

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.*

Form 84 0001a

Check box if partial sale, indicate % _____ sold.

List percentage of ownership acquired next to each name.

1 Seller/Grantor

Name M. Joyce Blake

Mailing address PO Box 2005

City/state/zip Clarkston, WA 99403

Phone (including area code) _____

2 Buyer/Grantee

Name David Paul Graves and Analiza Basanes Graves

Mailing address 1338 6th St

City/state/zip Clarkston, WA 99403

Phone (including area code) _____

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

Name David Paul Graves and Analiza Basanes Graves

Mailing address 1338 6th St

City/state/zip Clarkston, WA 99403

List all real and personal property tax parcel account numbers	Personal property?	Assessed value(s)
10010201500010000	<input type="checkbox"/>	65,100.00
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

4 Street address of property 907 3rd Street, Clarkston, WA 99403

This property is located in Asotin Clarkston (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).

-The South 35 feet of Lot 14 and the North 25 feet of Lot 15 in Block 2 of Clarkston, according to the official plat thereof, filed in Book A of _____
Plats at Page(s) 17 1 2, records of Asotin County, Washington.

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 _____

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

Signature of grantor or agent _____
Name (print) M. Joyce Blake
Date & city of signing 5/31/23 Clarkston, WA

Signature of grantee or agent Kelsey Gungedahl
Name (print) David Paul Graves and Analiza Basanes Graves
Date & city of signing 6/2/23 Clarkston

Perjury in the second degree is a class C felony which is punished by confinement in a state correctional institution (RCW 9A.02.020) or by a fine not exceeding \$10,000 (RCW 9A.02.021).

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ATEC CK# 46896
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JUN - 2 2023
ASOTIN COUNTY
TREASURER

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Print on legal size paper
Page 1 of

Name & relationship M. Joyce Blake
 Address: Spouse - PO Box 2005, Clackston, WA 99403
 Name & relationship _____
 Address: _____
 Name & relationship _____
 Address: _____
 Name & relationship _____
 Address: _____

That among items of real property owned by the Decedent at the time of death was real estate located in Asotin County, Washington, and described in the above referenced Title Insurance Commitment.

As to the Decedent, said real estate was [check one]

- Community property
- Separate property
- Joint tenancy property

CHECK ALL BOXES WHICH APPLY IN EACH SECTION:

1. That on the date the real property was purchased the Decedent was:
 - married to M. Joyce Blake
 - unmarried, not a registered domestic partner
 - unmarried, a registered domestic partner of _____
2. That on the date of death the Decedent was
 - married to M. Joyce Blake
 - unmarried, not a registered domestic partner
 - unmarried, a registered domestic partner of _____
3.
 - That the decedent left a Will, a copy of which is attached hereto.
 - That the decedent left no Will.
 - That the decedent executed a Community Property Agreement. It was recorded under _____
 County recording number _____. (if unrecorded, attach a copy)
4. That the decedent's estate is not being probated.

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That the decedent's estate is subject to probate proceedings in _____ County, State of _____, under Probate No. _____

5. That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.
- That State and/or Federal succession or inheritance taxes in the amount of \$ _____ have been paid. Copies of the release/discharge are attached hereto.
- That State and/or Federal succession or inheritance taxes are due, but have not been paid.
6. That the decedent has not received assistance from the State of Washington for medical care.
- That the decedent has received assistance from the State of Washington for medical care.
- That the State of Washington has been fully reimbursed for assistance for medical care.

That, with respect to the property, if any, owned by the Decedent in joint tenancy as described above, at all times from the time of the execution of the instrument by which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the above described joint tenancy property was held in joint tenancy, and that the interest of no one or more of said joint tenants has ever been conveyed, encumbered or otherwise separated from the interest of the other joint tenant(s), either voluntarily or involuntarily, whether by specific act or by operation of law; and that said joint tenancy continued in full force until the death of the Decedent with respect to the interest of the Decedent and, if there are two or more surviving joint tenants, including the Affiant, the joint tenancy continues with respect to the interests of the said surviving joint tenants.

That Affiant knows of the Affiant's own knowledge, and so states, that each and all of the obligations against the estate of said Decedent (including, but not limited to: all the debts of decedent; all of the expenses of Decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon Decedent's estate, if applicable) have been paid in full, except as follows (use reverse side or attach a list if necessary): _____

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ 120,000.00, including the value of community property of Decedent and Decedent's surviving spouse, if any, of approximately \$ ∅, and including the value of Decedent's separate property, if any, of approximately \$ ∅, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ 120,000.00.

This affidavit is made to induce Alliance Title TITLE INSURANCE COMPANY (the Company) to insure real property covered by the Company's order number set forth above, in which Decedent held an interest at the time of the Decedent's death. Affiant urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein. The Affiant, for the Affiant and for the Affiant's heirs, executors and administrators, covenants to indemnify said Company or any other person, including a purchaser of said real estate, for any loss arising from reliance on any misstatement of fact herein.

DATED: May 31st, 20 23

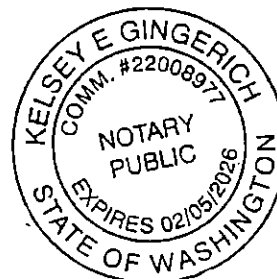
M. Joyce Blake
(Signature)

M. Joyce Blake
(Print or type Affiant's full name)

PO Box 2005
(Full address and telephone number)
Clarkston, WA 99403

SUBSCRIBED and SWORN TO before me this 31 day of May, 20 23

Kelsey E. Geringich
Notary Public in and for the State of
Washington, residing at Clarkston, WA 99403



STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

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

Date Filed JULY 13, 2015 State File No. 2015-06706

DECEDENT - LEGAL NAME EARL WESLEY BLAKE			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 85 YEARS	DATE OF BIRTH NOVEMBER 25, 1929
BIRTH-PLACE RUTHVEN, IOWA		PLACE OF RESIDENCE CLARKSTON, WASHINGTON	
MARTIAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (if wife, maiden name) JOYCE M WICKS	WAS DECEDENT EVER IN U.S. ARMED FORCES? YES
FATHER - NAME FRED BLAKE			BIRTH-PLACE UNKNOWN
MOTHER - MAIDEN NAME ELLA MAE THORESON			BIRTH-PLACE UNKNOWN
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE TERESA GATES	
NAME AND ADDRESS OF FUNERAL FACILITY MOUNTAIN VIEW FUNERAL HOME, LEWISTON, IDAHO			
DATE OF DEATH JULY 06, 2015	TIME OF DEATH 2:52 P.M.	CITY, TOWN OR LOCATION OF DEATH LEWISTON, IDAHO	COUNTY OF DEATH NEZ PERCE
CAUSE OF DEATH (underlying cause last) LARGE INTRACEREBRAL HEMORRHAGE			Approximate Interval Between Onset and Death DAYS
DUE TO (or as a consequence of): a.			
DUE TO (or as a consequence of): b.			
DUE TO (or as a consequence of): c.			
DUE TO (or as a consequence of): d.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above NONE STATED			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL		NAME OF CERTIFIER T. WILLIAM HILL, M.D.	TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

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: MAY 18, 2022

This copy is not valid unless prepared on engraved border displaying state seal and signature of the Registrar.
Rev. 07/28/20

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

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