



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.

1 SELLER GRANTOR	Name <u>MAUREEN E. HODGES, as Personal Representative of</u> <u>the Estate of RONALD K. HODGES</u>	2 BUYER GRANTEE	Name <u>MAUREEN E. HODGES</u>
	Mailing Address <u>637 FOURTH STREET</u>		Mailing Address <u>637 FOURTH STREET</u>
	City/State/Zip <u>CLARKSTON, WA 99403</u>		City/State/Zip <u>CLARKSTON, WA 99403</u>
	Phone No. (including area code) <u>(509) 758-9396</u>		Phone No. (including area code) <u>(509) 758-9396</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	List assessed value(s)
Name _____		<u>1-001-30-003-0000-0000</u> <input type="checkbox"/>	<u>101,000</u>
Mailing Address _____		_____ <input type="checkbox"/>	_____
City/State/Zip _____		_____ <input type="checkbox"/>	_____
Phone No. (including area code) _____		_____ <input type="checkbox"/>	_____

4 Street address of property: 637 FOURTH STREET

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 3 AND THE SOUTH 23 FEET OF LOT 4 IN BLOCK 30 OF CLARKSTON, ACCORDING TO THE OFFICIAL PLAT THEREOF, FILED IN BOOK B OF PLATS AT PAGE(S) 11 OFFICIAL RECORDS OF ASOTIN COUNTY, WASHINGTON.

5 Select Land Use Code(s):
01 - 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) 458-61A-202(c)

Reason for exemption INHERITANCE

Type of Document PR DEED

Date of Document 11/7/14

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>Maureen E. Hodges</u>	Signature of Grantee or Grantee's Agent <u>Maureen E. Hodges</u>
Name (print) <u>MAUREEN E. HODGES</u>	Name (print) <u>MAUREEN E. HODGES</u>
Date & city of signing: <u>11/7/14 - CLARKSTON</u>	Date & city of signing: <u>11/7/14 - 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)).

Boyles & Law # 2614

NOV 10 2014

ASOTIN COUNTY TREASURER

47952

FILED

BR 101-9 A B 50

2014
OCT 14
10:50 AM

SUPERIOR COURT OF WASHINGTON FOR ASOTIN COUNTY

In the Matter of the Estate of:)	
)	NO. 14 - 4 - 00072 - 6
RONALD K. HODGES,)	
)	LETTERS TESTAMENTARY
Deceased.)	
_____)	

WHEREAS, the last Will of RONALD K. HODGES, deceased, was on the 9th day of October, 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 MAUREEN E. HODGES is appointed as personal representative thereon;

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

WITNESS, Judge Scott D. Gallina of our said Superior Court, and the seal of said Court hereto affixed this 9th day of October, 2014.



 of Superior Court

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

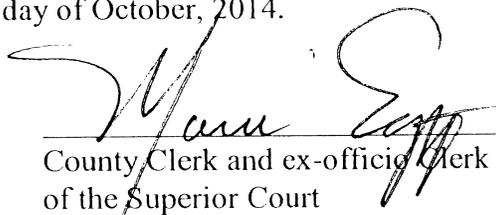
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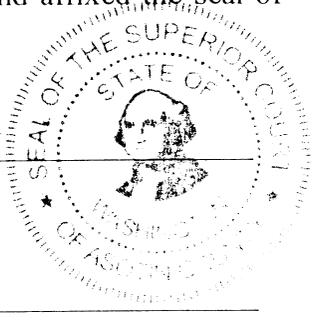
STATE OF WASHINGTON)
) ss
County of Asotin)

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

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Superior Court, this 9th day of October, 2014.



County Clerk and ex-officio Clerk
of the Superior Court



BY: _____
Deputy

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

47952

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Washington State Certificate of Death

Local File Number _____ State File Number _____

1. Legal Name (include AKA's if any) First Middle LAST Suffix: **Ronald Kemp Hodges** 2. Death Date: **Jan 14, 2014**

3. Sex (M/F): **Male** 4a. Age - Last Birthday: **81** 4b. Under 1 Year: Months _____ Days _____ 4c. Under 1 Day: Hours _____ Minutes _____ 5. Social Security Number: **[REDACTED]** 6. County of Death: **Asotin**

7. Birthdate: **May 12, 1932** 8a. Birthplace (City, Town, or County): **Albuquerque** 8b. (State or Foreign Country): **New Mexico** 9. Decedent's Education: **Some College no Degree**

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: **No** 11. Decedent's Race(s): **White** 12. Was Decedent ever in U.S. Armed Forces? **Yes**

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): **637 4th St.** 13b. City or Town: **Clarkston**

13c. Residence: County: **Asotin** 13d. Tribal Reservation Name (if applicable): **N/A** 13e. State or Foreign Country: **Washington** 13f. Zip Code + 4: **99403** 13g. Inside City Limits? Yes No Unk

14. Estimated length of time at residence: **11 Years** 15. Marital Status at Time of Death: **Married** 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): **Maureen Linehan**

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)): **Carpenter** 18. Kind of Business/Industry (Do not use Company Name): **Carpentry**

19. Father's Name (First, Middle, Last, Suffix): **Marvin Hodges** 20. Mother's Name Before First Marriage (First, Middle, Last): **Nettie Culver**

21. Informant's Name: **Maureen Hodges** 22. Relationship to Decedent: **Spouse** 23. Mailing Address: Number and Street or RFD No. City or Town State Zip: **637 4th St. Clarkston WA 99403**

24. Place of Death, if Death Occurred in a Hospital: _____ Place of Death, if Death Occurred Somewhere Other than a Hospital: **Decedent's Home**

25. Facility Name (if not a facility, give number & street or location): **637 4th St.** 26a. City, Town, or Location of Death: **Clarkston** 26b. State: **WA** 27. Zip Code: **9940**

28. Method of Disposition: **Removal/Cremation** 29. Place of Final Disposition (Name of cemetery, crematory, other place): **Mountain View Funeral Home** 30. Location-City/Town, and State: **Lewiston, ID**

31. Name and Complete Address of Funeral Facility: **Merchant Funeral Home-1000 7th St. Clarkston WA 99403** 32. Date of Disposition: **January 16, 2014**

33. Funeral Director Signature X: *[Signature]*

Cause of Death (See instructions and examples)

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. **Invasive bladder cancer** Interval between Onset & Death: **months**
Due to (or as a consequence of): _____

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. **hypertensive stroke with status** Interval between Onset & Death: **months**
Due to (or as a consequence of): _____

c. _____ Interval between Onset & Death: _____
Due to (or as a consequence of): _____

d. _____ Interval between Onset & Death: _____

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 complete 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? Yes Probably No Unknown

41. Date of Injury (24hrs): _____ 42. Hour of Injury (24hrs): _____ 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area): _____ 44. Injury at Work? Yes No Unk

45. Location of Injury - Number & Street: _____ Apt. No.: _____
City or Town: _____ County: _____ State: _____ Zip Code + 4: _____

46. Describe how injury occurred: _____ 47. If transportation injury, specify: Driver/Operator Pedestrian Passenger Other (Specify): _____

48a. Certifying Physician: _____ 48b. Medical Examiner/Coroner: _____

X 49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): **Sushma Pant MD, 1250 Idaho Street, Lewiston, Id. 83501** 50. Hour of Death (24hrs): **0800**

51. Name and Title of Attending Physician if other than Certifier (Type or Print): _____ 52. Date Signed (MM/DD/YYYY): **1/16/2014**

53. Title of Certifier: _____ 54. License Number: _____ 55. ME/Coroner File Number: _____ 56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature: *[Signature]* 58. Date Received (MM/DD/YYYY): **47952 JAN 16 2014**

59. Amendments: _____