

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 The Estate of John B. Thompson, deceased
Mailing address 970 Post Lane
City/state/zip Clarkston, WA 99403
Phone (including area code) (208) 791-9872

2 Buyer/Grantee
Name Danna Smith, a married woman dealing in her sole and separate property
Mailing address 302 139th St
City/state/zip Orofino ID 83544-9116
Phone (including area code) (208) 816-0485

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)(f)
Reason for exemption
Transfer by inheritance under Asotin County Superior Court Cause No. 20-4-00074-02

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, Administratrix
Date & city of signing 10/21/21 Clarkston

Signature of grantee or agent Danna Smith
Name (print) Danna Smith
Date & city of signing 10/23/21 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.

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CERTIFIED

FILED

2020 SEP 23 AM 11:37

MCKENZIE A. CAMPBELL
COUNTY CLERK
ASOTIN COUNTY, WA

SUPERIOR COURT OF WASHINGTON FOR ASOTIN COUNTY

In re the Estate of:

No. 20-4-00014-02

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;

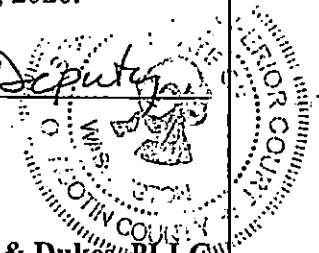
NOW, THEREFORE, know all persons by these presents:

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 23rd day of September, 2020.


Clerk of the Superior Court



Gittins & Dukes, 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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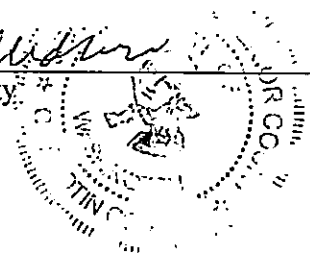
STATE OF WASHINGTON)
 : ss.
County of Asotin)

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 of Administration as the same appear on file and of record in my office, and that said Letters are now in full force and effect and have never been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Superior Court this 23rd day of September, 2020.

Clerk

By Nicole Miller
Deputy



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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
BIRTH PLACE 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 MAGDALL			BIRTH PLACE MONTANA
MOTHER - MAIDEN NAME BETTY LOU WADDELL			BIRTH PLACE 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): PROBABLE UNKNOWN HEART DISEASE			YEARS
DUE TO (or as a consequence of): UNKNOWN ETIOLOGY			YEARS
DUE TO (or as a consequence of): 			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	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

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





00.0698756

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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

PLACE OF DEATH: HOSPITAL

DATE OF DEATH: AUGUST 09, 2020

FACILITY OR ADDRESS: TRI-STATE MEMORIAL HOSPITAL, INC.

HOUR OF DEATH: 06:46 AM

CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

SEX: MALE

AGE: 70 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 812 2ND ST

CITY, STATE, ZIP: ASOTIN, WA 99402-9542

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

INSIDE CITY LIMITS: YES

COUNTY: ASOTIN

RACE: WHITE

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 422-132 (8/18)



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: _____
PO Box or Street Address _____ City _____ State _____ Zip _____

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: _____ Date: _____

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

- 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

Adult (18 years or older)

- 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

Glenn Houser MD
Dr. Glenn Houser
Health District Officer
Garfield County Health District

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