



REAL ESTATE EXCISE TAX AFFIDAVIT
CHAPTER 84.45 RCW - CHAPTER 658-61A WAC

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED (See back of last page for instructions)

Check box if partial sale of property

If multiple owners, list percentage of ownership next to name

Form with fields for Seller/Grantor (Estate of John B. Thompson, Nancy A. Thompson) and Buyer/Grantee (Blake Richards, Jeni Akerblade), including mailing addresses and phone numbers.

Property details section including street address (814 2nd St - Asotin, WA 99402), location (Asotin County, Asotin city), and lot information (Lots 4 and 5 and the East half of Lot 6).

Select Land Use Code(s): 11 Household, single family units. Includes a field for additional codes and a reference to the back of the page for instructions.

Was the seller receiving a property tax exemption or deferral under chapters 84.36, 84.37, or 84.38 RCW? YES NO

Is this property designated as forestland per chapter 84.33 RCW? YES NO
Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW? YES NO
Is this property receiving special valuation as historical property per chapter 84.26 RCW? YES NO

(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... This land does not qualify for continuance.

(2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY) NEW OWNER(S): To continue special valuation as historic property, sign (3) below... (3) OWNER(S) SIGNATURE

PRINT NAME field for the grantor.

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

If claiming an exemption, list WAC number and reason for exemption: WAC No. (Section/Subsection) Reason for exemption

Table with columns for Type of Document (Statutory Warranty Deed (SWD)), Date of Document (2/12/2021), and various tax and fee amounts (Gross Selling Price \$75,000.00, Total Due \$1,392.50).

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

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. Signature of Grantor or Grantor's Agent (John B. Thompson) and Signature of Grantee or Grantee's Agent (Blake Richards).

Perjury: Perjury is a class C felony which is punishable by imprisonment in the state or federal institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars (\$5,000.00), or by both imprisonment and fine (RCW 9A.20.020 (1C)).

FILED

2020 SEP 23 AM 11:35

MCKENZIE A. CAMPBELL  
COUNTY CLERK  
ASOTIN COUNTY, WA

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SUPERIOR COURT OF WASHINGTON FOR ASOTIN COUNTY

In re the Estate of:

No. 20-4-00074-02

JOHN B. THOMPSON,

LETTERS OF ADMINISTRATION  
WITH NONINTERVENTION POWERS

Deceased.

WHEREAS, John B. Thompson of Clarkston, Asotin County, Washington, died intestate on or about August 9, 2020, leaving at the time of his death property subject to administration; and;

WHEREAS, Nancy A. Thompson has petitioned this court to be appointed Administratrix of decedent's estate; and

WHEREAS, Nancy A. Thompson has duly qualified;

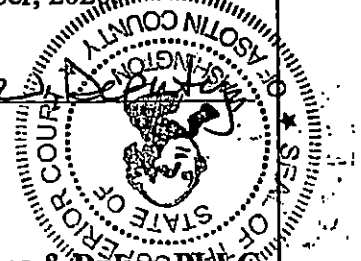
NOW, THEREFORE, know all persons by these presents:

We hereby appoint Nancy A. Thompson as Administratrix of said estate; and

We hereby authorize Nancy A. Thompson to administer the same according to law.

WITNESS, Brooke J. Burns, Commissioner of our Superior Court, and the seal of said Court hereto affixed this 23<sup>rd</sup> day of September, 2020.

*Nichole Anderson*  
Clerk of the Superior Court



Gittins & DuRoss, PLLC  
843 Seventh Street  
Clarkston, WA 99403  
(509)758-2501  
Facsimile: (509) 758-3576

LETTERS OF ADMINISTRATION  
WITH NONINTERVENTION POWERS 1

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1 STATE OF WASHINGTON )  
2 : ss.  
3 County of Asotin )

4 I, McKenzie A. Campbell, County Clerk of the County of Asotin, State of Washington,  
5 and ex-officio Clerk of the Superior Court of the State of Washington for Asotin County, do  
6 hereby certify that the within and foregoing is a full, true, and correct copy of the Letters of  
7 Administration as the same appear on file and of record in my office, and that said Letters are  
8 now in full force and effect and have never been revoked.

9 IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said  
10 Superior Court this \_\_\_\_ day of September, 2020.

11 \_\_\_\_\_  
12 Clerk

13 By \_\_\_\_\_

14 Deputy  
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LETTERS OF ADMINISTRATION  
WITH NONINTERVENTION POWERS 2

**Gittins & Dukes, PLLC**  
843 Seventh Street  
Clarkston, WA 99403  
(509)758-2501  
Facsimile: (509) 758-3576

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Return Address

Alliance Title & Escrow, LLC  
735 5<sup>th</sup> St.  
Clarkston, WA 99403

Please print or type information

Document Title(s) (or transactions contained therein): 1. Lack of Probate Affidavit 2. 3. 4.
Grantor(s) (Last name first, then first name and initials): 1. Thompson, Y. Jean 2. 3. 4. <input type="checkbox"/> Additional names on page __ of document.
Grantee(s) (Last name first, then first name and initials): 1. 2. 3. 4. <input type="checkbox"/> Additional names on page __ of document.
Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/trr.)  <input type="checkbox"/> Additional legal is on page __ of document.
Reference Number(s) of Documents assigned or released:  <input type="checkbox"/> Additional numbers on page __ of document.
Assessor's Property Tax Parcel/Account Number  <input type="checkbox"/> Property Tax Parcel ID is not yet assigned <input type="checkbox"/> Additional parcel numbers on page __ of document
The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

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### AFFIDAVIT (LACK OF PROBATE)

Nancy A. Thompson being first duly sworn, deposes and says:

The undersigned affiant is the rightful heir to the real property described below, and is ~~daughter~~ sister-in-law  
(relationship to decedent) of Y. Jean Thompson (decedent), who died on (date)

3/16/2016, at  
Lewiston Nez Perce Idaho  
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: 814 2nd St.

Asotin Washington 99402  
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)

John B. Thompson, husband

814 2nd St. - Asotin, WA 99402

*Full name, age, relationship, address*

\_\_\_\_\_  
*Full name, age, relationship, address*

\_\_\_\_\_  
*Full name, age, relationship, address*

\_\_\_\_\_  
*Full name, age, relationship, address*

(Continued on next page)

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : \_\_\_\_\_

Affiant's full name \_\_\_\_\_

Telephone number \_\_\_\_\_

Street \_\_\_\_\_

City	State	Zip Code
Asotin	WA	83401
Signature <u>[Handwritten Signature]</u>		Date <u>2/12/21</u>

State of Washington County of Asotin

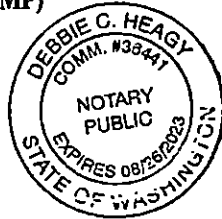
I know or have satisfactory evidence that Nancy A. Thompson (name of person)

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: 2/12/2021

[Handwritten Signature]  
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Clarkston, WA

Notary Public in and for the State of Washington

My appointment expires: 8/26/2023

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)

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 MARCH 17, 2016

State File No. 2016-02647

DECEDENT - LEGAL NAME JEAN YULE THOMPSON			
SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 64 YEARS	DATE OF BIRTH [REDACTED]
BIRTHPLACE GREAT FALLS, MONTANA		PLACE OF RESIDENCE ASOTIN, WASHINGTON	
MARRITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (if wife, maiden name) JOHN BURT THOMPSON	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME KENNETH GEORGE HAGDALL		BIRTHPLACE MONTANA	
MOTHER - MARDEN NAME BETTY LOU WADDELL		BIRTHPLACE MONTANA	
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE AGENCY JASON M. HARWICK	
NAME AND ADDRESS OF FUNERAL FACILITY MALCOM'S BROWER-WANN FUNERAL HOME, LEWISTON, IDAHO			
DATE OF DEATH MAR 16, 2016	TIME OF DEATH 6:25 P.M.	CITY/TOWN OR LOCATION OF DEATH LEWISTON, IDAHO	COUNTY OF DEATH NEZ PERCE
CAUSE OF DEATH (underlying cause last) SUDDEN CARDIAC ARRHYTHMIA			Approximate Interval Between Onset and Death MINUTES
DUE TO (or as a consequence of): PROBABLE UNKNOWN HEART DISEASE			YEARS
DUE TO (or as a consequence of): UNKNOWN ETIOLOGY			YEARS
DUE TO (or as a consequence of): [REDACTED]			YEARS
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 GARY L. GILLIAM	TITLE CORONER
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	NATURE OF INJURY
LOCATED 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.

MARCH 17, 2016

DATE ISSUED: MARCH 17, 2016  
This copy 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

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