

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 Max E. Roberts

2 Buyer/Grantee

Name Samantha D. Earle

Mailing address c/o Lisa L. Bruce; 1830 SW Panorama Drive

City/state/zip Pullman, WA 99163

Phone (including area code) _____

Mailing address 2327 22nd Street

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>10412300200030000</u>	<input type="checkbox"/>	<u>\$ 294,900.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>

4 Street address of property 2327 22nd Street, Clarkston, WA

This property is located in Asotin County (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).

see attached legal

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 _____
Name (print) Max E. Robert by Lisa L. Bruce, Attorney-in-Fact
Date & city of signing 01/03/23, Clarkston, WA

Signature of grantee or agent _____
Name (print) Samantha D. Earle
Date & city of signing 01/03/23, Clarkston, WA

7 List all personal property (tangible and intangible) included in selling price.
If claiming an exemption, list WAC number and reason for exemption.
WAC number (section/subsection) _____
Reason for exemption _____

Type of document Statutory Warranty Deed
Date of document 01/03/2023

Gross selling price	<u>455,000.00</u>
*Personal property (deduct)	<u>0.00</u>
Exemption claimed (deduct)	<u>0.00</u>
Taxable selling price	<u>455,000.00</u>
Excise tax: state	
Less than \$525,000.01 at 1.1%	<u>5,005.00</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>5,005.00</u>
0.0025 Local	<u>1,137.50</u>
*Delinquent interest: state	<u>0.00</u>
Local	<u>0.00</u>
*Delinquent penalty	<u>0.00</u>
Subtotal	<u>6,142.50</u>
*State technology fee	<u>5.00</u>
Affidavit processing fee	<u>0.00</u>
Total due	<u>6,147.50</u>

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

0250

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.

ATEC 451154

JAN - 3 2023

#55768

EXHIBIT "A"

626700

That part of Lot 2 in Block G-3-3 of Clarkston Heights, according to the official plat thereof, filed in Book B of Plats at Page(s) 101, records of Asotin County, Washington, more particularly described as follows: Commencing at the Southwest corner of said Lot 2; thence North along the West line of said Lot for a distance of 122.4 feet to the True Place of Beginning; thence continue North along said West line for a distance of 175 feet; thence East for a distance of 150 feet; thence South a distance of 175 feet; thence West for a distance of 150 feet to the Place of Beginning. EXCEPTING therefrom any portion, if any, lying with in 22nd Street adjacent thereto.

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State of Washington
 Department of Revenue
 Special Programs Division
 Miscellaneous Tax
 PO Box 47477
 Olympia WA 98504-7477

AFFIDAVIT (LACK OF PROBATE)

Max E. Roberts (by Lisa L. Bruce, attorney-in-fact), being first duly sworn, deposes and says:

The undersigned affiant is the rightful heir to the real property described below, and is SPOUSE

(relationship to decedent) of Sandra Lee Roberts (decedent), who died on (date)

May 02, 2019, at

Clarkston Asotin Washington
City County State

*** A CERTIFIED COPY OF THE DEATH CERTIFICATE MUST BE PRESENTED. PLEASE NOTE: A copy may be used for recording at the discretion of the county.

REGARDING DISPOSITION OF REAL PROPERTY:

Attach the full legal description of the property with county and parcel number being transferred which is located at a commonly recognized address of: _____

Street

City State Zip Code

Decedent left no Last Will and Testament and/or Community Property Agreement; OR Decedent left a Community Property Agreement in favor of surviving spouse (A COPY OF WHICH IS ATTACHED for review), or has been recorded under _____ County recording number _____; OR

Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked (A COPY OF WHICH IS ATTACHED for review)

"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)

Max E. Roberts, spouse

1/6 Lisa L. Bruce, 1830 SW Panorama Dr, Pullman, WA 99163-5847
 Full name, age, relationship, address

 Full name, age, relationship, address

 Full name, age, relationship, address

 Full name, age, relationship, address

(Continued on next page)

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Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: January 03, 2023

Max E. Roberts

Affiant's full name

509-308-9979

Telephone number

1830 SW. Panorama Dr

Street

Pullman

City

WA

State

99103

Zip Code

Max E Roberts

by Lisa L Bruce, Attorney-in-Fact

Signature

1/3/23

Date

State of Washington

County of Asotin

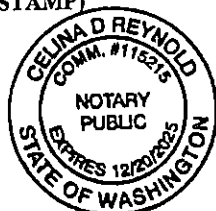
I know or have satisfactory evidence that Lisa L. Bruce as Attorney-in-Fact for Max E. Roberts

(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: 01/03/2023

(SEAL OR STAMP)



Signature of Notary Public

Residing at: Lewiston, ID

Notary Public in and for the State of WA

My appointment expires: 12/20/2025

For tax assistance call (360) 534-1503, option 2. To request this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711.

REV 84 0017 (5/16/16)

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-028120

FIRST AND MIDDLE NAME(S): SANDRA LEE
LAST NAME(S): ROBERTS

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: MAY 02, 2019
HOUR OF DEATH: 02:00 AM PRESUMED
SEX: FEMALE AGE: 76 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: NOVEMBER 29, 1942
BIRTH PLACE: PASCO, WA

MARITAL STATUS: MARRIED
SPOUSE: MAX EVERETT ROBERTS

OCCUPATION: FARMER
INDUSTRY: AGRICULTURE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: MAX E ROBERTS
RELATIONSHIP: HUSBAND
ADDRESS: 2327 22ND STREET, CLARKSTON, WASHINGTON, 99403

CAUSE OF DEATH:
A: PROBABLE ACUTE MYOCARDIAL INFARCTION
INTERVAL: MOMENTS
B: INTERVAL:
C: INTERVAL:
D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION

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

DATE ISSUED: 05/06/2019
FEE NUMBER:

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 2327 22ND STREET
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 2327 22ND STREET
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 17 YEARS

FATHER/PARENT: RALPH MEHL
MOTHER/PARENT: EDA DAMMON

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: VALLEY CREMATORY

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: MAY 07, 2019

FUNERAL FACILITY: VASSAR-RAWLS FUNERAL HOME
ADDRESS: 920 21ST AVENUE
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
FUNERAL DIRECTOR: DENNIS W. HASTINGS

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: LISA WEBBER
TITLE: CORONER/IME
CERTIFIER ADDRESS: PO BOX 220
CITY, STATE, ZIP: ASOTIN, WA 99402
DATE SIGNED: MAY 06, 2019

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

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: MAY 06, 2019

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