

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 Bryan R. Wheeler and the estate of Melissa L. Morrison

Mailing address 747 2nd Street

City/state/zip Clarkston, WA 99403-2613

Phone (including area code) _____

2 Buyer/Grantee

Name Bryan R. Wheeler

Mailing address 747 2nd Street

City/state/zip Clarkston, WA 99403-2613

Phone (including area code) _____

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>1-001-15-024-0000-0000</u>	<input type="checkbox"/>	<u>\$176,000.00</u>
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

4 Street address of property 747 2nd Street, Clarkston, WA 99403-2613

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).

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

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 Bryan R. Wheeler Signature _____
Print name Bryan R. Wheeler 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) 458-61A-202(6)(f)
Reason for exemption Transfer of Devise nonprobated will or operation of law

Type of document Lack of Probate

Date of document 11-24-2021 12-9-21

Gross selling price	<u>0.00</u>
*Personal property (deduct)	_____
Exemption claimed (deduct)	_____
Taxable selling price	<u>0.00</u>
Excise tax: state	_____
Less than \$500,000.01 at 1.1%	_____
From \$500,000.01 to \$1,500,000 at 1.28%	_____
From \$1,500,000.01 to \$3,000,000 at 2.75%	_____
Above \$3,000,000 at 3%	_____
Agricultural and timberland at 1.28%	_____
Total excise tax: state	_____
Local	_____
*Delinquent Interest: state	_____
Local	_____
*Delinquent penalty	_____
Subtotal	_____
*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

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

Signature of grantor or agent [Signature] Signature of grantee or agent [Signature]
Name (print) Shariene Ries, Chicago Title Company of Washington, Inc. Name (print) Bryan R. Wheeler
Date & city of signing December 13, 2021 / Clarkston WA Date & city of signing December 9, 2021 / Clarkston WA

Perjury in the second degree is a class C felony which is punishable by confinement in the 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.

EEA

EXHIBIT "A"

588468

Lot 24 and the South 20 feet of Lot 23 of Block 15 of Clarkston according to the official plat thereof, filed in Book B of Plats at Page(s) 6, records of Asotin County, Washington.

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AFFIDAVIT (LACK OF PROBATE)



Bryan R. Wheeler being first duly sworn, deposes and says:

The undersigned affiant is the rightful heir to the real property described below, and is husband
 (relationship to decedent) of Melissa L. Morrison (decedent), who died on (date)
08-19-21, at
Lewiston Nez-Pence 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: 747 2nd St.
Clarkston, WA, 99403
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)

Elizabeth Anne Wheeler-Tuning (Daughter 36)
827 Niagara St. Clarkston, WA, 99403
Full name, age, relationship, address

Susan Marie Wheeler-Peltonen (Daughter 34)
205 Poplar St. Clarkston, WA, 99403
Full name, age, relationship, address

Bryan Richard Wheeler II, (son)
832 11th St. Clarkston, WA, 99403
Full name, age, relationship, address

Dakota Mariah Dynes (Daughter)
747 2nd St. Clarkston, WA, 99403
Full name, age, relationship, address

(Continued on next page)



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Billy Jo Dynes (Daughter)

County Jail, Walla Walla, WA

Full name, age, relationship, address

Tasha Marie Dynes (Daughter 26)

747 2nd St. Clarkston, WA 99403

Full name, age, relationship, address

Christina Faith Wheeler (Daughter 28) Robertson

3230 8th St. "F" Lewiston, ID, 83501

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 12-09-21

Bryan Richard Wheeler
Affiant's full name

509 552-0703
Telephone number

747 2nd St. Clarkston, WA 99403
Street

Clarkston City WA State 99403 Zip Code

Bryan R. Wheeler
Signature

12-09-21
Date

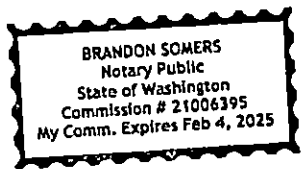
State of WA County of Asotin

I know or have satisfactory evidence that Bryan Richard Wheeler
(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: 12/09/21

(SEAL OR STAMP)



[Signature]
Signature of Notary Public

Residing at: Clarkston

Notary Public in and for the State of WA

My appointment expires: 02-04-25

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)

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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

On a copy of this certificate, completed by the state registrar with the assistance of health and welfare personnel, shall be filed of record with the state registrar in the state office or the local registrar's office.

Local Reg. No.

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) MELISSA LYNN MORRISON		2. SEX FEMALE	3. SOCIAL SECURITY NUMBER [REDACTED]
TYPE OF PART IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS	4a. AGE-Last Birthday 54 (Years)		4b. UNDER 1 YEAR 4c. UNDER 1 DAY 4. DATE OF BIRTH (Mo/Day/Yr) 06/17/1967	
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) LONGVIEW, WASHINGTON		7a. RESIDENCE - STATE OR FOREIGN COUNTRY WASHINGTON	
	7b. COUNTY ASOTIN		7c. CITY OR TOWN CLARKSTON	
MORTICIAN: Complete/Verify and File Within 5 Days of Death	7d. STREET AND NUMBER 747 2ND STREET		7e. APT. NO. 99403	7f. ZIP CODE 99403
	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 any, give maiden name) BRYAN RICHARD WHEELER	
	10. EVER IN U.S. 11a. FATHER'S NAME (First, Middle, Last, Suffix) BILL MORRISON		11b. BIRTHPLACE (State, Territory, or Foreign Country) WASHINGTON	
PARENTS	12. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) SHANNON CAMILL		11c. BIRTHPLACE (State, Territory, or Foreign Country) WASHINGTON	
	13a. INFORMANT'S NAME (Type or print) BRYAN WHEELER		13b. RELATIONSHIP TO DECEDENT -HUSBAND	
	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 747 2ND STREET CLARKSTON, WA 99403			
DISPOSITION	14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) MOUNTAIN VIEW CREMATORY 3521 SEVENTH STREET 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 (If license) M0771		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 (18-23)			
	18a. IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Hospital 2 <input type="checkbox"/> Outpatient 3 <input type="checkbox"/> PCA 4 <input type="checkbox"/> Hospital facility 5 <input type="checkbox"/> Nursing home/long term care facility 6 <input type="checkbox"/> Decedent's home 7 <input type="checkbox"/> Other (Specify)			
	18b. FACILITY NAME (If facility, give street and number) ST. JOSEPH REGIONAL MEDICAL CTR		18c. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE LEWISTON, ID 83501	
DATE OF DEATH	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) August 19, 2021		24. TIME OF DEATH (Hour:Minute) 23:03	
	25. DATE PROCLAIMED DEAD (Mo/Day/Yr) (Spell month) August 19, 2021		26. TIME PROCLAIMED DEAD (Hour:Minute) 23:03	
	27. CAUSE OF DEATH (Part I) ACUTE RESPIRATORY FAILURE 9 DAYS			
CAUSE OF DEATH	28. UNDERLYING CAUSE (Part II) COVID-19 PNEUMONIA 14 DAYS			
	29. IMMEDIATE CAUSE (Final disease or condition resulting in death) COVID-19 PNEUMONIA 14 DAYS			
	30. SEQUENTIAL CAUSES (List all conditions, if any, leading to the cause listed on line 29. Enter the UNDERLYING CAUSE LAST (disease or injury that initiated the sequence resulting in death).) COVID-19 PNEUMONIA 14 DAYS			
ITEMS TO BE USED FOR CERTAIN CAUSES ONLY (ICD-10)	PART II. Enter (check or check/cross) conditions that existed but not resulting in the underlying cause given in Part I COPD; OSA; HYPERTENSION; MORBID OBESITY			
	32. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		33. IF FEMALE (Aged 15-54): <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before 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"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
CERTIFIER: Complete Within 72 Hours of Death	32. DATE OF INJURY (Mo/Day/Yr) (Spell month)		33. TIME OF INJURY (Hour:Minute)	
	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	
	36. LOCATION OF INJURY: State _____ City/Town/County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____			
CERTIFIER	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			
	38. TRANSPORTATION INJURY ONLY: <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____			
	39. CERTIFIER (Check only one, based on medical capacity for a certificate) <input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE <input type="checkbox"/> CORONER To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s) stated. 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) stated. Signature and Title of Certifier: ELECTRONICALLY SIGNED: MICHAEL C. MINICK, M.D. 39a. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) MICHAEL C. MINICK, 415 SOUTH STREET LEWISTON, ID 83501			
REGISTRAR	39b. LICENSE NUMBER M-04849		39c. DATE SIGNED 8 / 30 / 2021	
	40a. REGISTRAR'S SIGNATURE James B. Aydelotte		40b. DATE SIGNED 8 / 30 / 2021	
	40c. NAME, ADDRESS, AND ZIP CODE OF REGISTRAR (Type or print)			

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: **AUG 31 2021**

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

JAMES B. AYDELOTTE
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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* 0 0 1 5 0 4 1 9 2 *

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

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