

# 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.

List percentage of ownership acquired next to each name.

**1 Seller/Grantor**

Name Valentine A. Schumacher, deceased

Mailing address 2220 2nd Ave

City/state/zip Clarkston WA 99403

Phone (including area code) N/A

**2 Buyer/Grantee**

Name Martha Gayle Schumacher

Mailing address 2220 2nd Ave

City/state/zip Clarkston WA 99403

Phone (including area code) (509) 295-3742

**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>1-041-10-008-0002-0000</u>	<input type="checkbox"/>	<u>\$ 150,500.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>

**4 Street address of property** 2220 2nd Ave, 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).

Please see attached 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 \_\_\_\_\_

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

Signature of grantor or agent \_\_\_\_\_

Name (print) Martha Gayle Schumacher, surviving spouse

Date & city of signing 08/17/2023, Clarkston, WA

Signature of grantee or agent Martha Gayle Schumacher

Name (print) Martha Gayle Schumacher

Date & city of signing 08/17/2023, Clarkston, WA

If claiming an exemption, list WAC number and reason for exemption.

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

Reason for exemption \_\_\_\_\_

Transfer by inheritance to surviving spouse under non-probated Will.

Type of document Lack of Probate Affidavit

Date of document 08/17/2023

Gross selling price	<u>150,500.00</u>
*Personal property (deduct)	<u>0.00</u>
Exemption claimed (deduct)	<u>150,500.00</u>
Taxable selling price	<u>0.00</u>
Excise tax: state	
Less than \$525,000.01 at 1.1%	<u>0.00</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>0.00</u>
0.0025 Local	<u>0.00</u>
*Delinquent interest: state	<u>0.00</u>
Local	<u>0.00</u>
*Delinquent penalty	<u>0.00</u>
Subtotal	<u>0.00</u>
*State technology fee	<u>5.00</u>
Affidavit processing fee	<u>5.00</u>
Total due	<u>10.00</u>

**PAID**

**AUG 22 2023**

**ASOTIN COUNTY  
TREASURER**

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

0200

\*SEE INSTRUCTIONS

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.

M. Schumacher CL# 1002  
41

# 56294

EXHIBIT A

Legal Description

Situate in the County of Asotin, State of Washington, to-wit:

That part of Lot 8 of Block "E-3" of Clarkston Heights, according to the recorded plat thereof, records of Asotin County, Washington, more particularly described as follows:

Commencing at the Southwest corner of said Lot 8, said point being at the intersection of centerlines of 23<sup>rd</sup> Street and 2<sup>nd</sup> Avenue; thence East along the centerline of 2<sup>nd</sup> Avenue 330.00 feet to the TRUE PLACE OF BEGINNING; thence continue East 85.00 feet; thence North 1°00' East, 311.66 feet to a point on the North line of said Lot 8; thence West along said North line 85.00 feet; thence South 1°00' West, 311.66 feet to the true place of beginning.

EXCEPT that portion lying within 2<sup>nd</sup> Avenue adjacent thereto.

Bearings are referred to the recorded plat of Remmers Addition.

56296

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

VALENTINE ANTONE SCHUMACHER

September 20, 2011

3. Sex (M/F) Male	4a. Age - Last Birthday 74	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. Asotin
7. Birthdate November 8, 1936	8a. Birthplace (City, Town, or County) Dodge	8b. (State or Foreign Country) North Dakota	9. Decedent's Education High school graduate or GED completed		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No		11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? No	
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 2220 2nd Avenue				13b. City or Town Clarkston	
13c. Residence: County Asotin		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 99403
14. Estimated length of time at residence. 23 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Martha Gayle Russell	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Welder			18. Kind of Business/Industry (Do not use Company Name) Welding		
19. Father's Name (First, Middle, Last, Suffix) John Antone Schumacher			20. Mother's Name Before First Marriage (First, Middle, Last) Barbara Streifel		
21. Informant's Name M. Gayle Schumacher		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town, State Zip 2220 2nd Avenue, Clarkston, Washington 99403	
24. Place of Death, if Death Occurred in a Hospital: Inpatient			25. Facility Name (If not a facility, give number & street or location) Tri-State Memorial Hospital		
26. City, Town, or Location of Death Lewiston			26b. State WA	27. Zip Code 83501	
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Valley Crematory		30. Location-City/Town, and State Lewiston, Idaho	
31. Name and Complete Address of Funeral Facility Vassar-Rawls Funeral Home, 920-21st Avenue, Lewiston, Idaho 83501				32. Date of Disposition September 22, 2011	
33. Funeral Director Signature <i>[Signature]</i>					

34. 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 etiology. DO NOT ABBREVIATE. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>Acute Respiratory Failure</u> Interval between Onset & Death: <u>12 hrs</u>					
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST → b. <u>Pneumonia</u> Due to (or as a consequence of): Interval between Onset & Death: <u>2 days</u>					
c. _____ Due to (or as a consequence of): Interval between Onset & Death: _____					
d. _____ Due to (or as a consequence of): Interval between Onset & Death: _____					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <u>Congestive Heart Failure</u>				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy):	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street Apt No. City or Town: _____ County: _____ State: _____ Zip Code + 4: _____					
46. Describe how injury occurred				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician - (the best of my knowledge, skill and care, and in my opinion, death occurred at the time, date, and place and due to the cause stated on this certificate) <i>[Signature]</i>			48b. Medical Examiner/Coroner - (on the basis of the examination, the investigation, and my opinion, death occurred at the time, date, and place and due to the cause stated on this certificate) <i>[Signature]</i>		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Gregory A. English, M.D., 1221 Highland Ave., ATTN: Hospitalist's Office, Clarkston, WA 99403				50. Hour of Death (24hrs) 2155	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) 9/22/11	
53. Title of Certifier Medical Doctor		54. License Number WA-OP 60100676		55. ME/Coroner File Number: [REDACTED]	
57. Registrar Signature <i>[Signature]</i>				56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
59. Amendments				58. Date Received SEP 23 2011	



STATE OF WASHINGTON

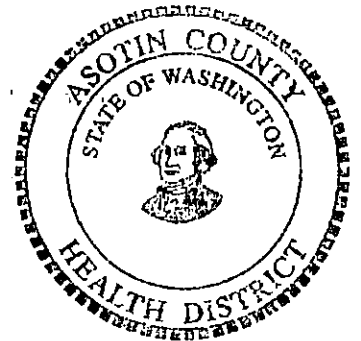
State File Number

County

Date

Author's Name

8-10-11



*Lawrence M. Gerges, M.D.*

Lawrence M. Gerges, M.D.  
Health Officer

SEP 26 2011

VV00159004

56294

10/18/11