

Real Estate Excise Tax Affidavit (RCW 82.45 WAC 458-61A)

Only for sales in a single location code on or after July 1, 2022.
This affidavit will not be accepted unless all areas on all pages are fully and accurately completed.
This form is your receipt when stamped by cashier. *Please type or print.*

Check box if partial sale, indicate % _____ sold.

List percentage of ownership acquired next to each name.

1 Seller/Grantor

Name Robert Knopes, deceased, by and through Betty A. Knopes, his surviving spouse
Mailing address 1148 Webster Street
City/state/zip Clarkston, WA 99403
Phone (including area code) (509) 758-2224

2 Buyer/Grantee

Name Betty A. Knopes
Mailing address 1148 Webster Street
City/state/zip Clarkston, WA 99403
Phone (including area code) (509) 758-2224

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>1-077-00-024-0003-0000</u>	<input type="checkbox"/>	<u>\$ 202,200.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>

4 Street address of property 1148 Webster St, Clarkston, WA 99403

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).

The South 85 feet of Lot 24 in Curtiss Subdivision, according to the recorded plat thereof, filed in Book C at Page(s) 82 Official Records of Asotin County, Washington, EXCEPT the South 10 feet and the West 10 feet for street and alley purposes.

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 predominately used for timber (as classified under RCW 84.34 and 84.33) or agriculture (as classified under RCW 84.34.020) and will continue in it's current use? If yes and the transfer involves multiple parcels with different classifications, complete the predominate use calculator (see instructions) Yes No

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 Betty A. Knopes
Name (print) Betty A. Knopes, Surviving Spouse
Date & city of signing 06/03/2022, Clarkston, WA

Signature of grantee or agent Betty A. Knopes
Name (print) Betty A. Knopes
Date & city of signing 06/03/2022, Clarkston, WA

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.

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)(i)
Reason for exemption Transfer by inheritance under non-probated Will

Type of document Lack of Probate Affidavit
Date of document 06/03/2022

Gross selling price	<u>202,200.00</u>
*Personal property (deduct)	<u>0.00</u>
Exemption claimed (deduct)	<u>202,200.00</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>
0.0025 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>

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

PAID
JUN 13 2022
ASOTIN COUNTY
TREASURER

B. KNOPES

CA# 25804

055286

After recording return to:

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

Grantor: Robert Knopes, deceased
Grantee: Betty A. Knopes, surviving spouse
Legal: Part of Lot 24, Curtiss Subdivision, Asotin County, Washington
Parcel No. 1-077-00-024-0003-0000

AFFIDAVIT
(Lack of Probate)

STATE OF WASHINGTON)
 : ss.
County of Asotin)

Betty A. Knopes, being first duly sworn, on oath, deposes and says:

1. Robert Knopes died on the 9th day of October, 2015, in Asotin County, Washington, then being a resident of Clarkston, Washington, and the owner of property located in the County of Asotin, State of Washington. At the time of his death, Robert Knopes was married to me, Betty A. Knopes.

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

<u>Name and Address</u>	<u>Relationship</u>	<u>Age</u>
Betty Knopes 1148 Webster Street Clarkston, WA 99403	Surviving Spouse	L

3. Robert Knopes signed his Last Will and Testament on October 21, 2010, in which he left everything to his wife, Betty A. Knopes, if she survived him, which I did. A certified copy of Robert Knopes's death certificate is attached as **Exhibit A** and a copy of his Last Will and Testament is attached as **Exhibit B**.

4. Betty A. Knopes, as beneficiary under the Will, is the lawful surviving heir and owner of the following-described real property which was given to her as a bequest under Robert Knopes's Last Will and Testament:

The South 85 feet of Lot 24 in Curtiss Subdivision, according to the recorded plat thereof, filed in Book C at Page(s) 82 Official Records of Asotin County, Washington, EXCEPT the South 10 feet and the West 10 feet for street and alley purposes.

Tax Parcel No. 1-077-00-024-0003-0000

more commonly known as 1148 Webster Street, Clarkston, WA 99403.

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 his death, and to comply with the provisions of WAC 458-61A-202(6)(i).

Dated this 3rd day of June, 2022.

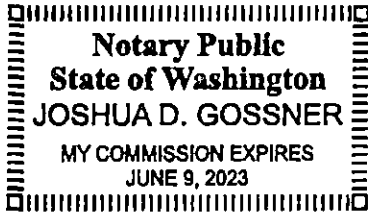


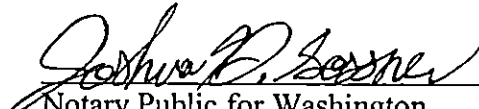
BETTY A. KNOPES

STATE OF WASHINGTON)
):ss
County of Asotin)

On this day personally appeared before me Betty A. Knopes, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal this 3rd day of June, 2022.





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

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, CONTROLLED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, MAILED OR DELIVERED TO THE NEAREST RELATIVE OF THE DECEASED UNDER SECTION 19-10 AND 19-27A, IS VALID.

Local Reg. No.

TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN FOR INSTRUCTIONS. SEE HANDBOOKS.	1. DECEASED'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix)	2. SEX	3. SOCIAL SECURITY NUMBER	
	ROBERT KNOPE	MALE	[REDACTED]	
	4a. AGE Last Birthday	4b. UNDER 1 YEAR	4c. UNDER 1 DAY	5. DATE OF BIRTH (Mo/Day/Yr)
	85 (Years)	Months	Days	01/10/1930
	6. BIRTHPLACE (City and State, Territory, or Foreign Country)	7a. RESIDENCE - STATE OR FOREIGN COUNTRY	7b. COUNTY	7c. CITY OR TOWN
	LEWISTON, IDAHO	WASHINGTON	ASOTIN	CLARKSTON
	7d. STREET AND NUMBER	7e. APT. NO.	7f. ZIP CODE	7g. INSIDE CITY LIMITS?
	1148 WEBSTER ST.		99403	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	8. MARITAL STATUS AT TIME OF DEATH	9. SURVIVING SPOUSE'S NAME (if wife, give maiden name)		
	<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	BETTY ANN REIMLER		
10. EVER IN U.S. ARMY OR NAVY?	11a. FATHER'S NAME (First, Middle, Last, Suffix)	11b. BIRTHPLACE (State, Territory, or Foreign Country)		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	WILLIAM JOHN KNOPE	WASHINGTON	
12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix)	12b. BIRTHPLACE (State, Territory, or Foreign Country)			
THECLA ANNA WELLE	WASHINGTON			
13a. INFORMANT'S NAME (Type or print)	13b. RELATIONSHIP TO DECEDENT	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)		
BETTY KNOPE	SPOUSE	1148 WEBSTER ST., CLARKSTON, WA 99403		
14. METHOD OF DISPOSITION	15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place)	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY		
<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Reinterment from Idaho <input type="checkbox"/> Other (Specify)	MOUNTAIN VIEW CREMATORY 3521 SEVENTH STREET LEWISTON, IDAHO 83501	MERCHANT FUNERAL HOME 1000 SEVENTH STREET CLARKSTON, WASHINGTON 99403		
17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	17b. LICENSE NUMBER (Of licensee)	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH?		
ELECTRONICALLY FILED: DONALD F. BROWN	M0570	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
19a. IF DEATH OCCURRED IN A HOSPITAL:	19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:	20. FACILITY NAME (if not facility, give street and number)	21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE	
<input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <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)	KINDRED TRANSITIONAL CARE & REHAB - LEWISTON	LEWISTON, ID 83501	NEZ PERCE	
22. DATE OF DEATH (Mo/Day/Yr) (Spell month)	23. TIME OF DEATH (24hr)	24. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month)	25. TIME PRONOUNCED DEAD (24hr)	
October 9, 2015	02:32	October 9, 2015	02:32	
27. CAUSE OF DEATH	28a. WAS AN AUTOPSY PERFORMED?	28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	Approximate Interval Onset to 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 circulatory failure without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. AORTIC STENOSIS - NON RHEUMATIC	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20 YEARS	
DUE TO (or as a consequence of):	b. DUE TO (or as a consequence of):	c. DUE TO (or as a consequence of):		
PART II. Enter other pertinent conditions contributing to death, but not resulting in the underlying cause given in Part I. CORONARY ARTERY DISEASE; TYPE II DIABETES; CHRONIC RENAL FAILURE	29. DID TOBACCO USE CONTRIBUTE TO DEATH?	30. IF FEMALE (Aged 10-54):	31. MANNER OF DEATH	
	<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant within 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined	
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	
36. LOCATION OF INJURY:	State	City/Town/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)	TRANSPORTATION INJURY ONLY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	38. WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY?		
	<input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown			
39a. CERTIFIER (Check only one, based on official capacity for this certificate)	39b. LICENSE NUMBER	39c. DATE SIGNED		
<input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE PROFESSIONAL NURSE	M-04682	10 / 13 / 2015		
- To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s) in manner stated.	Signature and Title of Certifier: BARBARA K. DAVIS, M.D.	MM DD YYYY		
- 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.	39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print)			
	BARBARA K. DAVIS, 222 SOUTHWAY AVENUE LEWISTON, ID 83501			
40a. REGISTRAR'S SIGNATURE	40b. DATE SIGNED			
James B. G. [Signature]	10 / 13 / 2015			
	MM DD YYYY			

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: OCT 13 2015

James B. G. [Signature]
JAMES B. AYDELOTTE
STATE REGISTRAR

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

65286



2015 OCT 29 11:43:01 AM 701 0073 APOLIST

~~CONFIDENTIAL~~



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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 Duvest

Local Vital Statistics Registration Official

55286