

**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 <b>ESTATE OF MICHAEL KENT FROST, by</b>	BUYER GRANTEE	2 Name <b>DARLENE FROST, a single woman</b>
	<b>DARLENE FROST, Personal Representative</b>		
	Mailing Address <b>1284 Ash Street</b>		Mailing Address <b>1284 Ash Street</b>
	City/State/Zip <b>Clarkston, WA 99403</b>		City/State/Zip <b>Clarkston, WA 99403</b>
	Phone No. (including area code) <b>(509) 295-4820</b>		Phone No. (including area code) <b>(509) 295-4820</b>

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 _____	1-396-00-001-0000-0000 <input type="checkbox"/>	159,500
Mailing Address _____	<input type="checkbox"/>	
City/State/Zip _____	<input type="checkbox"/>	
Phone No. (including area code) _____	<input type="checkbox"/>	

4 Street address of property: **1284 Ash Street, Clarkston, WA 99403**

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)

Lot 1 of Frost Addition, according to the official plat thereof, recorded August 1, 2003, as Instrument No. 249956, Official 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.

None.

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

WAC No. (Section/Subsection) **RCW 458-61A-202(c)**

Reason for exemption **Inheritance**

Type of Document **PR DEED**

Date of Document \_\_\_\_\_

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
<input type="text" value="0.0025"/> 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 <i>Darlene Frost</i>	Signature of Grantee or Grantee's Agent <i>Darlene Frost</i>
Name (print) <b>DARLENE FROST, PR</b>	Name (print) <b>DARLENE FROST</b>
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)).

CERTIFIED

FILED

2015 APR 29 A 9:26

WELLS LEGGART  
CLERK  
ASOTIN COUNTY, WA

SUPERIOR COURT OF WASHINGTON FOR ASOTIN COUNTY

In the Matter of the Estate of:	)	NO. <b>15-4-00034-1</b>
	)	
MICHAEL KENT FROST,	)	LETTERS TESTAMENTARY
	)	
Deceased.	)	
_____	)	

WHEREAS, the last Will of MICHAEL KENT FROST, deceased, was on the 28<sup>th</sup> day of April, 2015, 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 DARLENE FROST is appointed as personal representative thereon;

Now, therefore, know all men by these presents, that we do hereby authorize the said DARLENE FROST to execute said Will, with codicils attached, according to law.

WITNESS, **TINA KERNAN** of our said Superior Court, and the seal of said **COURT COMMISSIONER** Court hereto affixed this 29<sup>th</sup> day of April, 2015.

*Tina Jannis, Deputy*  
Clerk of Superior Court



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

48407

1 STATE OF WASHINGTON )  
2 ) ss  
3 County of Asotin )  
4

5 I, MARIE EGGART, County Clerk of the County of Asotin, State of Washington, and  
6 ex-officio Clerk of the Superior Court of the State of Washington for Asotin County, do  
7 hereby certify that the within and foregoing is a full, true and correct copy of the original  
8 Letters Testamentary and of the whole thereof, as the same is now on file and of record in the  
9 above entitled cause in my office and custody, said letters have never been revoked and are  
10 still in Full Force and Effect.

11  
12 IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of  
13 said Superior Court, this 29<sup>th</sup> day of April, 2015.  
14

15  
16 MARIE EGGART

17 \_\_\_\_\_  
18 County Clerk and ex-officio Clerk  
19 of the Superior Court

20 BY: Rici Jarvis  
21 Deputy



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

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-008700

DATE ISSUED: 04/22/2014

FEE NUMBER: 000090126

GIVEN NAMES: MIKE KENT  
LAST NAME: FROST  
AKA: MIKE FROST

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: APRIL 12, 2014  
HOUR OF DEATH: 08:30 P.M.  
SEX: MALE  
AGE: 78 YEARS  
SOCIAL SECURITY NUMBER: 534-30-7710

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 1284 ASH ST  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 1284 ASH ST  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403  
INSIDE CITY LIMITS? YES  
COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 10 YEARS

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

FATHER: KENNETH FROST  
MOTHER: EDITH HALL

BIRTHDATE: DECEMBER 22, 1935  
BIRTHPLACE: MEEKER, LINCOLN CNTY, OKLAHOMA

MARITAL STATUS: MARRIED  
SPOUSE: DARLENE PACKARD

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY [LEWIS  
CITY, STATE, ZIP: LEWISTON, ID  
DISPOSITION DATE: APRIL 18, 2014

OCCUPATION: FIBERGLASS REPAIR  
INDUSTRY: SERVICE REPAIRMAN  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES? NO

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME  
ADDRESS: 3521 7TH STREET  
CITY, STATE, ZIP: LEWISTON ID 83501  
FUNERAL DIRECTOR: JAMES FITZHUGH

INFORMANT: DARLENE FROST  
RELATIONSHIP: WIFE  
ADDRESS: 2184 ASH ST, CLARKSTON, WA, 99403

CAUSE OF DEATH:

A. NON SMALL CELL LUNG CANCER  
INTERVAL: 5 YEARS

B. INTERVAL:

C. INTERVAL:

D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

MANNER OF DEATH: NATURAL  
AUTOPSY: NO

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? PROBABLY  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

LOCATION OF INJURY:

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

CERTIFIER NAME: JAYME MACKAY, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 1221 HIGHLAND AVE  
CITY, STATE, ZIP: CLARKSTON WA 99403  
DATE SIGNED: APRIL 21, 2014

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:  
BRADY WOODBURY  
DATE RECEIVED: APRIL 21, 2014

NUMBER(S): NONE

48407  
DOH 01-003 (12/11)