

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>Deborah J. Kammers, Deceased</u>	2 BUYER GRANTEE	Name <u>Jennifer Dammon</u>
	Mailing Address <u>535 9th St.</u>		<u>Matt King</u>
	City/State/Zip <u>Clarkston WA 99403</u>		Mailing Address <u>1445 Collier Rd.</u>
	Phone No. (including area code) _____		City/State/Zip <u>Clarkston WA 99403</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 _____		1-002-17-009-0002-0000 <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)	
		<u>122400</u>	

4 Street address of property: 535 9th St. 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)

The South Half of Lot 9 in Block 17 of West Clarkston according to the official plat thereof, filed in Book B of Plats at Page(s) 23, 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.

0 \_\_\_\_\_  
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) 458-61A-202

Reason for exemption \_\_\_\_\_  
Inheritance or devise

Type of Document Lack of Probate Affidavit

Date of Document ~~7-24-15~~ 7-24-15

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 \$	_____	0.00
Local \$	_____	0.00
*Delinquent Penalty \$	_____	0.00
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>Jennifer Dammon &amp; Matt King</u>	Signature of Grantee or Grantee's Agent <u>Jennifer Dammon &amp; Matt King</u>
Name (print) <u>Jennifer Dammon &amp; Matt King</u>	Name (print) <u>Jennifer Dammon &amp; Matt King</u>
Date & city of signing: <u>Lewiston ID 7-24-15</u>	Date & city of signing: <u>Lewiston ID 7-24-15</u>

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.20.021 (1)(C)).



Name & Relationship: Matt King-Son  
Address: 8707 Venezia Lane, Edmonds OK 73034

That immediately prior to the date of death the Decedent was an owner of the real estate described in the above referenced Title Insurance Commitment (herein the "Real Estate"), and that the Decedent's ownership interest was [check one]:

Community property  
 Separate property  
 Joint tenancy property

CHECK ALL BOXES WHICH APPLY IN EACH SECTION:

1. That on the date the Real Estate was purchased the Decedent was:  
 married to \_\_\_\_\_  
 unmarried, not a registered domestic partner  
 unmarried, a registered domestic partner of \_\_\_\_\_
2. That on the date of death the Decedent was:  
 married to \_\_\_\_\_  
 unmarried, not a registered domestic partner  
 unmarried, a registered domestic partner of \_\_\_\_\_
3.  That the decedent left a Will, a copy of which is attached hereto.  
 That the decedent left no Will.  
 That the decedent executed a Community Property Agreement. It was recorded under \_\_\_\_\_ County recording number \_\_\_\_\_. (*if unrecorded, attach a copy*)
4.  That the decedent's estate is not being probated.  
 That the decedent's estate is subject to probate proceedings in \_\_\_\_\_ County, State of \_\_\_\_\_, under Probate No. \_\_\_\_\_
5.  That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.  
 That State and/or Federal succession or inheritance taxes in the amount of \$ \_\_\_\_\_ have been paid. Copies of the release/discharge are attached hereto.  
 That State and/or Federal succession or inheritance taxes are due, but have not been paid.
6.  That the decedent has not received assistance from the State of Washington for medical care.  
 That the decedent has received assistance from the State of Washington for medical care.  
 That the State of Washington has been fully reimbursed for assistance for medical care.

48604

*(This paragraph applies only if the Real Estate referred to above was owned by the Decedent in joint tenancy):*

That at all times from the date on which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the Real Estate was held in joint tenancy, and that the interest of no one or more of the joint tenants has ever been independently conveyed, encumbered or otherwise separated from the interest of the other joint tenant(s), either voluntarily or involuntarily, whether by specific act or by operation of law; and that the joint tenancy continued in full force until the death of the Decedent and, if there are two or more surviving joint tenants, including the undersigned, the joint tenancy continues in effect as to the interests of the surviving joint tenants.

That the undersigned knows of his/her own knowledge, and so states, that each and all of the obligations against the estate of the Decedent (including, but not limited to: all the debts of decedent; all of the expenses of Decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon Decedent's estate, if applicable) have been paid in full, except as follows (use reverse side or attach a list if necessary):

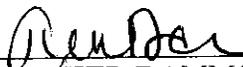
That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ 71,000.00, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$-0-, and including the value of Decedent's separate property, if any, of approximately \$71,000.00, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$-0-.

Decedent's Separate Real property is described as follows:  
Situate in the County of Asotin, State of Washington, to-wit:

The South Half of Lot 9 in Block 17 of West Clarkston, according to the official plat thereof, filed in Book B of Plats at Page(s) 23, records of Asotin County, Washington.

This affidavit is made to induce ALLIANCE TITLE INSURANCE COMPANY (the Company) to insure real property covered by the Company's commitment for title insurance number set forth above, in which Decedent held an interest at the time of the Decedent's death. The undersigned urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein. The undersigned, for himself/herself and for the undersigned's heirs, executors and administrators, indemnifies the Company or any other person, including a purchaser of the Real Estate, for any loss arising from reliance on any misstatement of fact herein.

DATED: July 24, 2015

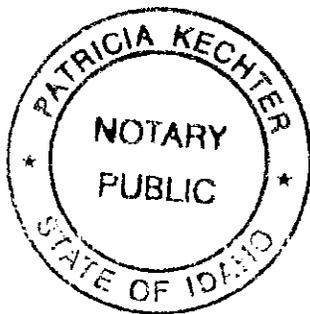
  
\_\_\_\_\_  
JENNIFER DAMMON  
1445 Collier Rd.  
Clarkston WA 99403  
509-243-3370

48604

Matt King

MATT KING  
8707 Venezia Lane  
Edmonds IJ 73034  
208-790-4929

SUBSCRIBED and SWORN TO before me this 24 day of July, 2015.



Patricia Kechter

Notary Public in and for the State of  
Idaho, residing at Juliette St

My Commission expires: 12-17

48604

**STATE OF IDAHO**  
**CERTIFICATION OF VITAL RECORD**

**STATE OF IDAHO**  
IDAHO DEPARTMENT OF HEALTH AND WELFARE  
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS  
**CERTIFICATE OF DEATH**

Date Filed JUNE 18, 2015

State File No. 2015-05894

DECEDENT - LEGAL NAME <b>DEBORAH JOAN KAMMERS</b>			
SEX <b>FEMALE</b>	SOCIAL SECURITY NUMBER [REDACTED]	AGE <b>63 YEARS</b>	DATE OF BIRTH <b>APRIL 14, 1952</b>
BIRTHPLACE <b>COTTONWOOD, IDAHO</b>		PLACE OF RESIDENCE <b>CLARKSTON, WASHINGTON</b>	
MARITAL STATUS AT TIME OF DEATH <b>DIVORCED</b>		NAME OF SURVIVING SPOUSE (if wife, maiden name)	WAS DECEDENT EVER IN U.S. ARMED FORCES? <b>NO</b>
FATHER - NAME <b>JACK ARTHUR KAMMERS</b>			BIRTHPLACE <b>IDAHO</b>
MOTHER - MAIDEN NAME <b>MARGARET LOUISE WAYNE</b>			BIRTHPLACE <b>IDAHO</b>
METHOD OF DISPOSITION <b>CREMATION</b>		FUNERAL SERVICE LICENSEE <b>GERALD E. BARTLOW</b>	
NAME AND ADDRESS OF FUNERAL FACILITY <b>MOUNTAIN VIEW FUNERAL HOME, LEWISTON, IDAHO</b>			
DATE OF DEATH <b>JUNE 14, 2015</b>	TIME OF DEATH <b>1:25 P.M.</b>	CITY, TOWN OR LOCATION OF DEATH <b>LEWISTON, IDAHO</b>	COUNTY OF DEATH <b>NEZ PERCE</b>
CAUSE OF DEATH (underlying cause last) <b>PROGRESSIVE METASTATIC BREAST CANCER</b>			Approximate Interval Between Onset and Death <b>MONTHS</b>
DUE TO (or as a consequence of): <b>RESPIRATORY FAILURE SECONDARY TO METASTATIC BREAST CANCER</b>			<b>DAYS</b>
DUE TO (or as a consequence of): <b>WEAKNESS AND DEBILITATION SECONDARY TO THE CANCER</b>			<b>WEEKS</b>
DUE TO (or as a consequence of):			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above <b>NONE</b>			WAS AN AUTOPSY PERFORMED? <b>NO</b>
MANNER OF DEATH <b>NATURAL</b>	NAME OF CERTIFIER <b>SUSHMA PANT, M.D.</b>		TITLE <b>PHYSICIAN</b>
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
<b>EXTERNAL CAUSES ONLY</b>			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

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.

**JUNE 26, 2015**

DATE ISSUED: \_\_\_\_\_

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

PDNCO (Rev) 02/12

*James B. Aydelotte*  
**JAMES B. AYDELOTTE**  
STATE REGISTRAR

**48604**

