Department of Revenue
Washington State

# REAL ESTATE EXCISE TAX AFFIDAVIT

CHAPTER 82.45 RCW – CHAPTER 458-61A WAC

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

**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 Scott W. and Lori K. Arnone

Mailing Address 3313 Michael Dr.

City/State/Zip Clarkston, WA 99403

Phone No. (including area code) (509) 254-1235

**2 BUYER GRANTEE**

Name The Scott W. Arnone and Lori K. Arnone Revocable Living Trust dated September 24, 2014

Mailing Address 3313 Michael Dr.

City/State/Zip Clarkston, WA 99403

Phone No. (including area code) (509) 254-1235

**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) |
|---|---|
| 1614000020000 ☐ | 1,044,000 |
| ☐ | |
| ☐ | |
| ☐ | |

**4** Street address of property: 3313 Michael Dr., Clarkston, WA 99403

This property is located in Asotin

☐ 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 2 of Sunrise at River's Bend Subdivision, according to the official plat thereof, recorded October 3, 2005 as Instrument No. 286650 Office Records of Asotin County, Washington.

**5** Select Land Use Code(s):

11 - 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)? | ☐ | ☑ |

**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 RCW? | ☐ | ☑ |
| 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**

**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) 458-61A-211

Reason for exemption Transfer into a Revocable Living Trust.

Type of Document

Date of Document

| | |
|---|---|
| Gross Selling Price $ | |
| *Personal Property (deduct) $ | |
| Exemption Claimed (deduct) $ | |
| Taxable Selling Price $ | 0.00 |
| Excise Tax : State $ | 0.00 |
| 0.0075 Local $ | 0.00 |
| *Delinquent Interest: State $ | |
| Local $ | |
| *Delinquent Penalty $ | |
| Subtotal $ | 0.00 |
| *State Technology Fee $ | 5.00 |
| *Affidavit Processing Fee $ | |
| Total Due $ | 10.00 |

0200

**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**

Name (print) Scot W. Arnone

Date & city of signing: 9/16/15 CLARKSTON, WA

Signature of **Grantee or Grantee's Agent**

Name (print) Lori K. Arnone

Date & city of signing: 9/16/15 CLARKSTON, WA.

**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 (12/12/14)

THIS SPACE - TREASURER'S USE ONLY

COUNTY TREASURER

PAID
NOV 03 2015
ASOTIN COUNTY TREASURER

Parsons CK 1209
HB

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