Department of Revenue
Washington State

REAL ESTATE EXCISE TAX AFFIDAVIT

CHAPTER 82.45 RCW – CHAPTER 458-61A WAC

PLEASE TYPE OR PRINT

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 SHIRLEY M. DIMKE, Personal Representative of the estate of VERNON E. DIMKE

Mailing Address 2338 Florence Lane

City/State/Zip Clarkston, WA 99403

Phone No. (including area code)

2 BUYER GRANTEE

Name SHIRLEY M. DIMKE

Mailing Address 2338 Florence Lane

City/State/Zip Clarkston, WA 99403

Phone No. (including area code)

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)
See attached Exhibit A for	☑	
parcel numbers and values	☐	
	☐	
	☐	

4 Street address of property: 2338 Florence Lane and 2359, 2365, 2371, & 2377 Westward Ho Dr

This property is located in 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)

Lots 4, 5, 6, 7, and 8 of Block 2 of Westward-Ho Addition, according to the official plat thereof, recorded August 11, 1997, as Instrument No 229272 Official Records of Asotin County, Washington.
Subject to easements, covenants, and restrictions of record, if any.

5 Select Land Use Code(s):

11 - Household, single family units

enter any additional codes: 10

(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-202

Reason for exemption

Pursuant to Last Will of Vernon E. Dimke

Type of Document Personal's Representative's Deed

Date of Document 2/2/2016

Gross Selling Price $	
*Personal Property (deduct) $	
Exemption Claimed (deduct) $	
Taxable Selling Price $	0.00
Excise Tax : State $	0.00
0.0025 Local $	0.00
*Delinquent Interest: State $	
Local $	
0200 *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** Shirley M. Dimke

Name (print) SHIRLEY M. DIMKE

Date & city of signing: Clarkston, WA 2/2/16

Signature of **Grantee or Grantee's Agent** Shirley M. Dimke

Name (print) SHIRLEY M. DIMKE

Date & city of signing: Clarkston, WA 2/2/16

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)

THIS SPACE - TREASURER'S USE ONLY

PAID

0 1 2016

ASOTIN COUNTY TREASURER

Lukins & Annis
CK# 159123
(Pa)

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Filed for Record at Request of and
copy returned to:
LUKINS & ANNIS, P.S.
1600 Washington Trust Financial Center
717 W Sprague Ave
Spokane, WA 99201-0466
Attention: Sharon L. Crockett

PERSONAL REPRESENTATIVE'S DEED

THE GRANTOR, SHIRLEY M. DIMKE, as Personal Representative of the Estate of VERNON E. DIMKE, Deceased, Spokane County Superior Court Cause No. 15-4-00449-4 , for and in consideration of making distribution of Decedent's estate in accordance with the Last Will and Testament of the Decedent, dated June 12, 2012, under the nonintervention powers granted therein, hereby conveys and quit claims to SHIRLEY M. DIMKE, a single woman, all of the Decedent's right, title and interest in and to the following described real estate situated in the County of Asotin, State of Washington, including any interest therein which Grantor may hereafter acquire:

Lots 4, 5, 6, 7, and 8 of Block 2 of Westward-Ho Addition, according to the official plat thereof, recorded August 11, 1997, as Instrument No. 229272 Official Records of Asotin County, Washington.

Subject to easements, covenants, and restrictions of record, if any.

Assessor's Tax Parcel Nos. 1-324-00-002-0004-0000; 1-324-00-002-0005-0000; 1-324-00-002-0006-0000; 1-324-00-002-0007-0000; 1-324-00-002-0008-0000

DATED this 22nd day of February, 2016.

Shirley M Dimke

SHIRLEY M. DIMKE
Personal Representative
Estate of VERNON E. DIMKE

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STATE OF WASHINGTON)
: ss.
County of Asotin)

On this 2nd day of February, 2016, personally appeared before me SHIRLEY M. DIMKE, to me known to be the Personal Representative of the Estate of VERNON E. DIMKE, deceased, who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN UNDER MY HAND AND OFFICIAL SEAL the day and year in this certificate first above written.

KATHRYN G. BROWN
NOTARY PUBLIC
COMMISSION EXPIRES
FEB 1, 2019
STATE OF WASHINGTON

Kathryn G. Brown
Notary Public (Signature)

Kathryn G. Brown
(Print Name)

My appointment expires: 2/01/2019

01231076.1

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FILED

MAR 26 2015

SPOKANE COUNTY CLERK

SUPERIOR COURT OF WASHINGTON, COUNTY OF SPOKANE	
ESTATE OF: **Vernon E. Dimke**, Deceased.	CASE NO. **15-4-00449-4** **LETTERS TESTAMENTARY** *(LTRTS)*

I. BASIS

1.1 The last will of the decedent(s), late of **Asotin County, Washington** was exhibited, proven and recorded in this court on: **March 26, 2015**

1.2 In that will: **SHIRLEY M. DIMKE** is named personal representative.

1.3 The personal representative has qualified.

II. AUTHORIZATION

THIS CERTIFIES: **SHIRLEY M. DIMKE** is authorized by this court to execute the will of the above decedent according to law.

Dated: March 26, 2015

TIMOTHY W. FITZGERALD, SPOKANE COUNTY CLERK

By LESLIE LASHBROOK,
Deputy Clerk

III. CERTIFICATE OF COPY

State of Washington)
County of Spokane)

As clerk of the superior court of this county, I certify that the above is a true and correct copy of the Letters Testamentary in the above-named case which was entered of record on: **March 26, 2015**

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

Dated: **March 26, 2015**

TIMOTHY W. FITZGERALD, SPOKANE COUNTY CLERK

By _____
Deputy Clerk

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STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

COPY

STATE OF IDAHO

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

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THE DEATH UNDER §39-241(4) AND §34-271, IDAHO CODE

Local Reg. No.

DECEDENT — TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. FOR INSTRUCTIONS SEE HANDBOOK.

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix): VERNON E. DIMKE
2. SEX: MALE
3. SOCIAL SECURITY NUMBER: [redacted]
4a. AGE-Last Birthday: 88 (Years)
4b. UNDER 1 YEAR: Months / Days
4c. UNDER 1 DAY: Hours / Minutes
5. DATE OF BIRTH (Mo/Day/Yr): 06/25/1926
6. BIRTHPLACE (City and State, Territory, or Foreign Country): CLARKSTON, WASHINGTON
7a. RESIDENCE - STATE OR FOREIGN COUNTRY: WASHINGTON
7b. COUNTY: ASOTIN
7c. CITY OR TOWN: CLARKSTON
7d. STREET AND NUMBER: 2338 FLORENCE LANE
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): SHIRLEY M. SPOONER

PARENTS

10. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
11a. FATHER'S NAME (First, Middle, Last, Suffix): WILLIAM LEO DIMKE
11b. BIRTHPLACE (State, Territory, or Foreign Country): UNKNOWN
12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix): MAGDELINE ALMETA VAN TINE
12b. BIRTHPLACE (State, Territory, or Foreign Country): WASHINGTON

INFORMANT

13a. INFORMANT'S NAME (Type or print): SHIRLEY M. DIMKE
13b. RELATIONSHIP TO DECEDENT: WIFE
13c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 2338 FLORENCE LANE CLARKSTON, WA 99403

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

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): CLARKSTON VINELAND CEMETERY, 1141 VINELAND DRIVE, CLARKSTON, WASHINGTON
16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY: MERCHANT FUNERAL HOME, 1000 SEVENTH STREET, CLARKSTON, WASHINGTON 99403
17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: ▸ ELECTRONICALLY FILED: GERALD E. BARTLOW
17b. LICENSE NUMBER (Of licensee): M0771
18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No

PLACE OF DEATH

PLACE OF DEATH (19-22)

19a. IF DEATH OCCURRED IN A HOSPITAL: ☒ 1 Inpatient ☐ 2 ER/Outpatient ☐ 3 DOA ☐ 4 Hospice facility ☐ 5 Nursing home/Long term care facility ☐ 6 Decedent's home ☐ 7 Other (Specify)
19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:
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): December 22, 2014
24. TIME OF DEATH (24hr): 09:43
25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month): December 22, 2014
26. TIME PRONOUNCED DEAD (24hr): 09:43

CAUSE OF DEATH

CERTIFIER: Complete Within 72 Hours of Death

27. CAUSE 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. CHF CONGESTIVE HEART FAILURE	YEARS
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)	DUE TO (or as a consequence of): b.	
	DUE TO (or as a consequence of): c.	
	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.

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 ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year
31. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending investigation ☐ Suicide ☐ Could not be determined

ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CODE NUMBER)

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 TYPES(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 DEVICES(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-12315
39c. DATE SIGNED: 12 / 23 / 2014 (MM DD YYYY)
Signature and Title of Certifier ▸ MARY E. STABEN, M.D.
39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print): MARY E. STABEN, 415 SIXTH STREET LEWISTON, ID 83501

REGISTRAR

40a. REGISTRAR'S SIGNATURE ▸ James B. Gildette
40b. DATE SIGNED: 12 / 23 / 2014 (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: Dec 23, 2014

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

James B. Gildette
JAMES B. AYDELOTTE
STATE REGISTRAR

PRINCO (Rev) 03/12

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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000468146

STATE OF IDAHO County of Lewiston

This copy of a death certificate was issued by the District Health Department on behalf of the the Bureau of Vital Records and Health Statistics.

Pauline Durst

Local Vital Statistics Registration Official

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