

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

Only for sales in a single location code on or after March 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.

**1 Seller/Grantor**  
Name Dale Francis deceased by and through the attached Lack of Probate Affidavit  
Mailing address 111 Sycamore Street  
City/state/zip Clarkston, WA 99403  
Phone (including area code) \_\_\_\_\_

List percentage of ownership acquired next to each name.

**2 Buyer/Grantee**  
Name David Francis and Jan Holt  
Mailing address 225 112th Ave NE, #327  
City/state/zip Bellevue WA 98004  
Phone (including area code) 206-965-5245

**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)
10010101200010000	<input type="checkbox"/>	81,100
_____	<input type="checkbox"/>	\$ 0.00
_____	<input type="checkbox"/>	\$ 0.00

**4** Street address of property 111 Sycamore St., Clarkston, WA 99403  
This property is located in Asotin County 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 12 of Block A P+S' x 50' E 1/2 11 \* E 1/2

**5** 11 - Household, single family units  
Enter any additional codes \_\_\_\_\_  
(see back of last page for instructions)

**7** List all personal property (tangible and intangible) included in selling price.

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 agricultural (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

If claiming an exemption, list WAC number and reason for exemption.  
WAC number (section/subsection) 458-61A-202 (i)  
Reason for exemption  
Lack of Probate Affidavit

**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

Type of document	Quit Claim Deed
Date of document	8-7-23
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 \$525,000.01 at 1.1%	0.00
From \$525,000.01 to \$1,525,000 at 1.28%	0.00
From \$1,525,000.01 to \$3,025,000 at 2.75%	0.00
Above \$3,025,000 at 3%	0.00
Agricultural and timberland at 1.28%	0.00
Total excise tax: state	0.00
0.0000 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

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 [Signature]  
Name (print) Alicia Lewis  
Date & city of signing 8-14-23 Spokane, WA

A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX  
\*SEE INSTRUCTIONS  
Signature of grantee or agent [Signature]  
Name (print) Alicia Lewis  
Date & city of signing 8-14-23 Spokane, 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.

Return to:

The Levy Law Firm, PLLC  
421 W. Riverside Ave., #381  
Spokane, WA 99201

## AFFIDAVIT LACK OF PROBATE

Alicia Levy (notary), being first duly sworn, deposes and says:

The undersigned affiant is a rightful heir, as listed on heirs at law, to the real property described below, and is the brother of Dale Francis (decedent), who died on July 24, 2023 at Nez Perce County, Idaho.

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Legal Description: Lot 12 of Block 1 Pt 5' x 50' E ½ 11 & E ½

Assessor's Property Tax Parcel/Account Number: 10010101200010000

Decedent did not leave a last will and testament.

(Heirs are listed on the following page)

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Name	Relationship	Age	Address
David Francis	Brother	Adult	225 112 <sup>th</sup> Ave NE, #327, Bellevue WA
Jan Holt	Sister	Adult	13006 N. 26 <sup>th</sup> Dr., Phoenix, AZ 85029-1405

Affiant declares that:

1. All the debt of the decedent's and/or the marital community, including but not limited to, all expenses due to the decedent's last illness, funeral and burial and all applicable federal and state succession or inheritance taxes, have been fully paid.
2. The decedent [ ] had [X] had never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance.

(signature page follows)

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REDMOND WASHINGTON 98052  
(City) (State) (Zip Code)

David Francis  
Signature

8.7.2023  
Date

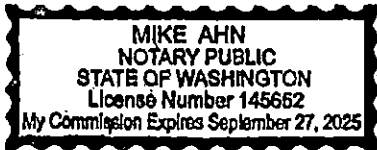
STATE OF WASHINGTON

ss.

COUNTY OF ~~SPOKANE~~ KIM  
MS

I certify that I know or have satisfactory evidence that David Francis is the person who appeared before me, and said persons acknowledged that David Francis signed this instrument and acknowledged it to be a free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: 8/7/23



Notary name printed or typed: Mike Ahn  
Notary Public in and for the State of WA  
Residing at Redmond  
My appointment expires: 9/27/25

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# 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

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, RATED REAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THE OCCURRENCE OF DEATH AND FOR VITAL STATISTICS. Local Reg. No.

<b>DECEDENT</b>	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) <b>DALE ALBERT FRANCIS</b>		2. SEX <b>MALE</b>	3. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>
TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS	4a. AGE-Last Birthday <b>71</b>	4b. UNDER 1 YEAR Months: _____ Days: _____	4c. UNDER 1 DAY Hours: _____ Minutes: _____	5. DATE OF BIRTH (Mo/Day/Yr) <b>06/17/1952</b>
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) <b>SPOKANE, WASHINGTON</b>		7c. CITY OR TOWN <b>CLARKSTON</b>	
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY <b>WASHINGTON</b>	7b. COUNTY <b>ASOTIN</b>	7d. APT. NO. <b>99403</b>	7e. ZIP CODE <b>99403</b>
8. MARITAL 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		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)		
<b>PARENTS</b>	10. EVER IN U.S. BORN? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11a. FATHER'S NAME (First, Middle, Last, Suffix) <b>CHARLES DONALD FRANCIS</b>	
	11b. BIRTHPLACE (State, Territory, or Foreign Country) <b>SOUTH DAKOTA</b>		11c. BIRTHPLACE (State, Territory, or Foreign Country) <b>MONTANA</b>	
<b>INFORMANT</b>	12a. INFORMANT'S NAME (Type or print) <b>JANICE LYNN HOLT</b>		12b. RELATIONSHIP TO DECEDENT <b>SISTER</b>	12c. MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>13006 N 26TH DRIVE PHOENIX, AZ 85029</b>
	13. PLACE OF DEPOSITION (Name and address of cemetery, crematory, other place) <b>MOUNTAIN VIEW CREMATORY 3521 SEVENTH STREET LEWISTON, IDAHO 83501</b>		14. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY <b>MOUNTAIN VIEW FUNERAL HOME 3521 SEVENTH STREET LEWISTON, IDAHO 83501</b>	
<b>DISPOSITION</b>	15. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify): _____		16. LICENSE NUMBER (of licensee) <b>M0774</b>	
	17. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <b>ELECTRONICALLY FILED: GERALD E. BARTLOW</b>		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>PLACE OF DEATH</b>	19a. IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Decedent's home <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____	
	20. FACILITY NAME (If not facility, give street and number) <b>ST. JOSEPH REGIONAL MEDICAL CTR</b>		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE <b>LEWISTON, ID 83501</b>	
<b>DATE OF DEATH</b>	22. COUNTY OF DEATH <b>NEZ PERCE</b>		23. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) <b>July 24, 2023</b>	
	24. TIME OF DEATH (24hr) <b>10:35</b>		25. TIME PRONOUNCED DEAD (24hr) <b>10:35</b>	
<b>CAUSE OF DEATH</b>	PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the injury. DO NOT ABBREVIATE. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>a. HEMORRHAGIC STROKE</b> DUE TO (or as a consequence of): <b>b. CAROTID STENOSIS</b> DUE TO (or as a consequence of):			
	PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I. <b>PERIPHERAL VASCULAR DISEASE; HYPERLIPIDEMIA; DIABETES MELLITUS</b>			
<b>ITEMS 29-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)</b>	29. TO TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. IF FEMALE (Aged 10-54): <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year	
	31. DATE OF INJURY (Mo/Day/Yr) (Spell month) <b>July 24, 2023</b>		32. TIME OF INJURY (24hr) <b>10:35</b>	
<b>CERTIFIER</b>	33. PLACE OF INJURY (Decedent's home, farm, street, construction site, dining room, restaurant, forest, etc.) <b>[REDACTED]</b>		34. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	35. LOCATION OF INJURY: State _____ City/Town of County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____		36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined	
<b>REGISTRAR</b>	37. DESCRIBE HOW INJURY OCCURRED, IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, IF APPLICABLE			
	38a. TRANSPORTATION INJURY ONLY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify): _____		38b. WHAT SAFETY DEVICES (S) DID DECEDENT USE/EMPLOY? <input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown	
<b>CERTIFIER</b>	39a. CERTIFIER (Check only one, based on official capacity for this certificate) <input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated.		39b. LICENSE NUMBER <b>M-14067</b>	
	39c. CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		39d. DATE SIGNED <b>7 / 27 / 2023</b> MM DD YYYY	
<b>REGISTRAR</b>	Signature and Title of Certifier <b>ELECTRONICALLY SIGNED: JULIA H. COSMA, M.D.</b>		39e. DATE SIGNED <b>7 / 27 / 2023</b> MM DD YYYY	
	39f. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) <b>JULIA H. COSMA, 415 SIXTH STREET LEWISTON, ID 83501</b>		40b. REGISTRAR'S SIGNATURE <i>James B. Aydelotte</i>	

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.

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DATE ISSUED: JUL 27 2023  
This copy is not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

James B. Aydelotte

JAMES B. AYDELOTTE  
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

