Department of Revenue
Washington State

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.

1 SELLER GRANTOR

Name: Michael H Diehl
Clarabelle Diehl
Mailing Address: 3354-22nd St.
City/State/Zip: Clarkston, WA 99403
Phone No. (including area code): 425-478-4260

2 BUYER GRANTEE

Name: Clarabelle Diehl
Mailing Address: 3354-22nd St.
City/State/Zip: Clarkston, WA 99403
Phone No. (including area code): 425-478-4260

3 Send all property tax correspondence to: ☑ Same as Buyer/Grantee

Name
Mailing Address
City/State/Zip
Phone No. (including area code)

List all real and personal property tax parcel account numbers – check box if personal property	List assessed value(s)
1-284-05-008-0000 ☐	93,300
0000 ☐	
☐	
☐	

4 Street address of property: 3354-22nd St.

This property is located in ☑ unincorporated Asotin County **OR** within ☐ city of

☐ 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)

Lot 8 in Block 5 Quailwood Heights Addition according to the recorded plat thereof, filed in Book E of Plats at Page(s) 82, records of Asotin County, Washington

5 Select Land Use Code(s): 09

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)?	☐	☒

6

	YES	NO
Is this property designated as forest land per chapter 84.33 RCW?	☐	☒
Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34?	☐	☒
Is this property receiving special valuation as historical property per chapter 84.26 RCW?	☐	☒

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

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(8)(g)

Reason for exemption: Surviving spouse

Type of Document: Surviving spouse / Quit Claim deed

Date of Document: 9/21/15

Gross Selling Price	$
*Personal Property (deduct)	$
Exemption Claimed (deduct)	$
Taxable Selling Price	$
Excise Tax : State	$
Local	$
*Delinquent Interest: State	$
Local	$
*Delinquent Penalty	$ 0.00
Subtotal	$
*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**: Clarabelle Diehl
Name (print): Clarabelle Diehl
Date & city of signing: 9/21/2015 Asotin

Signature of **Grantee or Grantee's Agent**: Clarabelle Diehl
Name (print): Clarabelle Diehl
Date & city of signing: 9/21/2015 Asotin

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)).

REV 84 0001a (02/13/07)

Cash 10.00

PAID
SEP 21 2015
ASOTIN COUNTY TREASURER

THIS SPACE - TREASURER'S USE ONLY

48757
48757
COUNTY TREASURER

AFTER RECORDING MAIL TO:

Name

Address

City, State, Zip

Filed for Record at Request of

QUIT CLAIM DEED

THE GRANTOR Michael H Diehl and Clarabelle Diehl

for and in consideration of

conveys and quit claims to Clarabelle Diehl

the following described real estate, situated in the County of Asotin, state of Washington, together with all after acquired title of the grantor(s) therein:

Lot 8 in Block 5 Quailwood Heights Addition according to the recorded plat thereof, filed in Book E of Plats at Page(s) 82, records of Asotin County, Washington

Assessor's Property Tax Parcel/Account Number: 1-284-05-008-0000-0000

Dated 7-21-15

Clarabelle Diehl

STATE OF Washington
COUNTY OF Asotin } ss

I certify that I know or have satisfactory evidence that Clarabelle Diehl is the person who appeared before me, and said person did acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: 9.21.15

Notary Public in and for the State of Washington
Residing at Asotin, WA.
My appointment expires: 11.15.16

SHARLENE J. TILLER
COMMISSION EXPIRES
NOTARY
PUBLIC
11-15-16
STATE OF WASHINGTON

LPB-12(1) 11/96

48757

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 Michael H. Diehl

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

Parcel number(s) 1-284-05-008-0000-0000

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 21 day of September (month), 2015 (year) at Asotin (city), WA (state)

Clarabelle Diehl
(Signature of surviving spouse or registered domestic partner)

Clarabelle Diehl
(Printed name of surviving spouse or registered domestic partner)

3354-22nd St. (Address of surviving spouse or domestic partner) Clarkston (City) WA (State) 99403 (Zip)

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

REV 84 0015 (6/05/08)

48757

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number — **Washington State Certificate of Death** — State File Number

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First / Middle / LAST / Suffix: MICHAEL HENRY HERROD DIEHL
2. Death Date: August 28, 2013
3. Sex (M/F): Male
4a. Age – Last Birthday: 97
4b. Under 1 Year: Months / Days
4c. Under 1 Day: Hours / Minutes
5. Social Security Number: [redacted]
6. County of Death: Asotin
7. Birthdate: August 14, 1916
8a. Birthplace (City, Town, or County): Fort Wayne
8b. (State or Foreign Country): Indiana
9. Decedent's Education: High school graduate or GED completed
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.): 3354 22nd Street
13b. City or Town: Clarkston
13c. Residence: County: Asotin
13d. Tribal Reservation Name (if applicable):
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: 12 years
15. Marital Status at Time of Death: Married
16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): Clarabelle Herweg
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED): Owner/Operator
18. Kind of Business/Industry (Do not use Company Name): Automobile
19. Father's Name (First, Middle, Last, Suffix): Vaughn Diehl
20. Mother's Name Before First Marriage (First, Middle, Last): Kathleen Unknown
21. Informant's Name: Clarabelle Diehl
22. Relationship to Decedent: Wife
23. Mailing Address: Number and Street or RFD No. / City or Town / State / Zip: 3354 22nd Street, Clarkston, Washington 99403
24. Place of Death, if Death Occurred in a Hospital: Inpatient
Place of Death, if Death Occurred Somewhere Other than a Hospital:
25. Facility Name (If not a facility, give number & street or location): Tri-State Memorial Hospital
26a. City, Town, or Location of Death: Clarkston
26b. State: WA
27. Zip Code: 99403
28. Method of Disposition: Cremation
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: Malcom's Brower-Wann Funeral Home, P.O. Box 797, Lewiston, Idaho 83501
32. Date of Disposition: August 29, 2013
33. Funeral Director Signature: [signature]

Part 2 completed by Certifier

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. CONGESTIVE HEART FAILURE — Interval between Onset & Death: DAYS
Due to (or as a consequence of):
b. ISCHEMIC CARDIOMYOPATHY — Interval between Onset & Death: YRS
Due to (or as a consequence of):
c. ATHEROSCLEROSIS. — Interval between Onset & Death: YRS
Due to (or as a consequence of):
d. — Interval between Onset & Death:

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

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: PNEUMONIA, NO ORGANISM, AORTIC VALVULAR DISEASE
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 ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before 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 (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? ☐ 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: X [signature]
48b. Medical Examiner/Coroner: X
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Dennis Mountjoy, M.D., 1271 Highland Avenue, Clarkston, Washington 99403
50. Hour of Death (24hrs): 0310
51. Name and Title of Attending Physician if other than Certifier (Type or Print):
52. Date Signed (MM/DD/YYYY): 08/28/2013
53. Title of Certifier: Medical Doctor
54. License Number: MD00031842
55. Coroner File Number:
56. Was case referred to ME/Coroner? ☐ Yes ☒ No
57. Registrar Signature: X [signature]
58. Date Received (MM/DD/YYYY): AUG 30 2013
59. Amendments: 48757

DOH 01-003 (12/11)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

Health

Affidavit for Correction

Center for Health Statistics

This is a legal Document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number | Date | Affidavit Number

Use the section below for requesting any changes on the record.

Record Type: Birth | Death | Marriage | Dissolution

1. Name on record | 2. Date of Event | 3. Place of Event

4. Father's Full Name | 5. Mother's Full Maiden Name

The Record is in correct and complete as follows:

The Record now shows	The True Facts
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self | Parent | Guardian | Informant | Telephone Number

Funeral Director | Other Specify

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature | 16. Date | 17. Address

Most changes must be established by documentary proof submitted with the affidavit.

Birth Certificates

Child (under 18) | Adult (18 years or older)

This affidavit cannot be used to add a father to a birth certificate. Use the paternity acknowledgment - form

Death Certificates

ASOTIN COUNTY STATE OF WASHINGTON HEALTH DISTRICT

Lawrence M. Garges, M.D
Health Officer

AUG 30 2013

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