



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.

Form sections 1-3: Seller/Grantor and Buyer/Grantee information, including names, addresses, and tax correspondence details.

Section 4: Property address (3411 22nd St), location (Asotin County), and legal description (LT 1 Block 3 of Quailwood Heights).

Section 5: Land Use Code (11) and exemption status (Is this property exempt from property tax per chapter 84.36 RCW?).

Section 6: Designation of land (Is this property designated as forest land per chapter 84.33 RCW?).

Section 7 (left): Continuation notice instructions and signature line for the grantor.

Section 7 (right): Tax calculation table showing Gross Selling Price, Exemption Claimed, Taxable Selling Price, Excise Tax, and Total Due (\$10.00).

Section 8: Certification of truth and correctness, and signature lines for both Grantor and Grantee agents.

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)).

**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 JAMES EDWARD HARVEY

I, (survivor's name) FRANKIE JEAN HARVEY affirm that I am the sole and rightful heir to the property described as:

Parcel number(s) 1-187-03-001-0000-0000

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 10 day of August, 2015 at ASOTIN, WA
(month) (year) (city) (state)

Frankie Jean Harvey
(Signature of surviving spouse or registered domestic partner)

FRANKIE JEAN HARVEY
(Printed name of surviving spouse or registered domestic partner)

3411 22nd ST CLARKSTON WA 99423
(Address of surviving spouse or domestic partner) (City) (State) (Zip)

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

STATE OF WASHINGTON DEPARTMENT OF HEALTH

1. Legal Name (Include AKA's if any): First Middle LAST Suffix James Edward Harvey				2. Death Date Oct. 07, 2013	
3. Sex (M/F) Male	4a. Age - Last Birthday 77	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Asotin
7. Birthdate Feb. 14, 1936	8a. Birthplace (City, Town, or County) Minot	8b. (State or Foreign Country) North Dakota		9. Decedent's Education High School Grad	
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? No
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 3411 - 22nd Street				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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
14. Estimated length of time at residence. 22 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Frankie J. Sayer	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Mechanic/ Truck Driver			18. Kind of Business/Industry (Do not use Company Name) Refrigeration/ Auto/ Delivery		
19. Father's Name (First, Middle, Last, Suffix) Ray Harvey			20. Mother's Name Before First Marriage (First, Middle, Last) Mary Unknown		
21. Informant's Name Frankie Harvey		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 3411 - 22nd Street, 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) 3411 - 22nd Street				26a. City, Town, or Location of Death Clarkston	
26b. State Wa.		27. Zip Code 99403			
28. Method of Disposition Removal / Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Mountain View Crematory		30. Location-City/Town, and State Lewiston, Idaho	
31. Name and Complete Address of Funeral Facility Merchant Funeral Home 1000-7th Street, Clarkston, Wa. 99403				32. Date of Disposition October 9, 2013	
33. Funeral Director Signature X Wen F. Brown					

Part 1 completed by Funeral Director

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. failure to thrive		Interval between Onset & Death 1 yr	
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. loss of appetite		Interval between Onset & Death 1 yr	
		c.		Interval between Onset & Death	
		d.		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Severe COPD chronic pain				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No					
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (MM/DD/YYYY)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
45. Location of Injury: Number & Street: _____ Apt No _____					
City or Town: _____		County: _____		State: _____ Zip Code + 4: _____	
46. Describe how injury occurred RAISED SEAL				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician [Signature]			48b. Medical Examiner/Coroner		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Dr. Warren Ellison 1207 Evergreen Ct. Clarkston WA 99403				50. Hour of Death (24hrs) 0100	
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)				52. Date Signed (MM/DD/YYYY) 10 07 2013	
53. Title of Certifier Medical Doctor		54. License Number MD 00023		55. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature [Signature]				58. Date Received (MM/DD/YYYY) OCT 10 2013	
59. Amendments					

Part 2 completed by Certifier

