.00, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ 0.00.

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: April 18, 2024

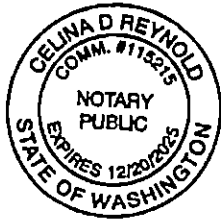
Floyd D. McCallum by Tammie J. Hernandez, Attorney-in-Fact  
(Signature)

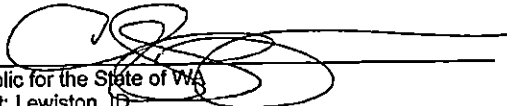
Floyd D. McCallum by Tammie J. Hernandez, Attorney-in-Fact (formerly Tammie J. McCallum)  
(Print or type Affiant's full name)

3780 Nicklaus Dr, Clarkston, VA 99903  
(Full address and telephone number)

State of Washington  
County of Asotin

On this 18th day of April, 2024, before me, the undersigned, a Notary Public in and for said state, personally appeared Tammie J. Hernandez known or identified to me to be the person(s) whose name(s) is subscribed to the within instrument as Attorney-in-fact of Floyd D. McCallum, subscribed the name of Floyd D. McCallum as principal and his/~~her~~ own name as Attorney-in-fact and acknowledged to me that she executed the same.  
IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal the day and year first above written.



  
\_\_\_\_\_  
Notary Public for the State of WA  
Residing at: Lewiston, ID  
Commission Expires: 12/20/2025

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STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-030508

DATE ISSUED: 11/04/2015

FEE NUMBER: 0000244325

GIVEN NAME: STARLA RAE  
LAST NAME: MCCALLUM

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: NOVEMBER 01, 2015  
HOUR OF DEATH: 06:56 P.M.  
SEX: FEMALE  
AGE: 64 YEARS

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 2605 8TH AVE  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

SOCIAL SECURITY NUMBER:

RESIDENCE STREET: 2605 8TH AVE  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403  
INSIDE CITY LIMITS? NO  
COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 40 YEARS

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

FATHER: GEORGE PHILLIPS  
MOTHER: JULIE HUDDLESTON

BIRTHDATE: DECEMBER 10, 1950  
BIRTHPLACE: LEWISTON, IDAHO

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY  
CITY, STATE: LEWISTON, ID  
DISPOSITION DATE: NOVEMBER 03, 2015

MARITAL STATUS: MARRIED  
SPOUSE: DOUG MCCALLUM

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

OCCUPATION: LABORER  
INDUSTRY: AMMUNITION MANUFACTURING  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? NO

INFORMANT: DOUG MCCALLUM  
RELATIONSHIP: HUSBAND  
ADDRESS: 2605 8TH AVE, CLARKSTON WA, 99403

- CAUSE OF DEATH:
- A. PNEUMONIA, ORGANISM UNKNOWN  
INTERVAL: 1 DAY
  - B. METASTATIC NON-SMALL CELL LUNG CANCER  
INTERVAL: 6 MONTHS
  - C. INTERVAL:
  - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
HYPERTENSION

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK?  
PLACE OF INJURY:

MANNER OF DEATH: NATURAL  
AUTOPSY? NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? YES  
PREGNANCY STATUS, IF FEMALE? NOT APPLICABLE

LOCATION OF INJURY:  
CITY, STATE, ZIP:  
COUNTY:

CERTIFIER NAME: DAVID B. MARTIN, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1119 HIGHELAND AVE STE 3  
CITY, STATE, ZIP: CLARKSTON WA, 99403  
SIGNED: NOVEMBER 03, 2015

DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IS A TRANSPORTATION INJURY?  
NOT APPLICABLE

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

ITEM(S) AMENDED: NONE  
NUMBER(S) NONE  
DATE(S) NONE

LOCAL DEPUTY REGISTRAR:  
GRADY WOODBURY  
DATE RECEIVED: NOVEMBER 04, 2015



52754





### 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  
360-238-4300  
www.doh.wn.gov

#### STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record

Record Type:  Birth  Death  Marriage  Dissolution

1. Name on record: \_\_\_\_\_ 2. Date of Event: \_\_\_\_\_ 3. Place of Event: \_\_\_\_\_  
City or County

4. Father/Parent Full Birth Name \_\_\_\_\_ 5. Mother/Parent Full Birth Name \_\_\_\_\_

The record is incorrect or incomplete as follows:

The record now shows: \_\_\_\_\_ The true fact is: \_\_\_\_\_

6. \_\_\_\_\_ 7. \_\_\_\_\_

8. \_\_\_\_\_ 9. \_\_\_\_\_

10. \_\_\_\_\_ 11. \_\_\_\_\_

12. \_\_\_\_\_ 13. \_\_\_\_\_

14. I represent the person as:  Self  Parent  Guardian  Informant  Funeral Director  Other (Specify) \_\_\_\_\_ Telephone Number: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature: \_\_\_\_\_ 16. Date: \_\_\_\_\_ 17. Address: \_\_\_\_\_

(Printed Name) \_\_\_\_\_

All vital records are registered as received. Most changes must be established by documentary proof submitted with the affidavit.

We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.

Examples of acceptable documentary proof:	Birth Record	Numident Report (Social Security Administration)	School Transcripts (Official)
	Certificate of Naturalization	Marriage/Divorce Record	Allen Registration (front and back)
	Military Record (DD-214)	Life Insurance Policy	
	Passport	Hospital/Medical Record	

#### Birth Certificates

1. Only a parent, 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 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.

#### Child under 18

• Only parent(s) or legal guardian can change the birth certificate.

• Guardian must submit certified court order giving them authority to act on behalf of child(ren).

• Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.

• Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.

• To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.

• To correct parent's birth date, place of birth, or name, one documentary proof is required.

• Proof must be five (or more) years old or have been established within five years of birth.

4. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form DOH 422-032)

#### Death Certificates

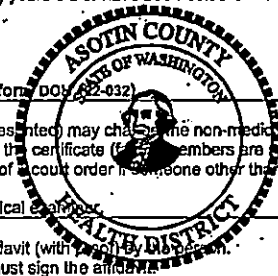
1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a 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 fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof).

2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.



*Joel McCullough*  
Joel McCullough, M.D., MPH, MS  
Health Officer

NOV 04 2015

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