



REAL ESTATE EXCISE TAX AFFIDAVIT
CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED

(See back of last page for instructions)

Check box if partial sale of property

If multiple owners, list percentage of ownership next to name.

Form section 1-3: Seller/Grantor (Claudia J. Adams) and Buyer/Grantee (Michael Drake, Denise Drake) information including names, addresses, and property tax correspondence details.

Form section 4: Street address of property (1888 2nd Avenue, Clarkston, WA 99403) and location details (unincorporated Asotin County).

Form section 5: Land Use Code (11 Household, single family units) and exemption information.

Form section 6: Designation questions (forest land, current use, special valuation) with YES/NO checkboxes.

NOTICE OF CONTINUANCE (FOREST LAND OR CURRENT USE) and NOTICE OF COMPLIANCE (HISTORIC PROPERTY) instructions.

Form section 7: Owner(s) signature and print name area.

Form section 7: Personal property included in selling price table.

Form section 7: Exemption information (WAC No., Reason for exemption).

Table with 2 columns: Description and Amount. Includes rows for Statutory Warranty Deed (SWD), Gross Selling Price (\$515,000.00), Excise Tax (State \$5,692.00, Local \$1,287.50), and Total Due (\$6,984.50).

Form section 8: Signature and name of Grantor/Grantor's Agent (Claudia J. Adams) and Grantee/Grantee's Agent (Michael Drake).

Perjury: Perjury is a class C felony which is punishable by imprisonment in the 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 five thousand dollars (\$5,000.00), or by both imprisonment and fine (RCW 9A.20.020 (1C)).

EFT

Return Address:

735 5th Street
Clarkston, WA, 99403

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Claudia Adams being first duly sworn
Name of Affiant
deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real
property described below, and is Spouse
Relationship to decedent
of Jack Adams, who died on 3/2/2022
Decedent/Grantor Date
at Lewiston Nice Perce ID
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Assessor's Property Tax Parcel/Account Number: 1-057-01-0000-0000
(Attach full legal description of the property)

- Decedent left no Last Will and Testament.
- Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

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Full name, age, relationship, address

*Claudia Jones Adams, 79, spouse, 159 W. Patrick
Gilbert, AZ 85233*

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

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Dated: 10-26-22

Claudia Jean Adams
Affiant's full name

480 234-5509
Telephone number

159 W Patrick St.
Street

Gilbert AZ 85233
City State Zip Code

Claudia J Adams 10-26-22
Signature Date

State of WA County of Asotin

I know or have satisfactory evidence that Claudia J. Adams
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 10/26/22

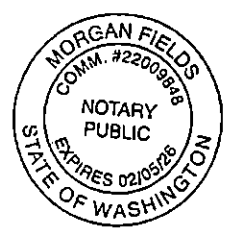
[Signature]
Signature of Notary Public

(SEAL OR STAMP)

Residing at: Lewiston, ID

Notary Public in and for the State of WA

My appointment expires: 2/5/2026



STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
State of Idaho
CERTIFICATE OF DEATH

DECEDENT		*1. DECEDENT'S LEGAL NAME (This is not a first name) JACK ADAMS		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
TYPE OR PRINT IN FULL		4. AGE AND BIRTH INFORMATION 4.1. BIRTH DATE (Month/Day/Year) 02/24/1933		4.2. BIRTH PLACE (City and State, Territory, or Foreign Country) KAMIAH, IDAHO	
RESIDENCE		5. RESIDENCE - STATE OR FOREIGN COUNTRY WASHINGTON		6. COUNTY ASOTIN	
STREET AND NUMBER		7. STREET AND NUMBER 1888 2ND AVE		8. CITY OR TOWN CLARKSTON	
MARRIAGE		9. MARRIAGE STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		10. BIRTHPLACE (State, Territory, or Foreign Country) WASHINGTON	
FATHER		11. FATHER'S NAME (First, Middle, Last, Suffix) DORRANCE ADAMS		12. BIRTHPLACE (State, Territory, or Foreign Country) WASHINGTON	
MOTHER		13. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) JOYCE WOLFE		14. BIRTHPLACE (State, Territory, or Foreign Country) MONTANA	
INFORMANT		15. INFORMANT'S NAME (Type or print) CLAUDIA ADAMS		16. RELATIONSHIP TO DECEDENT SPOUSE	
DEPOSITION		17. METHOD OF DEPOSITION <input type="checkbox"/> Direct <input type="checkbox"/> Indirect		18. PLACE OF DEPOSITION (Name and address of deponent) MOUNTAIN VIEW CREMATORY 3521 SEVENTH STREET LEWISTON, IDAHO 83501	
PLACE OF DEATH		19. PLACE OF DEATH (Name and address of deponent) MOUNTAIN VIEW CREMATORY 3521 SEVENTH STREET LEWISTON, IDAHO 83501		20. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY MERCHANT FUNERAL HOME 1000 SEVENTH STREET CLARKSTON, WASHINGTON 99403	
DATE OF DEATH		21. DATE OF DEATH (Month/Day/Year) March 2, 2022		22. TIME OF DEATH (Hour:Minute) 20:59	
CAUSE OF DEATH		23. CAUSE OF DEATH (Specify) ADULT FAILURE TO THRIVE DUE TO (or as a consequence of) ADVANCED DEMENTIA RHEUMATOID ARTHRITIS		24. CAUSE OF DEATH (Specify) ADULT FAILURE TO THRIVE DUE TO (or as a consequence of) ADVANCED DEMENTIA RHEUMATOID ARTHRITIS	
CERTIFIER		25. SIGNATURE OF CERTIFIER Seth T. Sid		26. DATE SIGNED 3/7/2022	
REGISTRAR		27. SIGNATURE OF REGISTRAR James B. Aydelotte		28. DATE SIGNED 3/7/2022	

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: MAR 07 2022

JAMES B. AYDELOTTE
STATE REGISTRAR



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001611925

STATE OF IDAHO County of Lewiston

This copy of a death certificate was issued
by the District Health Department on behalf of
the the Bureau of Vital Records and Health
Statistics.

Amber Hudson

Local Vital Statistics Registration Official

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