



PLEASE TYPE OR PRINT

REAL ESTATE EXCISE TAX AFFIDAVIT
CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

This form is your receipt when stamped by cashier.

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 Name: DAVID KNITTELL, JANICE KNITTELL; Mailing Address: 1374 SYCAMORE ST, CLK WA 99403; 2 Name: JANICE KNITTELL; Mailing Address: 1374 SYCAMORE ST, CLK WA 99403

3 Send all property tax correspondence to: Same as Buyer/Grantee; Name: JANICE KNITTELL; Mailing Address: 1374 SYCAMORE ST, CLARKSTON WA 99403; List all real and personal property tax parcel account numbers: 1-004-23-006-0003 \$147,400

4 Street address of property: 1374 SYCAMORE ST, CLK WA 99403; This property is located in Clarkston County OR within city of CLARKSTON

Legal description of property (if more space is needed, you may attach a separate sheet to each page of the affidavit): 5 1/2 AC BLK HH VIIVELAND

5 Select Land Use Code(s); enter any additional codes; (See back of last page for instructions); Is this property exempt from property tax per chapter 84.36 RCW (nonprofit organization)?

6 Is this property designated as forest land per chapter 84.33 RCW? Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34? Is this property receiving special valuation as historical property per chapter 84.26 RCW?

(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.

(2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY) NEW OWNER(S): To continue special valuation as historic property, sign (3) below. (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) 458-01A-202(1); Reason for exemption; Type of Document QCD; Date of Document 4/23/15; Gross Selling Price; *Personal Property (deduct); Exemption Claimed (deduct); Taxable Selling Price; Excise Tax: State; Local; *Delinquent Interest: State; Local; *Delinquent Penalty; Subtotal; *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: Janice R Knittel; Signature of Grantee or Grantee's Agent: Janice R Knittel; Name (print): Janice R Knittel; Date & city of signing: 4-23-15

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)).

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix David Dennis Knittel					2. Death Date June 2, 2013		
3. Sex (M/F) Male	4a. Age - Last Birthday 73	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number 557-52-5462	6. County of Death Asotin		
7. Birthdate Feb. 27, 1940		8a. Birthplace (City, Town, or County) Wing		8b. (State or Foreign Country) North Dakota		9. Decedent's Education 10th Grade	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No				11. Decedent's Race(s) Caucasian		12. Was Decedent ever in U.S. Armed Forces? Yes	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 1374 Sycamore St.					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	
13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk		14. Estimated length of time at residence. 47 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Janice Rae Stotz	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Driller				18. Kind of Business/Industry (Do not use Company Name) Construction			
19. Father's Name (First, Middle, Last, Suffix) Jacob Knittel				20. Mother's Name Before First Marriage (First, Middle, Last) Eva E. Gillig			
21. Informant's Name Janice Knittel		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1374 Sycamore St. - Clarkston, WA 99403			
24. Place of Death, if Death Occurred in a Hospital:				24. Place of Death, if Death Occurred Somewhere Other than a Hospital: Own Home			
25. Facility Name (If not a facility, give number & street or location) 1374 Sycamore St.				26a. City, Town, or Location of Death Clarkston		26b. State WA	
26c. Zip Code 99403		27. Zip Code 99403		28. Method of Disposition Donation / Cremation		29. Place of Final Disposition (Name of cemetery, crematorium, place) Portland Cremation Center Riverside Parkway	
29. Place of Final Disposition (Name of cemetery, crematorium, place) Portland Cremation Center Riverside Parkway				30. Location-City/Town, and State Portland, OR 97230		31. Name and Complete Address of Funeral Facility Merchant Funeral Home - 1000 7th St. - Clarkston, WA 99403	
31. Name and Complete Address of Funeral Facility Merchant Funeral Home - 1000 7th St. - Clarkston, WA 99403				32. Date of Disposition June 10, 2013			
33. Funeral Director Signature X <i>Jerry Bartlow</i>							
Cause of Death (See instructions and examples)							
34. Enter the chain of events - disease, 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. Renal failure		Due to (or as a consequence of)		Interval between Onset & Death 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. Pneumococcal		Due to (or as a consequence of)		Interval between Onset & Death years	
		c.		Due to (or as a consequence of)		Interval between Onset & Death	
		d.		Due to (or as a consequence of)		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				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 checked="" 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 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 type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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.				45. Location of Injury: 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>Hugh F. Haegelin MD</i>				48b. Medical Examiner/Coroner			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Hugh F. Haegelin, MD. 2315 - 8th Street, Lewiston, Id. 83501					50. Hour of Death (24hrs) 0700		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)					52. Date Signed (MM/DD/YYYY) June 03, 2013		
53. Title of Certifier Medical Doctor		54. License Number M 6432		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature <i>[Signature]</i>				58. Date Received (MM/DD/YYYY) JUN 03 2013 48340			
59. Amendments							

**Affidavit of Surviving Spouse or Domestic Partner
for Claiming an Exemption Based on
Inheritance of Real Estate**

State of Washington

County of ASOTIN

Name of deceased David D. Knittel

I, (survivor's name) Janice R. Knittel affirm that I am the sole and rightful heir to the property described as:

Parcel number(s) 1-004 23006 0003

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed this 23 day of April, 2015 at Asotin, wa
(month) (year) (city) (state)

Janice R. Knittel

(Signature of surviving spouse or registered domestic partner)

Janice Knittel

(Printed name of surviving spouse or registered domestic partner)

1374 Sycamore ORR wa 99403
(Address of surviving spouse or domestic partner) (City) (State) (Zip)

Note: See Senate Bill (SB) 6851 on page 2 for statutory requirements.

SB 6851 (effective 6/12/2008)

AN ACT Relating to the documentation required in order to obtain a real estate excise tax exemption at the time of inheritance; and adding a new section to chapter 82.45 RCW.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. **Sec. 1.** A new section is added to chapter 82.45 RCW to read as follows:
In order to receive an exemption from the tax in this chapter on real property transferred as a result of inheritance under RCW 9 82.45.010(3)(a), the following documentation must be provided:

- (1) If the property is being transferred under the terms of a community property agreement, a copy of the recorded agreement and a certified copy of the death certificate;
- (2) If the property is being transferred under the terms of a trust instrument, a certified copy of the death certificate and a copy of the trust instrument showing the authority of the grantor;
- (3) If the property is being transferred under the terms of a probated will, a certified copy of the letters testamentary or in the case of intestate administration, a certified copy of the letters of administration showing that the grantor is the court-appointed executor, executrix, or administrator, and a certified copy of the death certificate;
- (4) In the case of joint tenants with right of survivorship and remainder interests, a certified copy of the death certificate is recorded to perfect title;
- (5) If the property is being transferred pursuant to a court order, a certified copy of the court order requiring the transfer, and confirming that the grantor is required to do so under the terms of the order; or
- (6) If the community property interest of the decedent is being transferred to a surviving spouse or surviving domestic partner absent the documentation set forth in subsections (1) through (5) of this section, a certified copy of the death certificate and a signed affidavit from the surviving spouse or surviving domestic partner affirming that he or she is the sole and rightful heir to the property.

For tax assistance, visit <http://dor.wa.gov> or call 1-800-647-7706. To Inquire about the availability of this document in an alternate format for the visually impaired, please call (360) 705-6715. Teletype (TTY) users may call 1-800-451-7985.

