

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.

1 SELLER GRANTOR	Name <u>Robert L. Sadesk- Personal Representative of the</u>	2 BUYER GRANTEE	Name <u>Robert L. Sadesk</u>
	Estate of William Sadesk		
	Mailing Address <u>1145 Farrelly Street</u>		Mailing Address <u>1145 Farrelly Street</u>
	City/State/Zip <u>Enumclaw, WA 98022</u>		City/State/Zip <u>Enumclaw, WA 98022</u>
	Phone No. (including area code) _____		Phone No. (including area code) _____
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	
Name _____		List assessed value(s)	
Mailing Address _____		<u>1-083-02-005-0001</u> <input type="checkbox"/> \$172,600.00	
City/State/Zip _____		_____ <input type="checkbox"/>	
Phone No. (including area code) _____		_____ <input type="checkbox"/>	

4 Street address of property: 2775 Grandview Drive

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 South 80 feet of Lot 4 and the North 20 feet of Lot 5, Block 2 of Highland Heights First Addition according to the recorded plat thereof, records of Asotin County, Washington.

5 Select Land Use Code(s):

11 - Household, 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"/>

6

	YES	NO
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.

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

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

Reason for exemption Inheritance/Device under Last Will and Testament

Type of Document Personal Representative's Quit Claim Deed

Date of Document 3/9/15

Gross Selling Price	\$ _____
*Personal Property (deduct)	\$ _____
Exemption Claimed (deduct)	\$ _____
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	\$ _____ 5.00
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>[Signature]</u>	Signature of Grantee or Grantee's Agent <u>[Signature]</u>
Name (print) <u>Robert L. Sadesk, PR of Est. of William Sadesk</u>	Name (print) <u>Robert L. Sadesk</u>
Date & city of signing: _____	Date & city of signing: _____

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)).

FILED

2014 NOV 13 AM 10:08

KING COUNTY  
SUPERIOR COURT CLERK  
KENT, WA

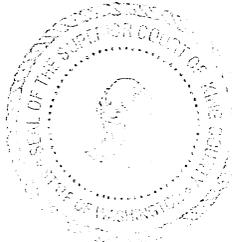
**CERTIFIED  
COPY**

IN THE SUPERIOR COURT FOR THE STATE OF WASHINGTON  
COUNTY OF KING

IN RE THE ESTATE OF  WILLIAM FRANK SADESK, JR.   DECEASED	NO: 14-4-06322-6 KNT  LETTERS TESTAMENTARY  (LTRTS)
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The last will of the above named decedent was duly exhibited, proven and filed on NOVEMBER 12, 2014 . It appears in and by said will that: ROBERT L. SADESK is named Executor(s) and by order of this court is authorized to execute said will according to law.

WITNESS my hand and seal of said Court: November 13, 2014.



BARBARA MINER  
King County Superior Court Clerk

By: [Signature], Deputy Clerk  
O. WHITE

STATE OF WASHINGTON )  
County of King )

I, BARBARA MINER, Clerk of the Superior Court of the State of Washington, for the County of King, do hereby certify that I have compared the foregoing copy with the original instrument as the same appears on file and of record in my office, and that the same is a true and perfect transcript of said original and of the whole thereof. IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Seal of said Superior Court at my office at Seattle on this ~~NOV 13 2014~~ **NOV 13 2014**.

BARBARA MINER, Superior Court Clerk

By: [Signature], Deputy Clerk

**O. WHITE**

• NOT OFFICIAL WITHOUT SEAL •

48203

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

Public Health - Seattle & King County Vital Statistics  
CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number **8401** Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any) First Middle LAST **William Frank Sadesk Jr.** 2. Death Date **08/09/2014**

3. Sex (M/F) **M** 4a. Age - Last Birthday **96** 4b. Under 1 Year **Months** 4c. Under 1 Day **Hours** 5. Social Security Number 6. County of Death **King**

7. Birthdate **08/03/1918** 8a. Birthplace (City, Town, or County) **Spokane** 8b. (State or Foreign Country) **WA** 9. Decedent's Education **High School Graduate**

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? **Yes**

13a. Residence: Number and Street (e.g., 624 SE 5<sup>th</sup> St.) (Include Apt. No.) **1777 High Point St. #24** 13b. City or Town **Enumclaw**

13c. Residence: County **King** 13d. Tribal Reservation Name (if applicable) 13e. State or Foreign Country **WA** 13f. Zip Code + 4 **98022** 13g. Inside City Limits?  Yes  No  Unk

14. Estimated length of time at residence. **4 Months** 15. Marital Status at Time of Death **Widowed** 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) **Retail Sales** 18. Kind of Business/Industry (Do not use Company Name) **Welding Industry**

19. Father's Name (First, Middle, Last, Suffix) **William Frank Sadesk** 20. Mother's Name Before First Marriage (First, Middle, Last) **Anna**

21. Informant's Name **Robert L. Sadesk** 22. Relationship to Decedent **Son** 23. Mailing Address: Number and Street or RFD No. City or Town State Zip **1145 Farrelly St. Enumclaw, WA 98022**

24. Place of Death: If Death Occurred in a Hospital: \_\_\_\_\_ Place of Death, if Death Occurred Somewhere Other than a Hospital: **Nursing Home**

25. Facility Name (If not a facility, give number & street or location) **1777 High Point St. #24** 26a. City, Town, or Location of Death **Enumclaw** 26b. State **WA** 27. Zip Code **98022**

28. Method of Disposition **Cremation** 29. Place of Final Disposition (Name of cemetery, crematory, other place) **Cady Cremation Service** 30. Location-City/Town, and State **Kent, WA**

31. Name and Complete Address of Funeral Facility **Cady Cremation Service 8418 S. 222nd St. Kent, WA 98031** 32. Date of Disposition **8-19-2014**

33. Funeral Director Signature *[Signature]*

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. **END STAGE HEART DISEASE AS CVD** Interval between Onset & Death **7 years**

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. **ISCHEMIC CARDIOMYOPATHY** Interval between Onset & Death **7 years**

c. **MITRAL/AORTIC VALVE STENOSIS** Interval between Onset & Death **7 years**

d. **CONGESTIVE HEART FAILURE** Interval between Onset & Death **7 years**

35. Other significant conditions contributing to death but not resulting in the underlying cause given above

36. Autopsy?  Yes  No 37. Were autopsy findings available to complete the Cause of Death?  Yes  No

38. Manner of Death  Natural  Homicide  Accident  Undetermined  Suicide  Pending 39. If female:  Not pregnant within past year  Not pregnant, but pregnant within 42 days before death  Pregnant at time of death  Not pregnant, but pregnant 43 days to 1 year before death  Unknown if pregnant within the past year 40. Did tobacco use contribute to death?  Yes  Probably  No  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?  Yes  No  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:  Driver/Operator  Pedestrian  Passenger  Other (Specify)

48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. **Eugene Partridge MD MPAS PA-C** 48b. Medical Examiner/Coroner - 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.

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) **Eugene Partridge 3021 Griffin Ave. Enumclaw, WA 98022** 50. Hour of Death (24hrs) **00:33**

51. Name and Title of Attending Physician if other than Certifier (Type or Print) 52. Date Signed (MM/DD/YYYY) **8/11/2014**

53. Title of Certifier **PA** 54. License Number **PA-1000052** 55. ME/Coroner File Number **WA174-5883** 56. Was case referred to ME/Coroner?  Yes  No

57. Registrar Signature *[Signature]* 58. Date Received (MM/DD/YYYY) **AUG 19 2014**

59. Amendments

48203