

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

Only for sales in a single location code on or after January 1, 2020.  
This affidavit will not be accepted unless all areas on all pages are fully completed.  
This form is your receipt when stamped by cashier. *Please type or print.*

Check box if the sale occurred in more than one location code.

Check box if partial sale, indicate % \_\_\_\_\_ sold.  
List percentage of ownership acquired next to each name.

**1 Seller/Grantor**

Name Noreen K. Owens, a married woman, deceased

**2 Buyer/Grantee**

Name Robert D. Owens, a widower, deceased

Mailing address 621 12th St

City/state/zip Clarkston, WA 99403

Phone (including area code) \_\_\_\_\_

Mailing address 621 12th St

City/state/zip Clarkston, WA 99403

Phone (including area code) (301) 676-3022

**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>1-002-13-004-0001</u>	<input type="checkbox"/>	<u>\$ 116,800.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>

**4** Street address of property 621 12th St, 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).

The North Half of Lot 4 in Block 13 of West of Clarkston, according to the official plat thereof, filed in Book B of Plats at Page(s) 23 Official Records of Asotin County, Washington.

**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 predominantly used for timber (as classified under RCW 84.84 and 84.33) or agriculture (as classified under RCW 84.34.020)? See ETA 3215.  Yes  No  
If yes, complete the predominate use calculator (see instructions for section 5).

**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 \_\_\_\_\_

**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) 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 05/12/2021

Gross selling price	<u>116,800.00</u>
*Personal property (deduct)	<u>0.00</u>
Exemption claimed (deduct)	<u>116,800.00</u>
Taxable selling price	<u>0.00</u>
Excise tax: state	<u>0.00</u>
Less than \$500,000.01 at 1.1%	<u>0.00</u>
From \$500,000.01 to \$1,500,000 at 1.28%	<u>0.00</u>
From \$1,500,000.01 to \$3,000,000 at 2.75%	<u>0.00</u>
Above \$3,000,000 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>

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

**PAID**  
**MAY 13 2021**  
**ASOTIN COUNTY**  
**TREASURER**

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

Signature of grantor or agent [Signature]

Name (print) Sherri D. Panciera, Surviving Spouse's PR

Date & city of signing 05/12/2021, Clarkston, WA

Signature of grantee or agent [Signature]

Name (print) Sherri D. Panciera, Personal Representative

Date & city of signing 05/12/2021, Clarkston, 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.

EST. R. OWENS  
CK#97#

**054173**

**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  
SHOULD BE USED AS PROOF OF FACTS. CONTACT THE BUREAU OF VITAL RECORDS AND HEALTH STATISTICS AT (208) 333-2200.

Local Reg. No. \_\_\_\_\_

<b>DECEDENT</b>	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (Print, Middle, Last, Suffix) <b>NOREN KAY OWENS</b>		2. SEX <b>FEMALE</b>	3. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	
	4a. AGE Last Birthday <b>72</b> (Year)	4b. UNDER 1 YEAR Months: _____ Days: _____	4c. UNDER 1 DAY Hours: _____ Minutes: _____	5. DATE OF BIRTH (Mo/Day/Yr) <b>03/13/1947</b>	
<b>MORTICIAN: Complete/Verify and File Within 5 Days of Death</b>	6. RESIDENCE - STATE OR FOREIGN COUNTRY <b>WASHINGTON</b>		6. BIRTHPLACE (City and State, Territory, or Foreign Country) <b>CLARKSTON, WASHINGTON</b>		
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY <b>WASHINGTON</b>		7b. COUNTY <b>ASOTIN</b>	7c. CITY OR TOWN <b>CLARKSTON</b>	
<b>FOR INSTRUCTIONS SEE HANDBOOKS</b>	7d. STREET AND NUMBER <b>621 12TH ST</b>		7e. APT. NO. <b>99403</b>	7f. ZIP CODE <b>99403</b>	7g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	8. MARITAL STATUS AT TIME OF DEATH <input checked="" 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>ROBERT OWENS</b>	
<b>PARENTS</b>	10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11a. FATHER'S NAME (Print, Middle, Last, Suffix) <b>ASA CHARLES DAVIS</b>		11b. BIRTHPLACE (State, Territory, or Foreign Country) <b>ILLINOIS</b>	
		12a. MOTHER'S MARDEN NAME (Print, Middle, Last, Suffix) <b>ESTHER KATHERINE MARIE ENGBERG</b>		12b. BIRTHPLACE (State, Territory, or Foreign Country) <b>WASHINGTON</b>	
<b>INFORMANT</b>	13a. INFORMANT'S NAME (Type or Print) <b>ROBERT OWENS</b>		13b. RELATIONSHIP TO DECEDENT <b>HUSBAND</b>	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>621 12TH ST CLARKSTON, WA 99403</b>	
	<b>DISPOSITION</b>	14. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify) _____		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) <b>MOUNTAIN VIEW CREMATORY 3521 SEVENTH STREET LEWISTON, IDAHO 83501</b>	
17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <b>ELECTRONICALLY FILED: RICHARD C. LASSITER</b>		17b. LICENSE NUMBER (Of Licensee) <b>F1558</b>	18. WAS CORNER 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"/> OOA <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) _____				
	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>		22. COUNTY OF DEATH <b>NEZ PERCE</b>
<b>DATE OF DEATH</b>	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) <b>May 27, 2020</b>		24. TIME OF DEATH (24hr) <b>00:04</b>		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) <b>May 27, 2020</b>
	26. TIME PRONOUNCED DEAD (24hr) <b>00:04</b>		27. CAUSE OF DEATH: PART I. Enter the death 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. Enter only one cause on a line. <b>ACUTE RESPIRATORY FAILURE</b> DUE TO (or as a consequence of): <b>POSTOBSTRUCTIVE PNEUMONIA</b> DUE TO (or as a consequence of): <b>METASTATIC NON-SMALL CELL CARCINOMA OF LUNG</b> DUE TO (or as a consequence of): <b>TOBACCO DEPENDENCE</b>		
<b>CAUSE OF DEATH</b>	28. APPROXIMATE TIME INTERVAL ONSET TO DEATH <b>DAYS</b>		29. APPROXIMATE TIME INTERVAL ONSET TO DEATH <b>WEEKS</b>		
	30. APPROXIMATE TIME INTERVAL ONSET TO DEATH <b>MONTHS</b>		31. APPROXIMATE TIME INTERVAL ONSET TO DEATH <b>YEARS</b>		
<b>ITEMS 32-34 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)</b>	32. DATE OF INJURY (Mo/Day/Yr) (Spell month)		33. TIME OF INJURY (24hr)		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, running home, restaurant, forest, etc.)
	35. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____		
<b>CERTIFIER</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. <b>TRANSPORTATION</b> <input checked="" type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____				
	38a. 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 <input type="checkbox"/> CORONER		38b. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		
<b>IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE</b>	39a. CERTIFICATE (Check only one, based on official capacity for this certificate) <input checked="" type="checkbox"/> To the best of my knowledge, death occurred at the time, date, and place, and due to the (nature) cause(s) manner stated. <input type="checkbox"/> 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.		39b. LICENSE NUMBER <b>0-01313</b>		
	39c. DATE SIGNED <b>5 / 30 / 2020</b> MM DD YYYY		39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) <b>CHARLES D. GRAHAM, 415 SIXTH STREET LEWISTON, ID 83501</b>		
<b>REGISTRAR</b>	40a. REGISTRAR'S SIGNATURE <i>James B. Aydelotte</i>		40b. DATE SIGNED <b>6 / 3 / 2020</b> MM DD YYYY		
	41. This is a true and correct reproduction of the original and placed in the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.				

DATE ISSUED: **JUN 03 2020**

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

**54173**

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





\*001361241\*

STATE OF IDAHO      County of Lewiston

This copy of a death certificate was issued by the District Health Department on behalf of the Bureau of Vital Records and Health Statistics.

*Pauline Durst*

Local Vital Statistics Registration Official

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CERTIFIED

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2021 APR 28 PM 1:47  
MCHEENZIE A. CAMPBELL  
COUNTY CLERK  
ASOTIN COUNTY, WA

SUPERIOR COURT OF WASHINGTON FOR ASOTIN COUNTY

In re the Estate of:  ROBERT D. OWENS,  Deceased.	No. 21-4-00041-02  LETTERS TESTAMENTARY WITH NONINTERVENTION POWERS
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WHEREAS, the Last Will and Testament of Robert D. Owens, deceased, was on the 20<sup>th</sup> day of April, 2021, duly exhibited, proven, and recorded in our said Superior Court;

WHEREAS, Sherri D. Panciera is the person nominated as Personal Representative in said Will;

WHEREAS, Sherri D. Panciera has petitioned this court to be appointed Personal Representative thereof; and

WHEREAS, this court has entered an order granting nonintervention powers to the Personal Representative,

NOW, THEREFORE, know all people by these presents, that we do hereby authorize the said Sherri D. Panciera to execute the terms of the Will with nonintervention powers according to law.

LETTERS TESTAMENTARY WITH  
NONINTERVENTION POWERS

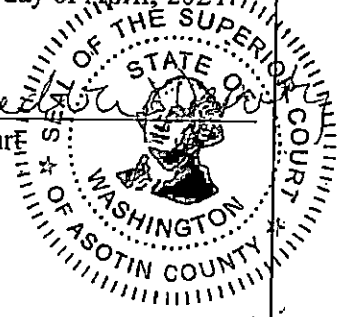
Gittins & Dukes, PLLC  
843 Seventh Street  
Clarkston, WA 99403  
(509)758-2501  
Facsimile: (509) 758-3576

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WITNESS, Brooke J. Burns, Judge of our Superior Court, and the seal of said Court hereto affixed this 28<sup>th</sup> day of April, 2021.

Michelle Mackenzie  
Clerk of the Superior Court



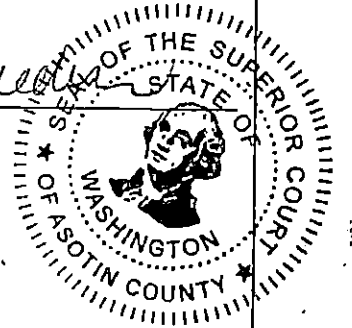
STATE OF WASHINGTON )  
 ) : ss.  
County of Asotin )

I, McKenzie A. Campbell, County Clerk of the County of Asotin, State of Washington, and ex-officio Clerk of the Superior Court of the State of Washington for Asotin County, do hereby certify that the within and foregoing is a full, true, and correct copy of the Letters Testamentary and of the whole thereof, as the same are now on file and of record in the above entitled cause in my office and custody. Said Letters have never been revoked and are still in Full Force and Effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Superior Court this 28<sup>th</sup> day of April, 2021.

County Clerk & Ex-Officio Clerk of the Superior Court

By Michelle Mackenzie  
Deputy



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