

REAL ESTATE EXCISE TAX AFFIDAVIT

PLEASE TYPE OR PRINT

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 <u>David B. Johnson</u>	2 BUYER GRANTEE	Name <u>Charmaine Allen</u>
	Mailing Address <u>165 Southport Avenue</u>		Mailing Address <u>165 Southport Avenue</u>
	City/State/Zip <u>Lewiston, ID 83501</u>		City/State/Zip <u>Lewiston, ID 83501</u>
	Phone No. (including area code) <u>(208) 791-4057</u>		Phone No. (including area code) <u>(208) 791-4057</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	
Name _____		1-002-23-007-0001-0000 <input type="checkbox"/>	
Mailing Address _____		_____ <input type="checkbox"/>	
City/State/Zip _____		_____ <input type="checkbox"/>	
Phone No. (including area code) _____		_____ <input type="checkbox"/>	
		List assessed value(s)	

4 Street address of property: 406 9th Street, Clarkston, Washington

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 Half of Lot 7, Block 23 West of Clarkston, according to the recorded plat thereof, filed in Book B of Plats at Page(s) 23, 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)

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)?
YES NO

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 RCW?
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.

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

WAC No. (Section/Subsection) WAC 458-61A-215

Reason for exemption _____

To clear title _____

Type of Document Quitclaim 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
<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 _____
Name (print) David B. Johnson
Date & city of signing: 3/9/15 Lewiston, ID

Signature of Grantee or Grantee's Agent _____
Name (print) Charmaine Allen
Date & city of signing: 3/9/15 Lewiston, ID

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.06.020 (1C)).

REV 84 0001a (02/19/15)

THIS SPACE FOR TREASURER'S USE ONLY

COUNTY TREASURER

*Jones, Brown & Callery
SCL # 12296*

ASOTIN COUNTY
TREASURER

48422
48422

PAID
MAY 18 2015