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: JEFFERY L TOWLES
GLENNA K DETRICK
Mailing Address: 1035 15TH ST
City/State/Zip: CLARKSTON WA 99403
Phone No. (including area code): 509-751-0553

2 BUYER GRANTEE

Name: GLENNA K. DETRICK
Mailing Address: 1035 15TH ST.
City/State/Zip: CLARKSTON WA 99403
Phone No. (including area code): 509 751-0553

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)
107700045 0002 0000 ☐	113,000
☐	
☐	
☐	

4 Street address of property: 1035 15TH ST CLARKSTON WA 99403

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)

THE SOUTH SIXTY FEET (60') OF THE NORTH SEVENTY FEET (N 70') OF LOT 45 OF CURTISS THIRD ADDITION A SUBDIVISION OF PART OF LOTS 7 AND 8 OF BLOCK 11 OF UNELAND ACCORDING TO THE RECORDED PLAT THEREOF SUBJECT TO PUBLIC ROADWAY AND UTILITY EASEMENT OVER THE REAR TEN FEET (10') THEREOF IN ASOTIN CO. STATE OF WASHINGTON

5 Select Land Use Code(s): 11

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

7 List all personal property (tangible and intangible) included in selling price.

HOUSE + 2 SMALL OUTBUILDINGS WITH LOT (S 60' N 70' LOT 45

If claiming an exemption, list WAC number and reason for exemption:

WAC No. (Section/Subsection) 458-61A-202(5)(d)

Reason for exemption Inheritance - Joint Tenants

Type of Document Death Certificate

Date of Document 5-19-14

Gross Selling Price $	
*Personal Property (deduct) $	
Exemption Claimed (deduct) $	
Taxable Selling Price $	
Excise Tax : State $	
Local $	
*Delinquent Interest: State $	
Local $	
*Delinquent Penalty $	
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**: Glenna Detrick
Name (print): GLENNA DETRICK
Date & city of signing: 2-17-16 CLARKSTON WA

Signature of **Grantee or Grantee's Agent**: Glenna Detrick
Name (print): GLENNA DETRICK
Date & city of signing: 2-17-16 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) or by both imprisonment and fine (RCW 9A.20.020 (1C)).

REV 84 0001a (02/13/07)

Cash 10.00

THIS SPACE - TREASURER'S USE ONLY

PAID
FEB 17 2016
ASOTIN COUNTY TREASURER

40101

COUNTY TREASURER

340642
05/19/2014 01:42 PM
Asotin County, WA
Darla McKay Auditor
Fee:$32.00
Pgs=1
MARILYN WILSON
I-131 DC
0000156320140340642001 0019

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
CERTIFICATE OF DEATH

ONLY A COPY OF THE DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE BEARING SEAL, SHALL BE CONSIDERED PRIMA FACIE EVIDENCE OF THE DEATH UNDER §§9-311 AND §§9-314, IDAHO CODE. Local Reg. No. _____

MORTICIAN: Complete/Verify and File Within 5 Days of Death

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix): JEFFERY LYNN TOWLES
2. SEX: MALE
3. SOCIAL SECURITY NUMBER: [redacted]
4a. AGE-Last Birthday: 62 (Years)
4b. UNDER 1 YEAR: Months / Days
4c. UNDER 1 DAY: Hours / Minutes
5. DATE OF BIRTH (Mo/Day/Yr): 01/02/1949
6. BIRTHPLACE (City and State, Territory, or Foreign Country): TORRANCE, CALIFORNIA
7a. RESIDENCE - STATE OR FOREIGN COUNTRY: WASHINGTON
7b. COUNTY: ASOTIN
7c. CITY OR TOWN: CLARKSTON
7d. STREET AND NUMBER: 1035 15TH STREET
7e. APT. NO.:
7f. ZIP CODE: 99403
7g. INSIDE CITY LIMITS? ☐ Yes ☒ No
8. MARITAL STATUS AT TIME OF DEATH: ☐ Married ☐ Married, but separated ☐ Widowed ☒ Divorced ☐ Never married ☐ Unknown
9. SURVIVING SPOUSE'S NAME (If wife, give maiden name):
10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
11a. FATHER'S NAME (First, Middle, Last, Suffix): LLOYD JEFFERY TOWLES
11b. BIRTHPLACE (State, Territory, or Foreign Country): ALABAMA
12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix): KATHRYN GERTRUDE STONE
12b. BIRTHPLACE (State, Territory, or Foreign Country): CALIFORNIA

INFORMANT
13a. INFORMANT'S NAME (Type or print): TAMARA J TOWLES
13b. RELATIONSHIP TO DECEDENT: DAUGHTER
13c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 6642 LA HABRA AVENUE YUCCA VALLEY, CA 92284

DISPOSITION
14. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify) _____
15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place): MOUNTAIN VIEW CREMATORY, 3521 SEVENTH STREET, LEWISTON, IDAHO 83501
18. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY: MERCHANT FUNERAL HOME, 1060 SEVENTH STREET, CLARKSTON, WASHINGTON 99403
17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: ELECTRONICALLY FILED: DONALD F. BROWN
17b. LICENSE NUMBER (Of licensee): M0570
18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No

PLACE OF DEATH
PLACE OF DEATH (19-23)
19a. IF DEATH OCCURRED IN A HOSPITAL: ☒ 1 Inpatient ☐ 2 ER/Outpatient ☐ 3 DOA
19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ 4 Hospice facility ☐ 5 Nursing home/Long term care facility ☐ 6 Decedent's home ☐ 7 Other (Specify) _____
20. FACILITY NAME (If not facility, give street and number): ST JOSEPH REGIONAL MEDICAL CTR
21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE: LEWISTON, ID 83501
22. COUNTY OF DEATH: NEZ PERCE

DATE OF DEATH
23. DATE OF DEATH (Mo/Day/Yr) (Spell month): October 18, 2011
24. TIME OF DEATH (24hr): 18:00
25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month): October 18, 2011
26. TIME PRONOUNCED DEAD (24hr): 18:00

CAUSE OF DEATH
27. CAUSE OF DEATH

CERTIFIER: Complete Within 72 Hours of Death

PART I. 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. Enter only one cause on a line.

		Approximate Interval: Onset to Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. HEPATIC ENCEPHALOPATHY	5 DAYS
	DUE TO (or as a consequence of):	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (LAST disease or injury that initiated the events resulting in death)	b. CIRRHOSIS AND HEPATOCELLULAR CA	YEARS
	DUE TO (or as a consequence of):	
	c. HEPATITIS C	YEARS
	DUE TO (or as a consequence of):	
	d.	

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I: PNEUMONIA

28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No
29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☒ Probably ☐ No ☐ Unknown
30. IF FEMALE (Aged 10-54): ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
31. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined

ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)
32. DATE OF INJURY (Mo/Day/Yr) (Spell month)
33. TIME OF INJURY (24hr)
34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)
35. INJURY AT WORK? ☐ Yes ☐ No
36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____
37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable

TRANSPORTATION INJURY ONLY
38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____
38b. WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown

CERTIFIER
IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE
39a. CERTIFIER (Check only one, based on official capacity for this certificate)
☒ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE PROFESSIONAL NURSE
- To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated.
☐ CORONER
- On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
39b. LICENSE NUMBER: M-09046
39c. DATE SIGNED: 10 / 20 / 2011 (MM DD YYYY)
Signature and Title of Certifier ▸ WILLIAM C. DIR, M.D.
39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print): WILLIAM C. DIR, 415 SIXTH STREET LEWISTON, ID 83501

REGISTRAR
40a. REGISTRAR'S SIGNATURE ▸ James B. Aydelotte
40b. DATE SIGNED: 10 / 20 / 2011 (MM DD YYYY)

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: OCT 20 2011

This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

49101