

REAL ESTATE EXCISE TAX AFFIDAVIT

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

CHAPTER 82.45 RCW – CHAPTER 458-61A WAC

THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED

(See back of last page for instructions)

Check box if partial sale of property

If multiple owners, list percentage of ownership next to name

SELLER GRANTOR	1 Name <u>ESTATE OF BERNICE C. THOMPSON WEBB by TERRENCE DOUGLAS & CYNTHIA DOUGLAS, Co. PRs</u>	BUYER GRANTEE	2 Name <u>CYNTHIA C. DOUGLAS</u>
	Mailing Address <u>1015 EIGHTH STREET</u>		Mailing Address <u>1015 EIGHTH STREET</u>
	City/State/Zip <u>CLARKSTON, WA 99403</u>		City/State/Zip <u>CLARKSTON, WA 99403</u>
	Phone No. (including area code) <u>(509) 758-8208</u>		Phone No. (including area code) <u>(509) 758-8208</u>

3 Send all property tax correspondence to <input checked="" type="checkbox"/> Same as Buyer/Grantee	List all real and personal property tax parcel account numbers – check box if personal property	List assessed value(s)
Name _____	1-003-06-003-0002-0000 <input type="checkbox"/>	146,900 197,100
Mailing Address _____	<input type="checkbox"/>	
City/State/Zip _____	<input type="checkbox"/>	
Phone No. (including area code) _____	<input type="checkbox"/>	

4 Street address of property: 1015 EIGHTH STREET

This property is located in Clarkston

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 more space is needed, you may attach a separate sheet to each page of the affidavit)

THE NORTH 32-1/2 FEET OF LOT 3 AND THE SOUTH 7-1/2 FEET OF LOT 2 OF BLOCK 6 SOUTH OF CLARKSTON, ACCORDING TO PLAT RECORDED IN BOOK B OF PLATS AT PAGE(S) 41, IN ASOTIN COUNTY, WASHINGTON.

5 Select Land Use Code(s):

31 - Residential - single family units

enter any additional codes: _____

(See back of last page for instructions)

	YES	NO
Was the seller receiving a property tax exemption or deferral under chapters 84.36, 84.37, or 84.38 RCW (nonprofit organization, senior citizen, or disabled person, homeowner with limited income)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	YES	NO
6 Is this property designated as forest land per chapter 84.33 RCW?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is this property receiving special valuation as historical property per chapter 84.26 RCW?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 RCW 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 _____ 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) does not wish to continue, all additional tax calculated pursuant to chapter 84.26 RCW, shall be due and payable by the seller or transferor at the time of sale.

(3) OWNER(S) SIGNATURE _____

PRINT NAME _____

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

NONE

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

WAC No. (Section/Subsection) 458 (1) 348-61A-202(C)

Reason for exemption INHERITANCE

Type of Document PR DEED

Date of Document 9/11/14

Gross Selling Price \$	0.00
*Personal Property (deduct) \$	0.00
Exemption Claimed (deduct) \$	0.00
Taxable Selling Price \$	0.00
Excise Tax: State \$	0.00
<u>0.0025</u> Local \$	0.00
*Delinquent Interest: State \$	
Local \$	
*Delinquent Penalty \$	
Subtotal \$	0.00
*State Technology Fee \$	5.00
*Affidavit Processing Fee \$	
Total Due \$	10.00

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 Grantor's Agent <u>Terrence Douglas</u>	Signature of Grantee or Grantee's Agent <u>Cynthia C. Douglas</u>
Name (print) <u>TERRENCE DOUGLAS</u>	Name (print) <u>CYNTHIA C. DOUGLAS</u>
Date & city of signing: <u>9/16/2014 - CLARK</u>	Date & city of signing: <u>9/16/2014 CLARKSTON</u>

Perjury: Perjury is a class C felony which is punishable by imprisonment in the state correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars (\$5,000.00), or by both imprisonment and fine (RCW 9A.20.020 (1C)).

REV 84 0001a (2/24/14) THIS SPACE - TREASURER'S USE ONLY COUNTY TREASURER

Terrence Douglas
CR# 1426 10⁰⁰
(Vc)

SEP 25 2014
ASOTIN COUNTY
TREASURER

47847

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Washington State Certificate of Death

State File Number

Part 1 completed by Funeral Director

Part 2 completed by Certifier

1. Legal Name (Include AKA's if any) First Middle LAST Suffix Bernice C. Thompson Webb				2. Death Date Sept. 27, 2013	
3. Sex (M/F) Female	4a. Age - Last Birthday 82	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Asotin
7. Birthdate July 14, 1931	8a. Birthplace (City, Town, or County) Edgewood		8b. (State or Foreign Country) Washington	9. Decedent's Education 1 Year of College	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 1015 - 8th Street				13b. City or Town Clarkston	
13c. Residence: County Asotin		13d. Tribal Reservation Name (if applicable) N/A		13e. State or Foreign Country Washington	13f. Zip Code + 4 99403
14. Estimated length of time at residence. 4 Years		15. Marital Status at Time of Death Widowed		16. Surviving Spouse's Name (Give name prior to first marriage) N/A	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Bookkeeper				18. Kind of Business/Industry (Do not use Company Name) Grocery Distributor	
19. Father's Name (First, Middle, Last, Suffix) William J. Neumann			20. Mother's Name Before First Marriage (First, Middle, Last) Clara D. Roesch		
21. Informant's Name Cynthia Douglas		22. Relationship to Decedent Neice		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1015 - 8th Street, Clarkston, WA. 99403	
24. Place of Death, if Death Occurred in a Hospital: _____ Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Home					
25. Facility Name (If not a facility, give number & street or location) 1015 - 8th Street				26a. City, Town, or Location of Death Clarkston	26b. State Wa.
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) New Tacoma Cemetery		30. Location-City/Town, and State Tacoma, Washington	
31. Name and Complete Address of Funeral Facility Merchant Funeral Home, 1000-7th Street, Clarkston, Wa. 99403				32. Date of Disposition Oct. 3, 2013	
33. Funeral Director Signature X <i>Don F. Brown</i>					

Cause of Death (See instructions and examples)					
34. 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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <i>Remitted</i>				Interval between Onset & Death YEARS	
Due to (or as a consequence of):				Interval between Onset & Death	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. <i>Diabetes</i>				Interval between Onset & Death YEARS	
Due to (or as a consequence of):				Interval between Onset & Death	
c. _____				Interval between Onset & Death	
d. _____				Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above NO				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No
38. Manner of Death <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
41. Date of Injury (MM/DD/YYYY)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street _____ Apt No _____ City or Town _____ County _____ State _____ Zip Code + 4 _____					
46. Describe how injury occurred _____				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician <i>Theresa Smith</i>			48b. Medical Examiner/Coroner X		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Theresa Smith, NP-C 1522 17th St. Lewiston, ID 83501				50. Hour of Death (24hrs) 1215	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) Sept. 30, 2013	
53. Title of Certifier NP-C		54. License Number NP 58878		55. ME/Coroner File Number	
57. Registrar Signature <i>Jim [unclear]</i>				56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
59. Amendments				58. Date Received (MM/DD/YYYY) SEP 30 2013	

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

47847

FILED

2013 NOV 13 P 12:43

EMILIE J. EGGART
COUNTY CLERK
ASOTIN COUNTY, WA

SUPERIOR COURT OF WASHINGTON
COUNTY OF ASOTIN

In re the Estate of:

BERNICE C. THOMPSON WEBB,

Deceased.

NO. 13 - 4 - 00095 - 7

LETTERS TESTAMENTARY

WHEREAS, the last Will of BERNICE C. THOMPSON WEBB, deceased, was on the 13th day of November, 2013, duly exhibited, proven and recorded in our said Superior Court, a copy of which is hereto annexed; and whereas, it appears in and by the said Will that TERRENCE DOUGLAS and CYNTHIA C. DOUGLAS are appointed as co-personal representatives thereon;

NOW, THEREFORE, know all men by these presents, that we do hereby authorize the said TERRENCE DOUGLAS and CYNTHIA C. DOUGLAS to execute said Will according to law.

WITNESS, Judge **THOMAS L. LEDGERWOOD** of our said Superior Court, and the seal of said Court hereto affixed this 13th day of November, 2013.

Marie Eggart

of Superior Court

Broyles & Laws PLLC
901 Sixth Street
Clarkston, WA 99403
509-758-1636

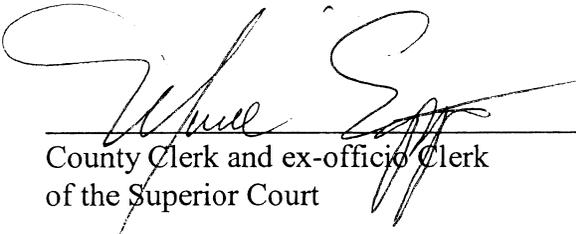
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STATE OF WASHINGTON)
) ss
County of Asotin)

I, MARIE EGGART, 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 original Letters Testamentary and of the whole thereof, as the same is now on file and of record in the above entitled cause in my office and custody, said letters have never been revoked and are still in Full Force and Effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Superior Court, this 13 day of November, 2013.



County Clerk and ex-officio Clerk
of the Superior Court

BY: _____
Deputy

*Broyles & Laws PLLC
901 Sixth Street
Clarkston, WA 99403
509-758-1636*

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