

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.

SELLER GRANTOR	1 Name <u>Gail Ann DeBoer, Surviving Spouse of Robert Arendt De Boer + Gail Ann De Boer</u>	BUYER GRANTEE	2 Name <u>Gail Ann De Boer</u>
	Mailing Address <u>2735 Rolling Hills Lane</u>		Mailing Address <u>2735 Rolling Hills Ln.</u>
	City/State/Zip <u>Clarkston, WA 99403</u>		City/State/Zip <u>Clarkston, WA 99403</u>
	Phone No. (including area code) _____		Phone No. (including area code) <u>509-758-3688</u>

3 Send all property tax correspondence to: <input checked="" type="checkbox"/> Same as Buyer/Grantee	List all real and personal property tax parcel account numbers – check box if personal property <u>1-157-04-008-0000-0000</u> <input type="checkbox"/>	List assessed value(s) <u>157000</u>
Name _____	_____ <input type="checkbox"/>	_____
Mailing Address _____	_____ <input type="checkbox"/>	_____
City/State/Zip _____	_____ <input type="checkbox"/>	_____
Phone No. (including area code) _____	_____ <input type="checkbox"/>	_____

4 Street address of property: 2735 Rolling Hills Ln, Cex, WA 99403

This property is located in unincorporated _____ County OR within city of ASOTIN

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)
LOT(8) OF BLOCK 4, Rolling Hills Addition, Asotin County, Washington, according to The Recorded Plat thereof. Subject To Restrictions of record.

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)?	<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?	<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

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(8)(g)

Reason for exemption Surviving Spouse Remove him from Title

Type of Document Quit claim deed

Date of Document 4/18/16

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 \$	<u>5.00</u>
*Affidavit Processing Fee \$	<u>5.00</u>
Total Due \$	<u>10.00</u>

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 <u>Gail Ann DeBoer</u>	Signature of Grantee or Grantee's Agent <u>Gail Ann DeBoer</u>
Name (print) <u>Gail Ann DeBoer</u>	Name (print) <u>Gail Ann DeBoer</u>
Date & city of signing: <u>4-18-16 - Asotin</u>	Date & city of signing: <u>4-18-16 - Asotin</u>

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)).

**Affidavit of Surviving Spouse or Domestic Partner
for Claiming an Exemption Based on
Inheritance of Real Estate**

State of Washington

County of ASOTIN

Name of deceased Robert Arendt DeBoer

I, (survivor's name) Gail Ann DeBoer affirm that I am the sole and rightful heir to the property described as:

Parcel number(s) 1-157-04-008-0000-0000

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

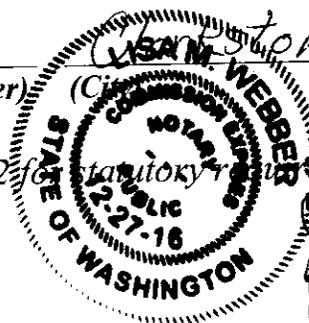
Signed this 18th day of April, 2016 at Asotin, WA
(month) (year) (city) (state)

Gail Ann DeBoer
(Signature of surviving spouse or registered domestic partner)

Gail Ann DeBoer
(Printed name of surviving spouse or registered domestic partner)

2735 Rolling Hills Ln.
(Address of surviving spouse or domestic partner) Asotin WA 99403
(City) (State) (Zip)

Note: See Senate Bill (SB) 6851 on page 2 of statutory rules SWORN AND SUBSCRIBED to before me
this 18th day of April 2016



Lisa M. Webber
Notary Public in and for the State of Washington:
My Commission expires: December 27 2016

49255

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

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 THIS DEATH UNDER PER-3101 AND PER-3214, IDAHO CODE Local Reg. No.

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) ROBERT A DEBOER		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS	4a. AGE-Last Birthday 76 (Years)		4b. UNDER 1 YEAR Months: _____ Days: _____	
	4c. UNDER 1 DAY Hours: _____ Minutes: _____		5. DATE OF BIRTH (Mo/Day/Yr) 11/29/1938	
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) CHICAGO, ILLINOIS		7a. RESIDENCE - STATE OR FOREIGN COUNTRY WASHINGTON	
	7b. COUNTY ASOTIN		7c. CITY OR TOWN CLARKSTON	
MORTICIAN: Complete/Verify and File Within 5 Days of Death	7d. STREET AND NUMBER 2735 ROLLING HILLS LANE		7e. APT. NO. 99403	7f. ZIP CODE 99403
	8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) GAIL ANN WIEBER	
	10. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
PARENTS	11a. FATHER'S NAME (First, Middle, Last, Suffix) EDWARD R DEBOER		11b. BIRTHPLACE (State, Territory, or Foreign Country) ILLINOIS	
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) FRANCES M BOUHAN		12b. BIRTHPLACE (State, Territory, or Foreign Country) ILLINOIS	
INFORMANT	13a. INFORMANT'S NAME (Type or print) GAIL DEBOER		13b. RELATIONSHIP TO DECEDENT WIFE	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 2735 ROLLING HILLS LANE CLARKSTON, WA 99403
	14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)			
DISPOSITION	15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) MOUNTAIN VIEW CREMATORY 3521 SEVENTH STREET LEWISTON, IDAHO 83501		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PLACE OF DEATH	19a. IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> 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			
DATE OF DEATH	21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE LEWISTON, ID 83501		22. COUNTY OF DEATH NEZ PERCE	
	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) June 21, 2015		24. TIME OF DEATH (24hr) 10:23	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) June 21, 2015
CAUSE 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: IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. ASPIRATION PNEUMONIA DUE TO (or as a consequence of):			Approximate Interval Onset to Death 5 DAYS
	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. DYSPHAGIA DUE TO (or as a consequence of):			5 DAYS
	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I c. _____ DUE TO (or as a consequence of): d. _____			
ITEMS 29-39 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	29. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		30. IF FEMALE (Aged 10-54): <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year	
	31. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		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? <input type="checkbox"/> Yes <input type="checkbox"/> No		36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____	
CERTIFIER	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			
	38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? <input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown	
	39a. CERTIFIER (Check only one, based on official capacity for this certificate) <input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> 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.		39b. LICENSE NUMBER M-12383	
	<input type="checkbox"/> 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. Signature and Title of Certifier MAGDALENA GREENE, M.D.		39c. DATE SIGNED 6 / 24 / 2015 MM DD YYYY	
REGISTRAR	39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) MAGDALENA GREENE, 415 SIXTH STREET LEWISTON, ID 83501		40a. REGISTRAR'S SIGNATURE <i>James B. Galtte</i>	
			40b. DATE SIGNED 6 / 24 / 2015 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: **JUN 25 2015**

James B. Galtte
JAMES B. AYDELOTTE
STATE REGISTRAR

49255

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

PHNCO 10291211



IF ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



* 0 0 0 5 6 4 2 8 1 *

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

49255