

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.

SELLER GRANTOR	1 Name <u>Deborah B. Morrison and Patrick E. Morrison, deceased</u>	BUYER GRANTEE	2 Name <u>Deborah B. Morrison, an unmarried person</u>
	Mailing Address <u>2255 Highline Dr</u>		Mailing Address <u>2255 Highline Dr</u>
	City/State/Zip <u>Clarkston WA 99403</u>		City/State/Zip <u>Clarkston WA 99403</u>
	Phone No. (including area code) _____		Phone No. (including area code) _____
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 <u>Deborah B. Morrison</u>		1 041 19 015 0005 00 <input type="checkbox"/>	
Mailing Address <u>2255 Highline Dr</u>		1 041 25 002 0002 00 <input type="checkbox"/>	
City/State/Zip <u>Clarkston WA 99403</u>		<input type="checkbox"/>	
Phone No. (including area code) _____		<input type="checkbox"/>	
		List assessed value(s)	
		195,800.00	
		8,000.00	

4 Street address of property: 2255 Highline Drive, Clarkston, WA 99403

This property is located in  unincorporated Asotin County OR within  city of Unincorp

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)  
see attached legal description

5 Select Land Use Code(s):  
11 Household, single family units

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)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	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?	<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
_____	_____
<b>(2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY)</b>	
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.	
<b>(3) OWNER(S) SIGNATURE</b>	
_____	_____
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-203(1)

Reason for exemption to establish separate property

Type of Document	<u>Affidavit of Surviving Spouse</u>	
Date of Document	<u>04/02/14</u>	
Gross Selling Price	\$	<u>0.00</u>
*Personal Property (deduct)	\$	<u>0.00</u>
Exemption Claimed (deduct)	\$	<u>0.00</u>
Taxable Selling Price	\$	<u>0.00</u>
Excise Tax : State	\$	<u>0.00</u>
Local	\$	<u>0.00</u>
*Delinquent Interest: State	\$	<u>0.00</u>
Local	\$	<u>0.00</u>
*Delinquent Penalty	\$	<u>0.00</u>
Subtotal	\$	<u>0.00</u>
*State Technology Fee	\$	<u>5.00</u> <b>5.00</b>
*Affidavit Processing Fee	\$	<u>5.00</u>
Total Due	\$	<u>10.00</u>

**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>Tonia Hatcher</u>	Signature of Grantee or Grantee's Agent <u>Deborah L. Sammons</u>
Name (print) <u>Tonia Hatcher</u>	Name (print) <u>Deborah L. Sammons</u>
Date & city of signing: <u>4-4-14 Clarkston</u>	Date & city of signing: <u>4-4-14 Clarkston</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.20.020 (1C)).



Washington State  
 Department of Revenue  
 Special Programs Division  
 PO Box 47477  
 Olympia, WA 98504-7477

-Sample Format-  
**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 Patrick E. Morrison

I, (survivor's name) Deborah B. Morrison affirm that I am the  
 sole and rightful heir to the property described as: surviving spouse

Parcel number(s) 1 041 25 002 0002 0000

1 031 19 015 0005 0000

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 2nd day of April, 2014 at Clarkston, WA  
(month) (year) (city) (state)

*Deborah B. Morrison*

*(Signature of surviving spouse or registered domestic partner)*

Deborah B. Morrison  
 2255 Highline Dr, Clarkston WA 99403

*(Printed name of surviving spouse or registered domestic partner)*

2255 Highline Dr Clarkston WA 99403  
(Address of surviving spouse or domestic partner) (City) (State) (Zip)

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

**47382**