Department of Revenue
Washington State

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 SELLER GRANTOR

Name DONALD K MATHISON
FRANCES M MATHISON
Mailing Address 2254 VALLEYVIEW DR
City/State/Zip CLARKSTON WA 99403
Phone No. (including area code)

2 BUYER GRANTEE

Name DONALD K MATHISON
Mailing Address 2254 VALLEYVIEW DR
City/State/Zip CLARKSTON WA 99403
Phone No. (including area code)

3 Send all property tax correspondence to: ☐ Same as Buyer/Grantee

Name
Mailing Address
City/State/Zip
Phone No. (including area code)

List all real and personal property tax parcel account numbers – check box if personal property

		List assessed value(s)
1-041-05-010-0005-0000	☐	
1-041-05-010-0007-0000	☐	
	☐	
	☐	

4 Street address of property:

This property is located in ☐ unincorporated 2254 VALLEYVIEW DR County **OR** within ☐ city of

☐ Check box if any of the listed parcels are being segregated from a larger parcel.

Legal description of property (if more space is needed, you may attach a separate sheet to each page of the affidavit)

PT LT 10 BLK D-1 CLK HEIGHTS
PT LT 10 BLK D-1 CLK HEIGHTS

5 Select Land Use Code(s):

enter any additional codes:
(See back of last page for instructions)

	YES	NO
Is this property exempt from property tax per chapter 84.36 RCW (nonprofit organization)?	☐	☐

6

	YES	NO
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?	☐	☐

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.

REMOVE DECEASED WIFE FROM THE TITLE

DEATH CERTIFICATE

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

WAC No. (Section/Subsection) 458-61A-201(1)

Reason for exemption

Death Certificate

Type of Document Affidavit Surviving Spouse

Date of Document 4/14/15

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** Donald K Mathison
Name (print) Donald K Mathison
Date & city of signing: 4/27/15

Signature of **Grantee or Grantee's Agent** Donald K Mathison
Name (print) Donald K Mathison
Date & city of signing: 4/27/15

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)).

REV 84 0001a (02/13/07)

THIS SPACE - TREASURER'S USE ONLY

PAID
APR 27 2015
ASOTIN COUNTY
TREASURER

Donald Mathison #1314

40351
COUNTY TREASURER

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 FRANCES M MATHISON

I, (survivor's name) DONALD K MATHISON affirm that I am the sole and rightful heir to the property described as:

Parcel number(s) 1-041-05-010-0005-0000

1-041-05-010-0007-0000

REAL ESTATE EXCISE TAX

PAID $ 0 DATE 4/27/15

RECEIPT No. 48351

ASOTIN COUNTY TREASURER

By [illegible]

SALE PRICE 0

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 27 day of APRIL (month), 2015 (year) at Asotin (city), WA (state)

Donald K Mathison

(Signature of surviving spouse or registered domestic partner)

Becky Parish Becky Parish POA

(Printed name of surviving spouse or registered domestic partner)

254 Valley View Dr (Address of surviving spouse or domestic partner) Clarkston (City) WA (State) 99403 (Zip)

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

REV 84 0015 (6/05/08)

48351

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, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER §39-241(4) AND §39-274 IDAHO CODE

Local Reg. No. _____

DECEDENT — TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN — FOR INSTRUCTIONS SEE HANDBOOKS

MORTICIAN: Complete/Verify and File Within 5 Days of Death

* 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix)	2. SEX	3. SOCIAL SECURITY NUMBER
FRANCES M. MATHISON	FEMALE	518-38-0187

4a. AGE-Last Birthday	4b. UNDER 1 YEAR (Months, Days, Hours, Minutes)	4c. UNDER 1 DAY	5. DATE OF BIRTH (Mo/Day/Yr)	6. BIRTHPLACE (City and State, Territory, or Foreign Country)
86 (Years)			12/05/1928	WINCHESTER, IDAHO

7a. RESIDENCE - STATE OR FOREIGN COUNTRY	7b. COUNTY	7c. CITY OR TOWN
WASHINGTON	ASOTIN	CLARKSTON

7d. STREET AND NUMBER	7e. APT. NO.	7f. ZIP CODE	7g. INSIDE CITY LIMITS?
2254 VALLEY VIEW DR.		99403	☐ Yes ☒ No

8. MARITAL STATUS AT TIME OF DEATH	9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)
☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown	DONALD K. MATHISON

PARENTS

10. EVER IN U.S. ARMED FORCES?	11a. FATHER'S NAME (First, Middle, Last, Suffix)	11b. BIRTHPLACE (State, Territory, or Foreign Country)
☐ Yes ☒ No	WILLIE R. REICHOW	WASHINGTON
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix)	12b. BIRTHPLACE (State, Territory, or Foreign Country)
	GLADYS M. WEATHERMAN	WASHINGTON

INFORMANT

13a. INFORMANT'S NAME (Type or print)	13b. RELATIONSHIP TO DECEDENT	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
DON MATHISON	HUSBAND	2254 VALLEY VIEW DR. CLARKSTON, WA 99403

DISPOSITION

* 14. METHOD OF DISPOSITION	15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place)	* 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify) _____	LEWIS CLARK MEMORIAL GARDENS 3521 7TH ST. 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	☐ Yes ☒ No

PLACE OF DEATH

PLACE OF DEATH (19-22)

* 19a. IF DEATH OCCURRED IN A HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA
* 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: 4 ☐ Hospice facility 5 ☒ Nursing home/Long term care facility 6 ☐ Decedent's home 7 ☐ Other (Specify) _____

* 20. FACILITY NAME (If not facility, give street and number)	* 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE	* 22. COUNTY OF DEATH
LIFE CARE CENTER OF LEWISTON	LEWISTON, ID 83501	NEZ PERCE

DATE OF DEATH

* 23. DATE OF DEATH (Mo/Day/Yr) (Spell month)	24. TIME OF DEATH (24hr)	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month)	26. TIME PRONOUNCED DEAD (24hr)
April 1, 2015	19:20	April 1, 2015	19:20

CAUSE OF DEATH

CERTIFIER: Complete Within 72 Hours of Death

27. CAUSE OF 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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line:

		Approximate Interval: Onset to Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. PROBABLE ASPIRATION PNEUMONIA	DAYS
	DUE TO (or as a consequence of):	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death)	b. FALL	
	DUE TO (or as a consequence of):	
	c.	
	DUE TO (or as a consequence of):	
	d.	

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I

FEMUR FRACTURE DYSPHAGIA

28a. WAS AN AUTOPSY PERFORMED?	28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
☐ Yes ☒ No	☐ Yes ☐ No

29. DID TOBACCO USE CONTRIBUTE TO DEATH?	30. IF FEMALE (Aged 10-54):	31. MANNER OF DEATH
☐ Yes ☐ Probably ☐ No ☒ Unknown	☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year	☐ Natural ☐ Homicide ☒ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined

ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)

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?
January 27, 2015	13:00	DECEDENT'S HOME	☐ Yes ☒ No

36. LOCATION OF INJURY: State WASHINGTON City/ Town or County CLARKSTON, ASOTIN Zip Code 99403
Street and Number or Location 2254 VALLEY VIEW DR. Apartment Number _____

37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPES(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable

FELL AT HOME, UNKNOWN REASON WHY, FRACTURED FEMUR

TRANSPORTATION INJURY ONLY	38a. WAS DECEDENT:	38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY?
	☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____	☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown

CERTIFIER — IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE

39a. CERTIFIER (Check only one, based on official capacity for this certificate)

☐ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE PROFESSIONAL NURSE
- To the best of my knowledge, death occurred at the time, date, and place, and due to the *natural* cause(s)/manner stated.

☒ 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.

39b. LICENSE NUMBER

39c. DATE SIGNED 4 / 3 / 2015 (MM DD YYYY)

Signature and Title of Certifier ▶ ELECTRONICALLY SIGNED: GARY L. GILLIAM

* 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print)

GARY L. GILLIAM, PO BOX 896 LEWISTON, ID 83501

REGISTRAR

40a. REGISTRAR'S SIGNATURE ▶ James B. Gillette

40b. DATE SIGNED 4 / 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: APR 14 2015

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

PBNCO (Rev) 02/12

James B. Gillette
JAMES B. AYDELOTTE
STATE REGISTRAR

48351

GREAT SEAL OF THE STATE OF IDAHO — ESTO PERPETUA

THE STATE OF IDAHO

PACIFIC BANCNOTE CHL INTL

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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.