

REAL ESTATE EXCISE TAX AFFIDAVIT

CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED
Only for sales in a single location code on or after January 1, 2020.

This form is your receipt when stamped by cashier.

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

PLEASE TYPE OR PRINT

SELLER GRANTOR	1 Name <u>E. CALVIN KAUTZ</u>	BUYER GRANTEE	2 Name <u>JANICE J. KAUTZ</u>
	<u>JANICE J. KAUTZ</u>		Mailing Address <u>1637 RIM VIEW DR</u>
	Mailing Address <u>1637 RIM VIEW DR</u>		City/State/Zip <u>CLARKSTON, WA 99403</u>
	City/State/Zip <u>CLARKSTON, WA 99403</u>		Phone No. (including area code) _____
3 Send all property tax correspondence to: <input checked="" type="checkbox"/> Same as Buyer/Grantee		List all real and personal property tax parcel account numbers - check box if personal property	
Name _____		List assessed value(s)	
Mailing Address _____		1-004-01-010-0010 <input type="checkbox"/> 235,100 0.00	
City/State/Zip _____		<input type="checkbox"/> 0.00	
Phone No. (including area code) _____		<input type="checkbox"/> 0.00	
		<input type="checkbox"/> 0.00	

4 Street address of property: 1637 RIM VIEW DR
This property is located in Select Location _____
 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 more space is needed, you may attach a separate sheet to each page of the affidavit)
SEE ATTACHED.

5 Select Land Use Code(s): 11
Select Land Use Codes _____
enter any additional codes: _____
(See back of last page for instructions) YES NO
Was the seller receiving a property tax exemption or deferral under chapters 84.36, 84.37, or 84.38 RCW (nonprofit organization, senior citizen, or disabled person, homeowner with limited income)? YES NO
Is this property predominantly used for timber (as classified under RCW 84.34 and 84.33) or agriculture (as classified under RCW 84.34.020)? See ETA 3215 YES NO

6 YES NO
Is this property designated as forest land 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

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 RCW 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 _____ 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) does not wish to continue, all additional tax calculated pursuant to chapter 84.26 RCW, shall be due and payable by the seller or transferor at the time of sale.
(3) NEW OWNER(S) SIGNATURE _____
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 No. (Section/Subsection) 458-61A-202(b)(h)
Reason for exemption INHERITANCE
COMMUNITY PROPERTY INTEREST
Type of Document COMMUNITY PROPERTY AGREED.
Date of Document 8-3-16

Gross Selling Price \$	_____
*Personal Property (deduct) \$	_____
Exemption Claimed (deduct) \$	_____
Taxable Selling Price \$	0.00
Excise Tax: State	
Less than \$500,000.01 at 1.1% \$	0.00
From \$500,000.01 to \$1,500,000 at 1.28% \$	0.00
From \$1,500,000.01 to \$3,000,000 at 2.75% \$	0.00
Above \$3,000,000 at 3.0% \$	0.00
Agricultural and timberland at 1.28% \$	0.00
Total Excise Tax: State \$	0.00
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

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

8 I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT
Signature of Grantor or Grantor's Agent Janice J. Kautz Signature of Grantee or Grantee's Agent Janice J. Kautz
Name (print) Janice J. Kautz Name (print) Janice J. Kautz
Date & city of signing 7/8/2021 Asotin Date & city of signing 7/8/2021 Asotin

Perjury: Perjury is a class C felony which is punishable by imprisonment in the state correctional 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)).

REV 84 0001a (12/6/19)
J. KAUTZ
C 11 # 2021 03

THIS SPACE - TREASURER'S USE ONLY COUNTY TREASURER

054329

ATTACHMENT

Residence. 1637 Rimview Drive, Clarkston, County of Asotin, State of the following described real estate, situated in the County of Asotin, State of Washington:

That part of Lot 10 in Block "H" of Vineland according to the official plat thereof, filed in Book B of Plats at Page(s) 63, records of Asotin County, Washington more particularly described as follows:

Commencing at the Northwest corner of said Lot 10, said point being on the centerline of the County road; thence South $75^{\circ}36'$ East along said centerline a distance of 96.78 feet; thence South $14^{\circ}24'$ West a distance of 40.0 feet to the True Place of Beginning; thence continue South $14^{\circ}24'$ West a distance of 70.0 feet to a point of curve; thence around a curve to the left with a radius of 20.0 feet for a distance of 31.42 feet; thence South $75^{\circ}36'$ East a distance of 34.73 feet to a point of curve; thence around a curve to the right with a radius of 100.0 feet for a distance of 21.23 feet; thence North $26^{\circ}34'$ East a distance of 114.82 feet to a point on the South right-of-way line of the County road; thence North $75^{\circ}36'$ West along said right-of-way line a distance of 80.0 feet to a point of curve; thence around a curve to the left with a radius of 20.0 feet for a distance of 31.42 feet to the True Place of Beginning.

Subject to: Current Year Taxes, conditions, covenants, restrictions, reservations, easements, rights and rights of way, apparent or of record.

Tax Parcel Number: 1-004-01-010-0010-0000

54329



00038372202103727190060064

I-15 CP
Pgs=6 Fee:\$108.50
JANICE JEAN KAUTZ

AFTER RECORDING, RETURN TO:

COMMUNITY PROPERTY AGREEMENT

This agreement is made between Ernest Calvin Kautz, also known as E. Calvin Kautz ("Husband") and Janice Jean Kautz, also known as Janice J. Kautz ("Wife"), husband and wife, who were married on April 22, 2006, in Clarkston, Washington, and who are currently domiciled within the State of Washington. In consideration of their mutual promises and covenants set forth below, the parties agree as follows:

1. **Property Covered:** This agreement shall apply to the following described property now owned or hereafter acquired by Husband and Wife even though some items may have been purchased or acquired by one or the other alone or may be registered in the name of one or the other or both:

A. **Residence.** 1637 Rimview Drive, Clarkston, County of Asotin, State of the following described real estate, situated in the County of Asotin, State of Washington:

That part of Lot 10 in Block "H" of Vineland according to the official plat thereof, filed in Book B of Plats at Page(s) 63, records of Asotin County, Washington more particularly described as follows:

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Commencing at the Northwest corner of said Lot 10, said point being on the centerline of the County road; thence South 75°36' East along said centerline a distance of 96.78 feet; thence South 14°24' West a distance of 40.0 feet to the True Place of Beginning; thence continue South 14°24' West a distance of 70.0 feet to a point of curve; thence around a curve to the left with a radius of 20.0 feet for a distance of 31.42 feet; thence South 75°36' East a distance of 34.73 feet to a point of curve; thence around a curve to the right with a radius of 100.0 feet for a distance of 21.23 feet; thence North 26°34' East a distance of 114.82 feet to a point on the South right-of-way line of the County road; thence North 75°36' West along said right-of-way line a distance of 80.0 feet to a point of curve; thence around a curve to the left with a radius of 20.0 feet for a distance of 31.42 feet to the True Place of Beginning.

Subject to: Current Year Taxes, conditions, covenants, restrictions, reservations, easements, rights and rights of way, apparent or of record.

Tax Parcel Number: 1-004-01-010-0010-0000

B. All tangible personal property and financial assets now owned or hereafter acquired, including without limitation, household items, tools, firearms, vehicles, art objects, ownership and debt interests in business entities, accounts and notes receivable, and all financial accounts of every nature.

The above-described property shall be transmuted at death into and declared to be the community property of the parties and is referred to in this agreement as the "described community property."

2. *Vesting at Death of a Spouse:* If Husband dies and Wife survives him, all of the described community property and/or separate property shall vest in Wife as of the moment of Husband's death. If Wife dies and Husband survives her, all of the described community property and or separate property shall vest in Husband as of the moment of Wife's death.

3. *Disclaimer:* Upon the death of either spouse, the surviving spouse may disclaim any interest passing under the agreement in whole or in part, or with reference to specific parts, shares or assets thereof, in which event the interest disclaimed shall pass as

if the provisions of paragraph 2 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition.

4. ***Automatic Revocation:*** The provisions of paragraph 2 shall be automatically revoked:

- (a) Upon the filing by either party of a petition, complaint or other pleading for separation, dissolution, or divorce; or
- (b) Immediately prior to death, if the order of death cannot be ascertained, or if both parties hereto die within ninety (90) days of one another.

5. ***Optional Revocation by One Party:*** If either party becomes incapacitated, the other party shall have the power to terminate the provisions of paragraph 2 and each party designates the other as attorney-in-fact to become effective upon incapacity to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the incapacitated spouse and to the guardian(s), if any, of the person and of the estate of the incapacitated person. For the purposes of this paragraph, a spouse shall be deemed incapacitated if a person duly licensed to practice medicine signs a statement declaring that the person is unable to manage his or her own financial affairs.

6. ***Powers of Appointment:*** This agreement shall not affect any power of appointment now held by or hereafter given to Husband or Wife or both of them, nor shall it obligate Husband or Wife or both of them, to exercise any such power of appointment in any way.

7. ***Revocation of Inconsistent Agreements:*** To the extent this agreement is inconsistent with any provisions of any community property agreement or other arrangement previously made by the parties that affects the described community property, the terms of this agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

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IN WITNESS WHEREOF, the parties, Ernest Calvin Kautz and Janice Jean Kautz, have hereunto set their signatures this 3rd day of August, 2016.

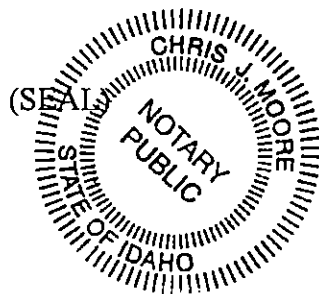
Ernest Calvin Kautz
Ernest Calvin Kautz, Husband

Janice Jean Kautz
Janice Jean Kautz, Wife

STATE OF IDAHO)
 : ss.
County of Nez Perce)

On this day personally appeared before me, Ernest Calvin Kautz, also known as E. Calvin Kautz, and Janice Jean Kautz, also known as Janice J. Kautz, husband and wife, to me known to be the individuals described in and who executed the within and foregoing Community Property Agreement, and acknowledged that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

Given under my hand and official seal on this 3rd day of August, 2016.



Chris Moore
Notary Public in and for said State,
residing at or employed in Lewiston.
My Commission Expires: 11-17-2019

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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
MAILED MAIL, SHALL BE USED AS PROVA FACIE EVIDENCE OF THE DEATH OF AN INDIVIDUAL BORN IN AND FOR THE STATE OF IDAHO

DECEDENT TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE BALLPOINT PEN. FOR INSTRUCTIONS SEE HANDBOOKS	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) ERNEST CALVIN KAUTZ AKA E.C. KAUTZ		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]	
	4a. AGE-Last Birthday 96 (Years)	4b. UNDER 1 YEAR Months: Days:	4c. UNDER 1 DAY Hours: Minutes:	5. DATE OF BIRTH (Mo/Day/Yr) 06/14/1924	6. BIRTHPLACE (City and State, Territory, or Foreign Country) WITTEN, SOUTH DAKOTA
MORTICIAN: Complete/Variety and File Within 5 Days of Death	7a. RESIDENCE - STATE OR FOREIGN COUNTRY WASHINGTON		7c. CITY OR TOWN CLARKSTON		
	7d. STREET AND NUMBER 1637 RIMVIEW DRIVE		7e. APT. NO.	7f. ZIP CODE 99403	7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PARENTS	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) JANICE JEAN HOGABOOM	
	10. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11a. FATHER'S NAME (First, Middle, Last, Suffix) ERNEST FREDERICK KAUTZ		11b. BIRTHPLACE (State, Territory, or Foreign Country) OHIO
INFORMANT	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) UNKNOWN DOUTHITT		11c. BIRTHPLACE (State, Territory, or Foreign Country) NEBRASKA		
	13a. INFORMANT'S NAME (Type or print) JANICE KAUTZ		13b. RELATIONSHIP TO DECEDENT WIFE	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 1637 RIMVIEW DRIVE CLARKSTON, WA 99403	
DISPOSITION	14. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematorium, or other facility) LEWIS CLARK MEMORIAL GARDENS 3521 7TH ST. LEWISTON, IDAHO 83501		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY MOUNTAIN VIEW FUNERAL HOME 3521 SEVENTH STREET... LEWISTON, IDAHO 83501
	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: GERALD E. BARTLOW			17b. LICENSE NUMBER (Of licensee) MI0771	17c. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PLACE OF DEATH	18. PLACE OF DEATH (18-22)				
	19a. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OBA		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <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)		
DATE OF DEATH	20. FACILITY NAME (if facility, give street and number) LIFE CARE CENTER OF LEWISTON		21. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE LEWISTON, ID 83501		22. COUNTY OF DEATH NEZ PERCE
	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) February 21, 2021		24. TIME OF DEATH (24hr) 18:30	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) February 21, 2021	
CAUSE OF DEATH	27. CAUSE OF DEATH 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 etiology. DO NOT ABBREVIATE. Enter only one cause on a line.				
	IMMEDIATE CAUSE (Final disease or condition resulting in death) END STAGE RENAL DISEASE DUE TO (or as a consequence of)		APPROXIMATE TIME INTERVAL ONSET TO DEATH UNKNOWN		
ITEMS 27-28 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	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)		28. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	29. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		30. IF FEMALE (AGES 10-54): <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <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. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined
CERTIFIER: Complete Within 72 Hours of Death	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, nursing home, restaurant, forest, etc.)		35. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
REGISTRAR	36. LOCATION OF INJURY State: _____ City/Town or County: _____ Zip Code: _____ Street and Number or Location: _____ Apartment Number: _____		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. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger		38b. WHAT SAFETY DEVICES DID DECEDENT USE/EMPLOY? <input type="checkbox"/> Seatbelt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown		
CERTIFIER IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THIS CERTIFICATE	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) (injury) listed.		39b. LICENSE NUMBER M-09634		
	<input type="checkbox"/> 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.		39c. DATE SIGNED 2 / 22 / 2021 MM DD YYYY		
Signature and Title of Certifier: ELECTRONICALLY SIGNED: ELIZABETH L. BLACK, M.D.		39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) ELIZABETH L. BLACK, 1271 HIGHLAND AVE STE B CLARKSTON, WA 99403		40b. DATE SIGNED 2 / 25 / 2021 MM DD YYYY	
40a. REGISTRAR'S SIGNATURE <i>James B. Aydelotte</i>		40c. REGISTRAR'S NAME, ADDRESS, AND ZIP CODE (Type or print) JAMES B. AYDELOTTE, 1271 HIGHLAND AVE STE B CLARKSTON, WA 99403			

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: **FEB 25 2021**

This copy is not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

Rev. 07/29/20

James B. Aydelotte
JAMES B. AYDELOTTE
 STATE REGISTRAR

54329

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF IDAHO



* 0 0 1 4 3 8 0 9 *

STATE OF IDAHO County of Lewiston

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

Pauline Durst

Local Vital Statistics Registration Official

PC40

