

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>Carl R. and Patricia L. Ingram</u>	BUYER GRANTEE	2 Name <u>Elizabeth Sarah Saxton</u>
	Mailing Address <u>1502 Lydon Ct.</u>		Mailing Address <u>914 7th 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) 758-5758</u>		Phone No. (including area code) <u>(509) 758-2936</u>

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

<u>1-001-07-005-0001</u>	<input checked="" type="checkbox"/>	List assessed value(s) <u>\$90,000.00</u>
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

4 Street address of property: 914 7th Street Clarkston, WA 99403
This property is located in Select Location Asotin County

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)
CLARKSTON
S 1/2 LOT 5 BLK 7 YB 1900 SQ
958 NO B

5 Select Land Use Code(s): 11
Select Land Use Codes _____
enter any additional codes: _____
(See back of last page for instructions)

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)? YES NO

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

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.

If claiming an exemption, list WAC number and reason for exemption:
WAC No. (Section/Subsection) _____
Reason for exemption _____

Type of Document Quitclaim Deed
Date of Document October 21, 2015

Gross Selling Price	\$	<u>50,000.00</u>	
*Personal Property (deduct)	\$	_____	
Exemption Claimed (deduct)	\$	_____	
Taxable Selling Price	\$	<u>50,000.00</u>	0.00
Excise Tax : State	\$	<u>640.00</u>	0.00
<u>0.0000</u> Local	\$	<u>125.00</u>	0.00
*Delinquent Interest: State	\$	_____	
Local	\$	_____	
*Delinquent Penalty	\$	_____	
Subtotal	\$	<u>765.00</u>	0.00
*State Technology Fee	\$	_____	5.00
*Affidavit Processing Fee	\$	_____	
Total Due	\$	<u>770.00</u>	1000

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>Carl R. Ingram</u>	Signature of Grantee or Grantee's Agent <u>Elizabeth Sarah Saxton</u>
Name (print) <u>CARL R. INGRAM</u>	Name (print) <u>ELIZABETH SARAH SAXTON</u>
Date & city of signing: <u>10/21/2015</u>	Date & city of signing: <u>10-21-2015, 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)).

REV 84 0001a (09/22/15)
E. Sarah Saxton
CR # 4423
va

THIS SPACE - TREASURER'S USE ONLY
PAID
Oct 21 2015
ASOTIN COUNTY
TREASURER

TAXPAYER
48844
48844