

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 Norman Ray West, Deceased

Mailing address 327 15th Avenue

City/state/zip Lewiston, ID 83501

Phone (including area code) _____

2 Buyer/Grantee

Name Rose M. West

Mailing address 327 15th Avenue

City/state/zip Lewiston, ID 83501

Phone (including area code) 208-743-5194

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)
1-003-05-013-00004	<input type="checkbox"/>	\$ 80,800.00
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

4 Street address of property 1329 9th Street, Clarkston, WA 99403

This property is located in Asotin County (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 legal description attached hereto.

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 _____

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

Signature of grantor or agent Rose M. West
Name (print) Rose M. West
Date & city of signing 12/14/2021 at Lewiston, Idaho

Signature of grantee or agent Rose M. West
Name (print) Rose M. West
Date & city of signing 12/14/2021 at Lewiston, Idaho

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.

Creason, Dobken, Moore + Creidl

ck# 13991 AH

DEC 16 2021
ASOTIN COUNTY
TREASURER

054827 Print on legal size paper.
Page 1 of 6

EXHIBIT A

The North 100 feet of the West 152.5 feet of Lot 13 of Block 5 SOUTH OF CLARKSTON according to the plat recorded in Book B of Plats, page 28, records of Asotin County, Washington, EXCEPTING THEREFROM the following described property: Beginning at the Northwest corner of Lot 13 of Block 5 South of Clarkston, said point being in the centerline of 9th Street; thence South along the West line of said Lot 13 for a distance of 39 feet; thence East a distance of 97.5 feet; thence South for a distance of 46 feet; thence East for a distance of 55.0 feet; thence North for a distance of 85 feet; thence West for a distance of 152.5 feet to the place of beginning.

SUBJECT TO: Easements as disclosed on said recorded plat thereof.

SUBJECT TO: Rights of the public in and to adjacent streets and alleys.

54827

AFTER RECORDING MAIL TO:

Blake L. Houlihan
P. O. Drawer 835
Lewiston, ID 83501

**AFFIDAVIT OF ROSE M. WEST
LACK OF PROBATE - REAL PROPERTY**

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

Rose M. West, being first duly sworn, deposes and says:

Affiant is the lawful surviving spouse of Norman Ray West, who died on November 3, 2019, at Lewiston, Nez Perce County, Idaho, then being a resident of Lewiston, Nez Perce County, Idaho. A copy of the Certificate of Death is attached hereto.

Affiant has hereinbelow identified each and all of the heirs at law of decedent, including but not limited to his children, adopted children and the issue of any predeceased child or adopted child.

That the heirs of law of decedent are:

NAME AND ADDRESS	RELATIONSHIP
Rose M. West 327 15 th Avenue Lewiston, ID 83501	Spouse
Deann R. West 1329 9 th Street Clarkston, WA 99403	Daughter Adult
Tracie Quentin 319 ½ Sycamore Street Clarkston, WA 99403	Daughter Adult

Curtis Hunter P.O. Box 116 Nolanville, TX 76559	Son Adult
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That affiant knows of her own knowledge, and so states, that each and all of the obligations against the marital community and against the estate of the decedent (including but not limited to: all the debts of decedent, all of the expenses of decedent's last illness, funeral and burial, promissory notes, installment contracts and mortgages, state and federal succession taxes upon decedent's estate, if applicable) have been paid in full.

The decedent died intestate. In accordance with rules of intestacy, Rose M. West, the surviving spouse of the decedent, was the sole distributee of decedent's estate.

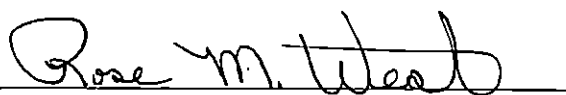
This affidavit is made solely to transfer the Estate's interest in real property commonly referred to as 1329 9th Street, Clarkston, County of Asotin, State of Washington, and more particularly described as follows:

SEE EXHIBIT A ATTACHED HERETO.

Tax Parcel No. 1-003-05-013-00004

Affiant hereby agrees to indemnify and hold harmless any person or entity who is damaged economically as the result of transferring or accepting title in reliance upon the representations in this document.

DATED This 1 day of December, 2021.

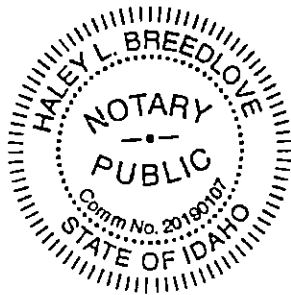


Rose M. West
327 15th Avenue
Lewiston, ID 83501

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

On this 18th day of December, 2021, before me, the undersigned, a notary public in and for said State, personally appeared Rose M. West, known or identified to me to be the individual described in and who executed the foregoing instrument and acknowledged that she signed and sealed the same as her own free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN UNDER MY HAND AND OFFICIAL SEAL the day and year in this certificate first above written.



Haley Breedlove
Notary Public in and for said state,
residing at or employed in Lewiston.
My Commission Expires: 1/15/2025

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 **NOVEMBER 05, 2019**

State File No. **2019-11861**

DECEDENT - LEGAL NAME NORMAN RAY WEST			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 71 YEARS	DATE OF BIRTH AUGUST 11, 1948
BIRTHPLACE TWIN FALLS, IDAHO		PLACE OF RESIDENCE LEWISTON, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED	NAME OF SURVIVING SPOUSE (If wife, maiden name) ROSE M. COX		WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME BILLY RAY WEST		BIRTHPLACE IDAHO	
MOTHER - MAIDEN NAME BETTY LOU OLSEN		BIRTHPLACE IDAHO	
METHOD OF DISPOSITION CREMATION	FUNERAL SERVICE LICENSEE JAMIE M. CLONINGER		
NAME AND ADDRESS OF FUNERAL FACILITY VASSAR-RAWLS FUNERAL HOME, LEWISTON, IDAHO			
DATE OF DEATH NOV. 03, 2019	TIME OF DEATH 4:50 A.M.	CITY, TOWN OR LOCATION OF DEATH LEWISTON, IDAHO	COUNTY OF DEATH NEZ PERCE
CAUSE OF DEATH (Underlying cause last) METASTATIC LUNG CANCER			Approximate Interval Between Onset and Death UNKNOWN
DUE TO (or as a consequence of):			
DUE TO (or as a consequence of):			
DUE TO (or as a consequence of):			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not resulting in the underlying cause given above) CHRONIC OBSTRUCTIVE PULMONARY DISEASE			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER ELIZABETH L. BLACK, M.D.		TITLE PHYSICIAN
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.

NOVEMBER 06, 2019

DATE ISSUED:

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

James B. Aydeotte

JAMES B. AYDELOTTE
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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