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 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 Lisa Marie Snodderly
Mailing address 432 12th Street
City/state/zip Clarkston WA 99403
Phone (including area code)

2 Buyer/Grantee
Name Rowdy R.S. Snodderly
Sara Katherine Popoff Snodderly
Mailing address 4679 Asotin Creek Road
City/state/zip Asotin WA 99402
Phone (including area code)

3 Send all property tax correspondence to: ☒ Same as Buyer/Grantee
Name Rowdy R.S. Snodderly Sara Katherine Popoff Sn
Mailing address 4679 Asotin Creek Road
City/state/zip Asotin WA 99402

List all real and personal property tax parcel account numbers	Personal property?	Assessed value(s)
10510002000020000	☐	59,300.00
	☐	
	☐	

4 Street address of property 4679 Asotin Creek Road, Asotin, WA 99402
This property is located in Asotin Asotin(city) *(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 'Exhibit A'.

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

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

If claiming an exemption, enter exemption code and reason for exemption. *See dor.wa.gov/REET for exemption codes*
WAC number (section/subsection)
Reason for exemption

Type of document STATUTORY WARRANTY DEED ~~Personal Representative's Deed (PRD)~~
Date of document 05/31/24

Gross selling price	55,300.00
*Personal property (deduct)	0.00
Exemption claimed (deduct)	0.00
Taxable selling price	55,300.00
Excise tax: state	
Less than $525,000.01 at 1.1%	608.30
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	608.30
Local	138.25
*Delinquent interest: state	0.00
Local	0.00
*Delinquent penalty	0.00
Subtotal	746.55
*State technology fee	5.00
Affidavit processing fee	0.00
Total due	751.55

0250

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 Lisa Marie Snodderly
Name (print) Lisa Marie Snodderly
Date & city of signing 5/31/24 Clarkston

Signature of grantee or agent Rowdy R.S. Snodderly
Name (print) Rowdy R.S. Snodderly
Date & city of signing 5/31/24 Clarkston

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.

REV 84 0001a (02/21/24)

THIS SPACE TREASURER'S USE ONLY COUNTY TREASURER

DATE 05/31/2024 - RECEIPT No. 58869 - Alliance Title - Clarkston

EFT

Print on legal size paper

File No. 614837

Exhibit 'A'

That part of the Southeast Quarter of Section 24 of Township 10 North, Range 45 East of the Willamette Meridian, Asotin County, Washington, more particularly described as follows: Commencing at an iron pipe on the South line of said Section 24, said pipe being 746.32 feet East of the Southwest corner of said Southeast Quarter; thence North 26°05'51" East a distance of 970.8 feet to a point on the existing centerline of the Jerry Bridge, said point being the True Place of Beginning; thence North 2°10'44" West along the existing County road centerline a distance of 236.65 feet; thence North 22°00'53" East long the existing County road centerline a distance of 118.10 feet; thence North 46°15'29" East along the existing County road centerline a distance of 275.24 feet; thence South 38°06'39" East a distance of 499.00 feet (previously described line as Southeast and as South 36°09'50" East about 500 feet) to the center line of Asotin Creek as it flowed in 1973; thence South 75°09'26" West along said creek centerline a distance of 560.81 feet to the True Place of Beginning. EXCEPTING therefrom all that portion lying in the right of way of the County road.

ALSO EXCEPTING therefrom that part of the Southeast Quarter of Section 24 of Township 10 North, Range 45 East of the Williamette Meridian, Asotin County, Washington more particularly described as follows: Commencing at an iron pipe on the South line of said Section 24, said pipe being 746.32 feet East of the Southwest corner of said Southeast Quarter; thence North 26°05'51" East a distance of 970.80 feet to a point on the existing centerline of the Jerry Bridge (1973), said point being the True Place of Beginning; thence North 2°10'44" West along the existing County road centerline a distance of 236.65 feet; thence North 22°00'53" East along said centerline a distance of 118.10 feet; thence North 46°15'29" East along said centerline a distance of 45.58 feet; thence South 38°45'44" East, 176.60 feet; thence North 67°34'32" East, 124.86 feet; thence North 12°21'28" West, 161.21 feet; thence North 31°57' West, 85.51 feet to a point on the existing centerline of the County road; thence North 46°15'29" East along said centerline a distance of 27.24 feet; thence South 38°06'39" East (descriptions of record have previously described this line as Southeast and as South 36°09'50" East about 500 feet) a distance of 499.00 feet to the centerline of Asotin Creek as it flowed in 1973; thence South 75°09'26" West along said creek centerline a distance of 560.81 feet to the true place of beginning. EXCEPTING therefrom all that portion lying in the right of way of the County road.

Bearings are referred to a Record of Survey recorded as Instrument Number 118728.

56869

Return Address

735 5th Street
Clarkston, WA 99403

Please print or type information

Document Title(s) (or transactions contained therein): 1. Certificate of Death 2. 3. 4.
Grantor(s) (Last name first, then first name and initials): 1. Beard, Ralph Everett 2. 3. 4. ☐ Additional names on page __ of document.
Grantee(s) (Last name first, then first name and initials): 1. To the public 2. 3. 4. ☐ Additional names on page __ of document.
Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.) ☐ Additional legal is on page __ of document.
Reference Number(s) of Documents assigned or released: ☐ Additional numbers on page __ of document.
Assessor's Property Tax Parcel/Account Number ☐ Property Tax Parcel ID is not yet assigned ☐ Additional parcel numbers on page __ of document
The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

56869

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

OFFICE USE ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

Health

CERTIFICATE OF DEATH

LOCAL FILE NUMBER

146 STATE FILE NUMBER

DECEDENT

1. NAME First	Middle	Last	2. SEX (M/F)	3. DEATH DATE (Mo, Day, Yr)
Ralph	Everett	Beard	Male	March 19, 2001

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)	10. COUNTY OF DEATH
88			May 19, 1912	Joseph Creek, OR	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)
Asotin	4679 Asotin Creek Road	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	Helen B. Clark		8	

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.)	21. RACE (Specify)
Highway Dept. worker	State Highway	(Yes/No) Specify: 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
4679 Asotin Creek Road	Asotin	NO	Asotin	22 yrs	WA	99402

PARENTS

28. FATHER'S NAME — FIRST, MIDDLE, LAST	29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME
Leonard — Beard	Ina — Varney

30. INFORMANT — NAME	31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP
Helen B. Beard	4679 Asotin Creek Road, Asotin, WA. 99402

DISPOSITION

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	33. DATE (Mo, Day, Yr)	34. CEMETERY/CREMATORY — NAME	35. LOCATION — CITY/TOWN, STATE
Rem-Crem	March 22, 01	Mt. View Crematory	Lewiston, ID 83501

36. FUNERAL DIRECTOR SIGNATURE	37. NAME OF FACILITY	38. ADDRESS OF FACILITY
x [signature]	Merchant Funeral Home	1000 7th, Clarkston, Wa. 99403

CERTIFIER

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

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

40. DATE SIGNED (Mo, Day, Yr)

41. HOUR OF DEATH (24 Hrs.)

42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

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 [signature] Deputy Coroner

44. DATE SIGNED (Mo, Day, Yr)	45. HOUR OF DEATH (24 Hrs.)
03/20/2001	08:00

46. PRONOUNCED DEAD (Mo, Day, Yr)	47. HOUR PRONOUNCED DEAD (24 Hrs)
03/19/2001	08:45

48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)

Curt Liedkie, Dep Coroner, Asotin Co. Court House, Asotin, WA 99402

49. ME/CORONER FILE NUMBER

CAUSE OF DEATH

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

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death).	a. Arterio sclerotic Heart Disease	
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.	DUE TO, OR AS A CONSEQUENCE OF: b.	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.	DUE TO, OR AS A CONSEQUENCE OF: c.	
	DUE TO, OR AS A CONSEQUENCE OF: d.	

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

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

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

61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE

62. REGISTRAR [signature] MD

63. DATE RECEIVED (Mo, Day, Yr) MAR 20 2001

THE SEAL OF THE STATE OF WASHINGTON 1889

56-869

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 410-005 (Rev. 7/99)

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

DOH 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.

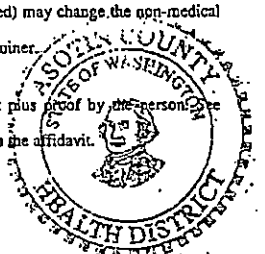
Marriage/Dissolution (Divorce) Certificates

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.



Robert G. Atwood, M.D.
Health Officer

MAR 2 6 2001

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