

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 Donald G. and Velma R. Brown

Mailing address 1024 10th Street

City/state/zip Clarkston, WA 99403

Phone (including area code) (509) 254-3807

2 Buyer/Grantee

Name Velma R. Brown

Mailing address 1024 10th Street

City/state/zip Clarkston, WA 99403

Phone (including area code) (509) 254-3807

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>1-003-03-005-0001</u>	<input type="checkbox"/>	<u>\$ 146,700.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>

4 Street address of property 1024 10th St, Clarkston

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 42 feet of Lot 1 and the North 4 feet of the East 140 feet of Lot 5, all in Block 3 South of Clarkston, according to the recorded plat thereof, records of Asotin County, Washington.

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 Velma R. Brown

Name (print) Velma R. Brown

Date & city of signing 08/22/22 Lewiston, ID

Signature of grantee or agent Velma R. Brown

Name (print) Velma R. Brown

Date & city of signing 08/22/22 Lewiston, ID

7 List all personal property (tangible and intangible) included in selling price.

N/A

If claiming an exemption, list WAC number and reason for exemption.

WAC number (section/subsection) WAC 458-61A-202 (6) (7)

Reason for exemption _____

Inheritance or devise; surviving spouse.

Type of document Affidavit (Lack of Probate)

Date of document August 22, 2022

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

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 PA Relay Service by calling 711.

Return Address:

Zachary A. Battles
Jones, Brower & Callery, PLLC
P.O. Box 854
Lewiston, ID 83501

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Velma R. Brown, being first duly sworn
Name of Affiant

deposes and states as follows: That she is the rightful heir as listed on heirs at law, to
the real property described below, and is surviving spouse

Relationship to decedent

of Donald G. Brown, who died on 01/31/2018
Decedent/Grantor *Date*

at Clarkston Asotin County Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: The South 42 feet of Lot 1 and the North 4 feet of the
East 140 feet of Lot 5, all in Block 3 South of Clarkston according to the recorded plat
thereof, records of Asotin County, Washington.

Assessor's Property Tax Parcel/Account Number: 1-003-03-005-0001
(Attach full legal description of the property)

Decedent left no Last Will and Testament.

Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

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"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)

Velma R. Brown 1024 10th Street Adult Spouse
Clarkston, WA 99403

Dated: 8.22.2022

Velma R. Brown
Affiant's full name

(509) 254-3807
Telephone number

1024 10th Street

	<i>Street</i>	
<u>Clarkston</u>	<u>Washington</u>	<u>99403</u>
<i>City</i>	<i>State</i>	<i>Zip Code</i>

<u>Velma R. Brown</u>	<u>8.22.2022</u>
<i>Signature</i>	<i>Date</i>

State of Idaho

County of Nez Perce

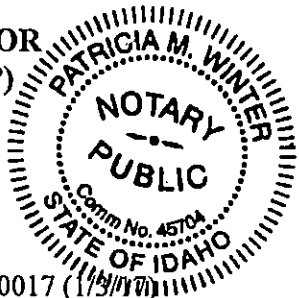
I know or have satisfactory evidence that Velma R. Brown
(name of person)

is the person who appeared before me, and said person acknowledged that she signed this affidavit and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 8/22/22

Patricia M. Winter
Signature of Notary Public

(SEAL OR
STAMP)



Residing at: Lewiston
Notary Public in and for the State of Idaho

My appointment expires: 10/31/2023

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-004928

DATE ISSUED: 02/03/2018
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DONALD GREGG
LAST NAME(S): BROWN

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: JANUARY 31, 2018
HOUR OF DEATH: 11:55 AM
SEX: MALE AGE: 76 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1024 10TH STREET
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

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

RESIDENCE STREET: 1024 10TH STREET
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: YES COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 11 YEARS

BIRTH DATE: MAY 29, 1941
BIRTHPLACE: SPOKANE, WA

FATHER/PARENT: DONALD WILLIAM BROWN
MOTHER/PARENT: ELYOSE GRACE CASSELMAN

MARITAL STATUS: MARRIED
SPOUSE: VELMA RUTH BRANNON

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: VALLEY CREMATORY

OCCUPATION: DELIVERY DRIVER
INDUSTRY: WATER DELIVERY
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: YES

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: FEBRUARY 02, 2018

INFORMANT: VELMA RUTH BROWN
RELATIONSHIP: WIFE
ADDRESS: 1024 10TH STREET, CLARKSTON, WASHINGTON 99403

FUNERAL FACILITY: MALCOM'S BROWER-WANN FUNERAL HOME

CAUSE OF DEATH:
A: CONGESTIVE HEART FAILURE
INTERVAL: HOURS
B: MYOCARDIAL INFARCTION
INTERVAL: HOURS
C: HYPERTENSION
INTERVAL: YEARS
D:
INTERVAL:

ADDRESS: 1711 18TH. STREET
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
FUNERAL DIRECTOR: JASON M. HARWICK

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: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: DENNIS G. MOUNTJOY, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1271 HIGHLAND AVE SUITE A
CITY, STATE, ZIP: CLARKSTON, WA 99403
DATE SIGNED: JANUARY 31, 2018

LOCATION OF INJURY:

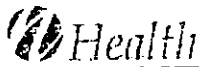
CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: SUNDIE HOFFMAN
DATE RECEIVED: FEBRUARY 02, 2018

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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 Legal Name (Spouse A for Marriage or Dissolution) / Former Parent Full Birth Name (Spouse B for Marriage or Dissolution) _____

6. Name of Person Requesting Correction: _____
 Person of Record: Self Guardian Infantant Hospital
 Parents Funeral Director Other (specify): _____

7. Return Mailing Address: _____

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:
9. _____	_____
10. _____	_____
12. _____	_____
14. _____	_____

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

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

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

INSTRUCTIONS - go to _____ 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)

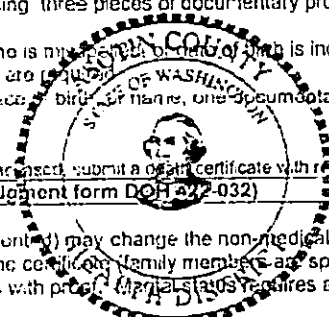
- Birth Certificates**
- Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate
 - The proof(s) must match the asserted facts. For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name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

- Child under 18**
- If legal guardian(s) include certified court order (naming guardian(s))
 - Up to age one last name can be changed (up to either parent's name on certificate) can be any combination of the first, middle or last name
 - After age one a court order is required to change the first 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 missing or date of birth is incorrect, two pieces of documentary proof are required
 - To correct parent's birth date, piece of birth name, one documentary proof is required

To change any part of the name of a child, 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 322-032)

- Death Certificates**
- Only the informant, the funeral director or executor/administrator (if evidence confirming such position is present) 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 (if appropriate). The informant may change marital status with proof. 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) can be changed only by the certifying physician or the coroner/medical examiner.

- Marriage/Dissolution (Divorce) Certificates**
- Personal facts (in name's wedding 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 affidavit (marriage) or court (dissolution) must be complete and submit the affidavits.



Paul M. Geller
Health Officer

FEB 03 2016

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