

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 <u>DWAN L. GUENTHER, Personal Representative of the ESTATE OF SHIRLEY MARIE EITING</u>	BUYER GRANTEE	2 Name <u>HERMAN F. EITING JR.</u>
	Mailing Address <u>4534 SW Perkins</u>		Mailing Address <u>4534 SW Perkins</u>
	City/State/Zip <u>Pendleton, OR 97801</u>		City/State/Zip <u>Pendleton, OR 97801</u>
	Phone No. (including area code) <u>(541) 379-1464</u>		Phone No. (including area code) <u>(541) 379-1464</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 _____		1-083-02-001-0001-0000 <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)	
		163,100	

4 Street address of property: 2749 Grandview Drive

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)

North One Hundred (100 ft) of Lot One (1), Block Two (2), Highland Heights First Addition, Asotin County, Washington, according to the recorded plat thereof.

5 Select Land Use Code(s): _____

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) 458-61A-202(c)

Reason for exemption Inheritance

Type of Document PR DEED

Date of Document 6/6/14

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 <u>Dwan L. Guenther</u>	Signature of Grantee or Grantee's Agent <u>Herman F. Eiting Jr.</u>
Name (print) <u>DWAN L. GUENTHER</u>	Name (print) <u>HERMAN F. EITING JR</u>
Date & city of signing: <u>June 6th 2014 Pendleton, OR</u>	Date & city of signing: <u>6/6/14 - Lewiston, ID</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)).

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Washington State Certificate of Death

1. Legal Name: SHIRLEY MARIE EITING
2. Date of Birth: February 2, 2014
3. Sex: Female
4a. Age: 78
4b. Under 1 Year: 0 Months 0 Days
4c. Under 1 Year: 0 Months 0 Days
5. Social Security Number: [REDACTED]
6. County of Death: Nez Perce
7. Birthdate: October 6, 1935
8a. Birthplace (City, Town, or County): Clarkston
8b. State or Foreign Country: Washington
9. Decedent's Education: High school graduate or GED completed
10. Was Decedent of Foreign Origin? No
11. Decedent's Race: White
12. Was Decedent a U.S. Armed Forces Member? No
13a. Residence Number and Street: 2749 Grandview Drive
13b. City or Town: Clarkston
13c. Residence County: Asotin
13d. Tribal Reservation Name (if applicable):
13e. State or Foreign Country: Washington
13f. Zip Code: 99403
13g. Inmate City Limits? Yes No Unknown
14. Estimated length of time at residence: 50 Years
15. Marital Status at Time of Death: Married
16. Surviving Spouse's Name (include date of death if applicable): Herman Fredrick Eiting
17. Usual Occupation (include employer name, last name first, initials, or initials only if not last name): Laboratory Technician
18. Kind of Business Industry (do not use Company Name): Pathology
19. Father's Name (first, middle, last, suffix): Otis Currin
20. Mother's Name Before First Marriage (if not, Mabel Ward)
21. Informant's Name: Dwan L. Guenther
22. Relationship to Decedent: Daughter
23. Mailing Address: 4534 SW Perkins Avenue, Pendleton, Oregon 97801
24. Place of Death: Decedent's home
25. Facility Name (if not a facility, give number & street or location): 2749 Grandview Drive
26a. City, Town, or Location of Death: Clarkston
26b. State: WA
27. Zip Code: 99403
28. Method of Disposition: Removal/Crem.
29. Place of Final Disposition (Name of cemetery, crematory, other place): Valley Crematory
30. Location-City, Town, and State: Lewiston, Idaho
31. Name and Complete Address of Funeral Facility: Vassar-Rawls Funeral Home, 920-21st Avenue, Lewiston, Idaho 83501
32. Date of Disposition: February 6, 2014
33. Funeral Director Signature: Demi [Signature]

34. Cause of Death (See instructions and examples)
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Myo Cardial Infarction
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST
b. Hypertension and obesity
35. Other significant conditions contributing to death but not resulting in the underlying cause given above
36. Autopsy? Yes No
37. Were autopsy findings available to contribute to the Cause of Death? Yes No
38. Manner of Death: Natural Homicide Accident Undetermined Suicide Pending
39. If female: Not pregnant within past year Not pregnant, but pregnant within 42 days before death Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year
40. Did tobacco use contribute to death? No Possibly Unknown
41. Date of injury (month/year):
42. Hour of injury (month/year):
43. Place of injury (city, town, county, state, or other location):
44. Injury at work? Yes No Unknown
45. Location of injury (number & street):
46. Describe how injury occurred:
47. If transportation injury, specify: Driver/Operator Pedestrian Passenger Other (specify):
48a. Certifying Physician: Benjamin C. Nichols, Coroner, P.O. Box 220, Asotin, Washington 99402
48b. Medical Examiner/Coroner: [Signature]
49. Name and Address of Certifying Physician, Medical Examiner or Coroner (if other than P.O. Box 220, Asotin, Washington 99402):
50. Date of Death: 02/05/2014
51. Name and Title of Reporting Physician (do not include name if physician):
52. Date Reported: 02/05/2014
53. Title of Certifier: Coroner
54. License Number:
55. Medical # of Certifier:
56. Was this reported by a Physician? Yes No
57. Registrar Signature: [Signature]
58. Date Reported: FEB 05 2014
59. Report Number: 87575

87575

FILED

2014 MAR 10 P 5:04

SUPERIOR COURT OF WASHINGTON FOR ASOTIN COUNTY

In the Matter of the Estate of:)
) NO. 14 - 4 - 00019 - 0
 SHIRLEY MARIE EITING,)
) LETTERS TESTAMENTARY
 Deceased.)
 _____)

WHEREAS, the last Will of SHIRLEY MARIE EITING, deceased, was on the 7th
 day of March, 2014, 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 DWAN L. GUENTHER is appointed as personal representative thereon;

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

WITNESS, Judge ~~William D. Avey~~ ^{Scott mannella} of our said Superior Court, and the seal of said
 Court hereto affixed this 10th day of March, 2014.

Mckenzie Kelley, deputy
 of Superior Court

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

47575

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 10th day of March, 2014.
14
15

16
17 MARIE EGGART
18

19 _____
20 County Clerk and ex-officio Clerk
21 of the Superior Court

22 BY: Mckenzie Kelley
23 Deputy

Broyles & Laws, PLLC
901 Sixth Street
Clarkston, WA 99403
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