

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 Jean Y. Thompson, deceased

2 Buyer/Grantee
Name The Estate of John B. Thompson, deceased

Mailing address 812 2nd St
City/state/zip Asotin, WA 99402
Phone (including area code) N/A

Mailing address 970 Post Lane
City/state/zip Clarkston, WA 99403
Phone (including area code) (208) 791-9872

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>1-048-14-008-0000-0000</u>	<input type="checkbox"/>	<u>\$ 96,725.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>

4 Street address of property 812 2nd St, Asotin, WA 99402
This property is located in Asotin (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 West half of Lot 6 and all of Lots 7 and 8 of Block 14 TOWN OF ASOTIN, according to plat recorded in Book A of Plats, page 6, in Asotin County, Washington.

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 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
If yes, complete the predominate use calculator (see instructions for section 5).

If claiming an exemption, list WAC number and reason for exemption.
WAC number (section/subsection) WAC 458-61A-202(6)(h)
Reason for exemption _____
Transfer of community property interest to surviving spouse with no Will, community property agreement, trust, etc.

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

Gross selling price	<u>96,725.00</u>
*Personal property (deduct)	<u>0.00</u>
Exemption claimed (deduct)	<u>96,725.00</u>
Taxable selling price	<u>0.00</u>
Excise tax: state	
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>
0.0075 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>

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 Nancy A. Thompson
Name (print) Nancy A. Thompson
Date & city of signing 10/21/21 Clarkston

Signature of grantee or agent Nancy A. Thompson, Administrator
Name (print) Nancy A. Thompson, Administrator
Date & city of signing 10/21/21 Clarkston

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.

After recording return to:

Lucy L. Dukes
843 Seventh Street, P. O. Box 191
Clarkston, WA 99403

Grantor: Jean Y. Thompson, deceased
Grantee: The Estate of John B. Thompson, deceased
Legal: W 1/2 Lot 6; Lots 7 and 8; Block 14, Town of Asotin, Asotin County, Washington
Parcel No. 1-048-14-008-0000-0000

AFFIDAVIT
(Lack of Probate)

STATE OF WASHINGTON)
: ss.
County of Asotin)

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

1. Jean Y. Thompson died on the 16th day of March, 2016, in Nez Perce County, Idaho, then being a resident of Asotin, Washington, and the owner of property located in the County of Asotin, State of Washington. At the time of her death, she was married to John B. Thompson.

2. That the heir at law of decedent is as follows:

<u>Name and Address</u>	<u>Relationship</u>	<u>Age</u>
John B. Thompson 812 2 nd St Asotin, WA 99402	Surviving Spouse	L

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3. Jean Y. Thompson died intestate. The real property described below was community property owned jointly by Jean Y. Thompson and her surviving spouse, John B. Thompson. Pursuant to RCW 11.04.015(1)(a), John B. Thompson is the lawful surviving heir and owner of the following-described real property:

The West half of Lot 6 and all of Lots 7 and 8 of Block 14 TOWN OF ASOTIN, according to plat recorded in Book A of Plats, page 6, in Asotin County, Washington.

Tax Parcel No. 1-048-14-008-0000-0000

5. This Affidavit is made solely to induce the title insurance company to insure title to real property in which decedent held an interest at the time of her death, and to comply with the provisions of WAC 458-61A-202(6)(i).

Dated this 21st day of October, 2021.

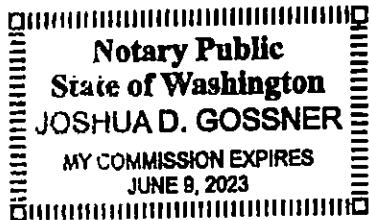
ESTATE OF JOHN B. THOMPSON

By: [Signature]
NANCY A. THOMPSON, Administratrix

STATE OF WASHINGTON)
) :SS
County of Asotin)

On this 21st day of October, 2021, before me personally appeared Nancy A. Thompson, to me known to be the Administratrix of the Estate of John B. Thompson, and acknowledged the within and foregoing instrument to be the free and voluntary act and deed of said entity, for the uses and purposes therein mentioned, and on oath stated that she was authorized to execute said instrument.

In Witness Whereof I have hereunto set my hand and affixed my official seal the day and year first above written.



[Signature]
Notary Public for Washington
Residing at Clarkston
My appointment expires June 9, 2023

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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
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 OCTOBER 13, 1951
BIRTHPLACE GREAT FALLS, MONTANA		PLACE OF RESIDENCE ASDTIN, 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 MAGDALL		BIRTHPLACE MONTANA	
MOTHER - MAIDEN NAME BETTY LOU WADDELL		BIRTHPLACE MONTANA	
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE 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): a. PROBABLE UNKNOWN HEART DISEASE			YEARS
DUE TO (or as a consequence of): b. UNKNOWN ETIOLOGY			YEARS
DUE TO (or as a consequence of): c.			
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	INJURY AT WORK
LOCATION 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: _____

James B. Aydelotte
- JAMES B. AYDELOTTE
STATE REGISTRAR

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

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of 2000



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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-036515

DATE ISSUED: 08/11/2020
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JOHN BURT
LAST NAME(S): THOMPSON

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: AUGUST 09, 2020
HOUR OF DEATH: 06:46 AM
SEX: MALE AGE: 70 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: TRI-STATE MEMORIAL HOSPITAL, INC.
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

RESIDENCE STREET: 812 2ND ST
CITY, STATE, ZIP: ASOTIN, WA 99402-9542
INSIDE CITY LIMITS: YES COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 35 YEARS

BIRTH DATE: MARCH 18, 1950
BIRTHPLACE: TWIN FALLS, ID

FATHER: LEO THOMPSON
MOTHER: MARION LEE QUIGLEY

MARITAL STATUS: DIVORCED
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: REMOVAL FROM STATE
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

OCCUPATION: OPERATOR
INDUSTRY: MACHINE/CRANE OPERATOR
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: AUGUST 12, 2020

INFORMANT: DANNA SMITH
RELATIONSHIP: DAUGHTER
ADDRESS: 302 139TH ST., OROFINO, ID 83544

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME

ADDRESS: 3521 7TH STREET
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
FUNERAL DIRECTOR: GERALD E. BARTLOW

CAUSE OF DEATH:
A: PROBABLE PULMONARY EMBOLISM
INTERVAL: MOMENTS

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT-APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: LISA WEBBER
TITLE: CORONER/ME
CERTIFIER ADDRESS: PO BOX 220
CITY, STATE, ZIP: ASOTIN, WA 99402
DATE SIGNED: AUGUST 11, 2020

LOCATION OF INJURY:

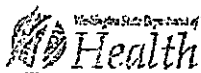
CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: SHEENA L. SAVAGE
DATE RECEIVED: AUGUST 11, 2020

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DOH 422-182 (8/18) 12



Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

This is a legal document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number:	Fee Number	Initials	Date	Affidavit Number
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Required information must match current information on record

Record Type: Birth Death Marriage Dissolution (Divorce)

1. Name on Record: _____ 2. Date of Event: _____ 3. Place of Event: _____

4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) _____ 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) _____

6. Name of Person Requesting Correction: _____ Relationship to Person on Record: Self Guardian Informant Hospital Parent(s) Funeral Director Other (specify) _____

7. Return Mailing Address: _____
City _____ State _____

Telephone Number: _____ Email Address: _____

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
8. _____	9. _____
10. _____	11. _____
12. _____	13. _____
14. _____	15. _____

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct

16a. Signature: _____ 16b. Signature of 2nd parent (if required): _____

Printed name: _____ Date: _____ Printed name: _____ Date: _____

INSTRUCTIONS - go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

Birth Certificates

- Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate
- The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe
- Documentary proof must be five or more years old or established within five years of birth

Child under 18	Adult (18 years or older)
<ul style="list-style-type: none"> • If legal guardian(s), include certified court order proving guardianship • Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)* • After age one, a court order is required to change the last name • No proof is required to change the first or middle name* • To correct parent's information, one documentary proof is required. • To correct the sex of the child, one documentary proof from a medical provider is required 	<ul style="list-style-type: none"> • Only the adult can change his or her birth certificate • If the first or middle name is missing, three pieces of documentary proof are required • If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required • To correct parent's birth date, place of birth, or name, one documentary proof is required

*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit

DOH 422-034 January 2015

CERTIFIED

AUG 11 2020

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Dr. Glenn Houser
Dr. Glenn Houser
Health District Officer



Garfield County Health District

0 3 2 1 8 8 5 6

Certificate not valid unless the Seal of the State of Washington changes color when heat applied.