

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

Only for sales in a single location code on or after July 1, 2022.  
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 John D.B. LeBlanc, estate

**2 Buyer/Grantee**

Name Beckie LeBlanc

Mailing address 2307 Reservoir Drive

City/state/zip Clarkston, WA 99403

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

Mailing address 2307 Reservoir Drive

City/state/zip Clarkston, WA 99403

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)
<u>10413500700050000</u>	<input type="checkbox"/>	<u>\$ 166,300.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>

**4 Street address of property** 2307 Reservoir Drive, Clarkston, WA 99403

This property is located in Clarkston (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).

Legal Description attached as Exhibit A.

**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, list WAC number and reason for exemption.

WAC number (section/subsection) 458-61A-202 (6)(1)

Reason for exemption

Inheritance

Type of document Affidavit (Lack of Probate)

Date of document November 3, 2022

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 \$500,000.01 at 1.1%	0.00
From \$500,000.01 to \$1,500,000 at 1.28%	0.00
From \$1,500,000.01 to \$3,000,000 at 2.75%	0.00
Above \$3,000,000 at 3%	0.00
Agricultural and timberland at 1.28%	0.00
Total excise tax: state	0.00
<u>0.0025</u> Local	0.00
*Delinquent interest: state	0.00
Local	0.00
*Delinquent penalty	0.00
Subtotal	0.00
*State technology fee	5.00
Affidavit processing fee	5.00
Total due	10.00

PAID  
NOV 14 2022

ASOTIN COUNTY  
TREASURER  
0200

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 Beckie J. LeBlanc

Signature of grantee or agent Beckie J. LeBlanc

Name (print) Beckie LeBlanc

Name (print) Beckie LeBlanc

Date & city of signing November 3, 2022 Lewiston, ID

Date & city of signing November 3, 2022 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.

B. LeBlanc  
OK # 1151

HL

055679 Print on legal size paper.

**EXHIBIT A**

**LEGAL DESCRIPTION**

That part of Lot 7 in Block 'J-3' of Clarkston Heights, according to the official plat thereof, filed in Book B of Plats at Page(s) 99 Official Records of Asotin County, Washington, more particularly described as follows:

Commencing at the Northeast corner of said Lot 7, said point being on the centerline of the County Road; thence South 0°1' East along the East Lot line of said Lot 7, 34.66 feet to the True Place of Beginning; thence continue South 0°1' East 187.14 feet; thence South 46°0' West, 51.33 feet; thence North 43°51' West, 135.00 feet to a point on the South right of way line of Reservoir Road; thence North 46°09' East along said right of way line, 180.94 feet to the Place of Beginning.

AND

That part of Lot 7 in Block 'J-3' of Clarkston Heights, according to the official plat thereof, filed in Book B of Plats at Page(s) 99 Official Records of Asotin County, Washington, more particularly described as follows:

Commencing at the Northeast corner of said Lot 7, said point being on the centerline of the County Road; thence South 0°1' East along the East Lot line of said Lot 7, 221.8 feet to the True Place of Beginning; thence continue South 0°1' East along said Lot line, 74.13 feet; thence North 43°51' West, 53.47 feet; thence North 46°09' East, 51.33 feet to the Place of Beginning.

Assessor's Parcel No: 1-041-35-007-0005-0000

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Return Address:

Beckie LeBlanc  
2307 Reservoir Road  
Clarkston, WA 99403

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Beckie Jean LeBlanc, 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 the surviving spouse and sole beneficiary  
*Relationship to decedent*  
of John D.B. LeBlanc, who died on July 5, 2022  
*Decedent/Grantor* *Date*  
at Clarkston Asotin Washington.  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

Pt. Lot 7 of Block "J-3" in Clarkston Heights.

Assessor's Property Tax Parcel/Account Number: 1-041-35-007-0005-0000  
(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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Michelle LeBlanc, PO Box 328, Glennallen, AK 99588

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Adult Daughter

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*Full name, age, relationship, address*

Daniel A. LeBlanc, unknown address in Anchorage, AK 99508

---

Adult Son

---

*Full name, age, relationship, address*

Frankie L. LeBlanc, 709 N Flower #4, Anchorage, AK 99508

---

Adult ~~Son~~ daughter

---

*Full name, age, relationship, address*

Tawny T. LeBlanc, PO Box 255, Gakona, AK 99586

---

Adult Daughter

---

*Full name, age, relationship, address*

Edward D. LeBlanc, PO Box 362, Glennallen, AK 99588

---

Adult Son

---

*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 : November 3, 2022

*Affiant's full name*

Beckie Jean LeBlanc

*Telephone number*

509-780-8551

2307 Reservoir Road

Clarkston

*City*

*Street*  
WA

*State*

99403

*Zip Code*

*Beckie J. LeBlanc*  
*Signature*

November 3, 2022

*Date*

State of Idaho County of Nez Perce

I know or have satisfactory evidence that Beckie Jean LeBlanc  
*(name of person)*

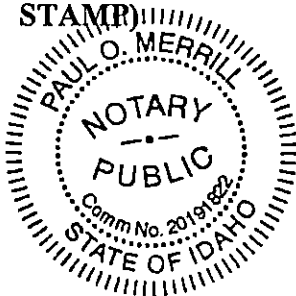
is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 11 / 03 / 2022

*[Handwritten Signature]*

*Signature of Notary Public*

(SEAL OR STAMP)



Residing at: Lewiston, ID

Notary Public in and for the State of Idaho

My appointment expires: 08/29 / 2025

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Assessor's Parcel No: 1-041-35-007-0005-0000

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STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-034430

DATE ISSUED: 07/14/2022  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JOHN DANIEL  
LAST NAME(S): LEBLANC

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: JULY 05, 2022  
HOUR OF DEATH: 12:57 AM  
SEX: MALE AGE: 83 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: SEPTEMBER 02, 1938  
BIRTHPLACE: ALAMOSA, CO

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: BECKIE JOY

OCCUPATION: LINEMAN  
INDUSTRY: ELECTRICAL  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: YES

INFORMANT: BECKIE LEBLANC  
RELATIONSHIP: WIFE  
ADDRESS: 2307 RESERVOIR RD, CLARKSTON WA, 99403

CAUSE OF DEATH:

- A: RESPIRATORY FAILURE  
INTERVAL: MOMENTS
- B: PROBABLE ACUTE BACTERIAL BRONCHITIS AND/OR PNEUMONIA  
INTERVAL: DAYS
- C: DIABETES MELLITUS TYPE 2  
INTERVAL: YEARS
- D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION, CHRONIC KIDNEY DISEASE STAGE 3, HYPERLIPIDEMIA

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

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: DECEDENT'S HOME  
FACILITY OR ADDRESS: 2307 RESERVOIR RD  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 2307 RESERVOIR RD  
CITY, STATE, ZIP: CLARKSTON, WA 99403  
INSIDE CITY LIMITS: NO COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 8 YEARS

FATHER: DANIEL R LEBLANC  
MOTHER: UNKNOWN

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

CITY, STATE: LEWISTON, IDAHO  
DISPOSITION DATE: JULY 11, 2022

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: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY  
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: JULY 05, 2022

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

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON  
DATE RECEIVED: JULY 08, 2022

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# 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 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)      5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)

First Middle Last/Maiden      First Middle Last/Maiden

6. Name of Person Requesting Correction: Relationship to  Self  Guardian  Informant  Hospital Person on Record:  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 now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

### I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

16a. Signature:      16b. Signature of 2nd parent (if required):

Printed name:      Date:      Printed name:      Date:

### INSTRUCTIONS – go to [www.doh.wa.gov](http://www.doh.wa.gov) for more information

#### Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

#### 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. Documentary proof must be five or more years old or established within five years of birth

##### Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)\*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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 documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof 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.

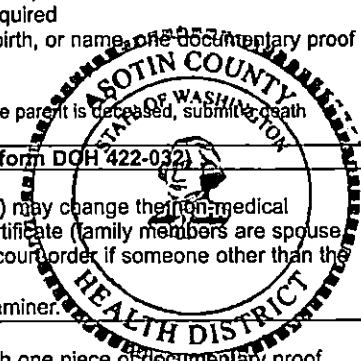
### This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

#### 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 (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 facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof
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



Bob Lutz, M.D., MPH  
Health Officer

JUL 14 2022



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

55679



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