

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>Jessica M. Howe, as Exec of the Est of Sandra F. Howe, dec, Sno Co Probate No. 15-4-00881-7</u>	BUYER GRANTEE	2 Name <u>Jessica M. Howe, a single person, decedent's 1/2 interest</u>
	Mailing Address <u>12826 Northeast 185th Court</u>		Mailing Address <u>12826 Northeast 185th Court</u>
	City/State/Zip <u>Bothell, WA 98011-3121</u>		City/State/Zip <u>Bothell, WA 98011-3121</u>
	Phone No. (including area code) <u>(425) 381-6815</u>		Phone No. (including area code) <u>(425) 381-6815</u>

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

Name Marlene Giese and Jessica M. Howe

Mailing Address 19 South 11th Street

City/State/Zip Black River Falls, WI 54615-1516

Phone No. (including area code) (715) 299-0566

List all real and personal property tax parcel account numbers – check box if personal property

<u>1 003 03 009 0003 0000</u>	<input type="checkbox"/>	List assessed value(s)
	<input type="checkbox"/>	<u>\$120,800.00</u>
	<input type="checkbox"/>	
	<input type="checkbox"/>	

4 Street address of property: 1115 - 11th Street, Clarkston, WA 99403

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)

SEE ATTACHED LEGAL DESCRIPTION WHICH IS INCORPORATED HEREIN BY REFERENCE.

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)?	<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

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(1)

Reason for exemption Inheritance - general

Type of Document Quit Claim Deed

Date of Document 12-22-15

Gross Selling Price \$	_____
*Personal Property (deduct) \$	_____
Exemption Claimed (deduct) \$	_____
Taxable Selling Price \$	0.00
Excise Tax : State \$	0.00
<input type="text" value="0.0025"/> 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>Jessica Howe</u>	Signature of Grantee or Grantee's Agent <u>Jessica Howe</u>
Name (print) <u>Jessica M. Howe Executrix</u>	Name (print) <u>Jessica M. Howe</u>
Date & city of signing: <u>12-22-15</u> , Mill Creek, WA	Date & city of signing: <u>12-22-15</u> , Mill Creek, 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)).

**ATTACHMENT
TO
REAL ESTATE EXCISE TAX AFFIDAVIT
FOR
HOWE ESTATE; TAX PARCEL NO. 1 003 03 009 0003 0000**

4. LEGAL DESCRIPTION:

A portion of Lot 9 of Block 3 South, of Clarkston, Asotin County, Washington, according to the recorded plat thereof, all of said Block 3 South being within the corporate limits of the City of Clarkston, described as follows: From the point of intersection of the center lines of Eleventh and Libby Streets, North along the center line of Eleventh Street a distance of 440 feet; thence East at right angles a distance of 25 feet to a point on the East boundary line of Eleventh Street, this being the true place of beginning; thence continue on the last above-mentioned course a distance of 140 feet; thence North parallel to the center line of Eleventh Street a distance of 55 feet; thence West parallel to the center line of Libby Street a distance of 140 feet to a point on the East boundary line of Eleventh Street; thence South along said East boundary line a distance of 55 feet to the place of beginning;

SUBJECT TO AND TOGETHER WITH covenants, conditions, restrictions, reservations, rights, and easements of record.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-015223

LOCAL FILE NUMBER: 2099

DATE ISSUED: 06/08/2015

FEE NUMBER: 000000029

GIVEN NAMES: SANDRA FAVE
LAST NAME: HOWE

COUNTY OF DEATH: SNOHOMISH
DATE OF DEATH: MAY 06, 2015
HOUR OF DEATH: 05:01 P.M.
SEX: FEMALE
AGE: 71 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: MARCH 18, 1944
BIRTHPLACE: WALLA WALLA, WALLA WALLA CNTY, WASHINGTON

MARITAL STATUS: WIDOWED
SPOUSE:

OCCUPATION: KINDERGARTEN TEACHER
INDUSTRY: EDUCATION
EDUCATION: MASTER'S DEGREE
US ARMED FORCES? NO

INFORMANT: JESSICA HOWE
RELATIONSHIP: GRANDDAUGHTER
ADDRESS: 21818 49TH AVE SE, BOTHELL, WA 98021

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 21818 49TH AVE SE
CITY, STATE, ZIP: BOTHELL, WASHINGTON 98021

RESIDENCE STREET: 21818 49TH AVE SE
CITY, STATE, ZIP: BOTHELL, WASHINGTON 980218043
INSIDE CITY LIMITS? YES
COUNTY: SNOHOMISH
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 23 YEARS

FATHER: HAROLD FRANCES KING
MOTHER: PEARL FRANCES KING

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CREMATION SERVICES
CITY, STATE, ZIP: KENT, WA
DISPOSITION DATE: JUNE 02, 2015

FUNERAL FACILITY: FUNERAL & CREMATION CARE
ADDRESS: 1400 112TH AVE SE
CITY, STATE, ZIP: BELLEVUE WA 98004
FUNERAL DIRECTOR: MICHAEL GALAVIZ

CAUSE OF DEATH:

- A. MULTIPLE MYELOMA
INTERVAL: 9 MONTHS
- B. INTERVAL:
- C. INTERVAL:
- D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL
AUTOPSY: NO

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: AIMEE KOHN MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 128TH ST STE 1600
CITY, STATE, ZIP: KIRKLAND WA 98034
DATE SIGNED: MAY 13, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE.

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE



CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MARTHA RUIZ
DATE RECEIVED: JUNE 02, 2015

49019

DOH 01-003 (1/15)

FILED

2015 JUN -3 AM 9:07

SONYA KRASKI
COUNTY CLERK
SNOHOMISH CO. WASH

SUPERIOR COURT OF STATE OF WASHINGTON
IN AND FOR THE COUNTY OF SNOHOMISH

Estate of

SANDRA F. HOWE

Deceased

CASE NO. 15-4-00881-7

LETTERS TESTAMENTARY

(LTRTS)

WHEREAS, the Last Will of the above named deceased having been proven and recorded in this court on: JUNE 3, 2015

Now, therefore, know all men by these presents that

JESSICA M. HOWE

is hereby appointed and qualified as Personal Representative of said estate, and that we do hereby authorize the above named to execute said Last Will according to law.

Dated: 6/3/2015

Sonya Kraski, Clerk of Superior Court

By B. MacFarlane
Deputy
CLERK OF THE SUPERIOR COURT
STATE OF WASHINGTON
SNOHOMISH COUNTY

CERTIFICATE

I Sonya Kraski, Clerk of the Snohomish County Superior Court, certify that the above and foregoing is a true and correct copy of the Letters Testamentary in the above named case and were entered on: June 3, 2015

I further certify that these letters are now in full force and effect.

Dated: JUN 03 2015

Sonya Kraski, Clerk of Superior Court

By B. MacFarlane
Deputy
CLERK OF THE SUPERIOR COURT
STATE OF WASHINGTON
SNOHOMISH COUNTY

49019