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 ESTATE OF MICHAEL LAWRENCE PROVOST,
by WILLIAM PROVOST, PR
Mailing Address PO BOX 641
City/State/Zip CLARKSTON WA 99403
Phone No. (including area code) (509) 780-8895

2 BUYER GRANTEE

Name JUSTIN PROVOST, a married man
Mailing Address 1416 15TH AVENUE
City/State/Zip LEWISTON, ID 83501
Phone No. (including area code) (509) 552-5891

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)
1-001-32-001-0000-0000 ☐	101,300
☐	
☐	
☐	

4 Street address of property: 118 MAPLE STREET

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)

LOT ONE (1) OF BLOCK THIRTY-TWO (32), CLARKSTON, ASOTIN COUNTY, WASHINGTON, ACCORDING TO THE RECORDED PLAT THEREOF.

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)?	☐	☑

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	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.

NONE

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

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

Reason for exemption
INHERITANCE

Type of Document PR DEED

Date of Document

Gross Selling Price $	0.00
*Personal Property (deduct) $	0.00
Exemption Claimed (deduct) $	0.00
Taxable Selling Price $	0.00
Excise Tax : State $	0.00
0.0025 Local $	0.00
*Delinquent Interest: State $	
Local $	0.00
*Delinquent Penalty $	
Subtotal $	0.00
*State Technology Fee $	5.00
*Affidavit Processing Fee $	
Total Due $	10.00

0002

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: William Provost PR
Name (print) WILLIAM PROVOST, PR
Date & city of signing: 2/19/16 - CLARKSTON

Signature of Grantee or Grantee's Agent: Justin Provost
Name (print) JUSTIN PROVOST
Date & city of signing: 2/25/2016 - CLARKSTON

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 (01/04/16)

THIS SPACE - TREASURER'S USE ONLY

COUNTY TREASURER

PAID
MAR 1 1 2016
ASOTIN COUNTY TREASURER

W Provost 560

40152
49152

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-016287

DATE ISSUED: 06/15/2015

FEE NUMBER: 0000243738

GIVEN NAMES: MIKE L
LAST NAME: PROVOST

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: JUNE 06,2015
HOUR OF DEATH: 10:00 P.M. PRESUMED
SEX: MALE
AGE: 52 YEARS
SOCIAL SECURITY NUMBER: [redacted]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: MAY 05,1963
BIRTHPLACE: LEWISTON, IDAHO

MARITAL STATUS: DIVORCED
SPOUSE:

OCCUPATION: LABORER
INDUSTRY: CONSTRUCTION
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? NO

INFORMANT: JUSTIN PROVOST
RELATIONSHIP: SON
ADDRESS: 1416 15TH AVE, LEWISTON ID, 83501

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 2345 RESERVOIR ROAD
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 2345 RESERVOIR ROAD
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
INSIDE CITY LIMITS? NO
COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 MONTHS

FATHER: LAWRENCE PROVOST
MOTHER: CATHERINE KOPPES

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY
CITY, STATE: LEWISTON, ID
DISPOSITION DATE: JUNE 12,2015

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES LLC
ADDRESS: PO. BOX 107
CITY, STATE, ZIP: CLARKSTON WA 99403
FUNERAL DIRECTOR: RICHARD LASSITER

CAUSE OF DEATH:
A. CARDIAC TAMPONADE
INTERVAL: SECONDS
B. HEMOPERICARDIUM
INTERVAL: MINUTES
C. RUPTURED MYOCARDIAL INFARCT
INTERVAL: MINUTES
D. SEVERE ATHEROSCLEROTIC CORONARY ARTERY DISEASE
INTERVAL: YEARS

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: YES
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? YES
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

ME/CORONER: KATE S. GOLDING
TITLE: CORONER
ME/CORONER
ADDRESS: PO BOX 220
CITY,STATE,ZIP: ASOTIN WA 99402
DATE SIGNED: JUNE 11,2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

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

ITEM(S) AMENDED: NONE

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

LOCAL DEPUTY REGISTRAR:
BRADY WOODBURY
DATE RECEIVED: JUNE 12,2015

49152

DOH 01-003 (1/14)

THIS CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL

Lawrence M. Grones, M.D.
Health Officer

AA0243738

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FILED

2015 JUN 12 P 3:44

MARIE J. EGGART
COUNTY CLERK
ASOTIN COUNTY, WA

SUPERIOR COURT OF WASHINGTON FOR ASOTIN COUNTY

In the Matter of the Estate of MICHAEL LAWRENCE PROVOST, Deceased.	)	NO. 15-4-00053-8 LETTERS OF ADMINISTRATION

WHEREAS, MICHAEL LAWRENCE PROVOST, late of Clarkston, Asotin County, Washington, on or about the 6th day of June, 2015, died intestate, leaving at the time of his death, property in this state subject to administration:

NOW, THEREFORE,

KNOW ALL MEN BY THESE PRESENTS, that we do hereby appoint WILLIAM PROVOST Administrator upon said estate, and whereas said Administrator has duly qualified, hereby authorizes her to administer the same according to law.

WITNESS my hand and seal of said court this 12th day of June, 2015.

Luci Farris, Deputy
CLERK OF THE SUPERIOR COURT

SEAL OF THE SUPERIOR COURT STATE OF WASHINGTON OF ASOTIN COUNTY

Law Office of Scott C. Broyles
901 Sixth Street
Clarkston, WA 99403
(509) 758-1636

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STATE OF WASHINGTON)
) ss
County of Asotin)

I, MARIE EGGART, County Clerk of the County of Asotin, State of Washington, and ex-officio Clerk of the Superior Court of the State of Washington for Asotin County, do hereby certify that the within and foregoing is a full, true and correct copy of the original Letters of Administration and of the whole thereof, as the same is now on file and of record in the above entitled cause in my office and custody, said letters have never been revoked and are still in Full Force and Effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Superior Court, this 12th day of June, 2015.

Tici Farris, Deputy
County Clerk and ex-officio Clerk
of the Superior Court

SEAL OF THE SUPERIOR COURT
STATE OF WASHINGTON
OF ASOTIN COUNTY

Law Office of Scott C. Broyles
901 Sixth Street
Clarkston, WA 99403
(509) 758-1636

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