

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

Only for sales in a single location code on or after January 1, 2023.
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 Benny Howard Krause, deceased

2 Buyer/Grantee

Name Jeanette L. Krause, a widow

Mailing address 3025 Clemans Rd

Mailing address 3025 Clemans Rd

City/state/zip Clarkston WA 99403

City/state/zip Clarkston WA 99403

Phone (including area code) N/A

Phone (including area code) (509) 243-4468

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

Name _____

List all real and personal property tax parcel account numbers	Personal property?	Assessed value(s)
<u>1-338-00-001-0000-0000</u>	<input type="checkbox"/>	<u>\$ 180,700.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>

Mailing address _____

City/state/zip _____

4 Street address of property 3025 Clemans Rd, 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).

Lot 1 of Krause Addition, according to the recorded plat thereof, recorded August 18, 1998 as Instrument number 235983, records of Asotin County, Washington. EXCEPTING THEREFROM the Westerly 30 feet, more or less for River Street or Clemans Road.

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 _____

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

Signature of grantor or agent Jeanette L. Krause

Signature of grantee or agent Jeanette L. Krause

Name (print) Jeanette L. Krause, surviving spouse

Name (print) Jeanette L. Krause

Date & city of signing 01/30/2023, Clarkston, WA

Date & city of signing 01/30/2023, 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.

CASH \$10.00 +

JAN 31 2023

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After recording return to:

Lucy L. Dukes
843 Seventh Street, P. O. Box 191
Clarkston, WA 99403

Grantor: Benny Howard Krause, deceased
Grantee: Jeanette L. Krause, a widow
Legal: Part of Lot 1 of Krause Addition, Asotin County, Washington
Parcel No. 1-338-00-001-0000-0000

AFFIDAVIT
(Lack of Probate)

STATE OF WASHINGTON)
 : ss.
County of Asotin)

Jeanette L. Krause, being first duly sworn, on oath, deposes and says:

1. Benny Howard Krause died on the 2nd day of December, 2022, in Asotin County, Washington, then being a resident of Clarkston, Washington, and the owner of property located in the County of Asotin, State of Washington. At the time of his death, Benny Howard Krause was married to me, Jeanette L. Krause.

2. That the heir at law of decedent is as follows:

<u>Name and Address</u>	<u>Relationship</u>	<u>Age</u>
Jeanette L. Krause 3025 Clemans Rd Clarkston WA 99403	Surviving Spouse	L

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3. Benny Howard Krause signed his Last Will and Testament on June 14, 2012, in which he left everything to his wife if she survived him, which she did. A certified copy of Benny Howard Krause's death certificate is attached as **Exhibit A** and a copy of his Last Will and Testament is attached as **Exhibit B**.

4. Jeanette L. Krause, as surviving spouse and beneficiary under the Will, is the lawful surviving heir and owner of the following-described real property which was given to her as a bequest under Benny Howard Krause's Last Will and Testament:

Lot 1 of Krause Addition, according to the recorded plat thereof, recorded August 18, 1998 as Instrument number 235983, records of Asotin County, Washington.

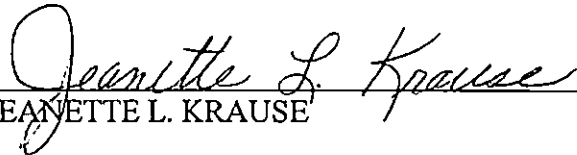
EXCEPTING THEREFROM the Westerly 30 feet, more or less for River Street or Clemans Road.

Property Tax Parcel No. 1-338-00-001-0000-0000

more commonly known as 3025 Clemans Rd, Clarkston WA 99403.

5. This Affidavit is made solely to induce the title insurance company to insure title to real property in which decedent held an interest at the time of his death, and to comply with the provisions of WAC 458-61A-202(6)(i).

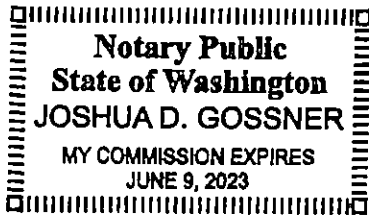
Dated this 30 day of January, 2023.

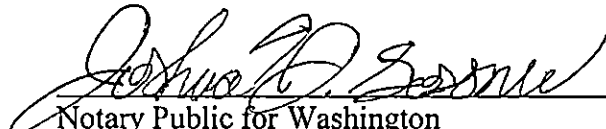

JEANETTE L. KRAUSE

STATE OF WASHINGTON)
 :SS
County of Asotin)

On this day personally appeared before me Jeanette L. Krause, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal this 30th day of January, 2023.





Notary Public for Washington
Residing at Clarkston
My appointment expires June 9, 2023

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-061514

DATE ISSUED: 12/06/2022
FEE NUMBER:

FIRST AND MIDDLE NAME(S): BENNY HOWARD
LAST NAME(S): KRAUSE

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: DECEMBER 02, 2022
HOUR OF DEATH: 03:58 PM
SEX: MALE AGE: 84 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: MAY 02, 1938
BIRTHPLACE: KALISPELL, MT

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: JEANETTE L TAYLOR

OCCUPATION: SAW FILER \ BOILER OPERATOR
INDUSTRY: LUMBER MILL
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

INFORMANT: JEANETTE KRAUSE
RELATIONSHIP: WIFE
ADDRESS: 3025 CLEMANS RD, CLARKSTON WA, 99403

CAUSE OF DEATH:
A: HEART FAILURE
INTERVAL: 24 HRS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: RENAL FAILURE, CHRONIC
OBSTRUCTIVE PULMONARY DISEASE, OBESITY, ATRIAL FIBRILLATION

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: HOSPITAL
FACILITY OR ADDRESS: TRI-STATE MEMORIAL HOSPITAL, INC.
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 3025 CLEMANS RD
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 58 YEARS

FATHER: BRUNO A KRAUSE
MOTHER: OLIVE ELLIOTT

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

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: DECEMBER 05, 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: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: LEIF P. KANOOH, DO
TITLE: DO
CERTIFIER ADDRESS: 1221 HIGHLAND AVE
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
DATE SIGNED: DECEMBER 05, 2022

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

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: DECEMBER 05, 2022

EXHIBIT

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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

Required

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 currently shows: The ~~record~~ 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: 14b. Signature of 2nd parent (if required):

Printed name: Date: Printed name: Date:

INSTRUCTIONS – go to 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

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. Proof documentation must be five or more years old or established within five years of birth.
4. 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 Acknowledgement 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.

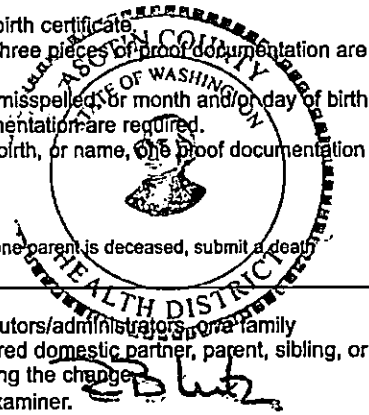
*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

Death Certificates

1. 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.
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 proof documentation.
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

DEC 06 2022

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