Department of Revenue
Washington State

PLEASE TYPE OR PRINT

REAL ESTATE EXCISE TAX AFFIDAVIT

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)

This form is your receipt when stamped by cashier.

☐ Check box if partial sale of property

If multiple owners, list percentage of ownership next to name.

1 SELLER GRANTOR

Name: Byron E. Chase and Bonnie J. Chase

Mailing Address: 2621 22nd St

City/State/Zip: Clarkston, Wa 99403

Phone No. (including area code): 509 758-6447

2 BUYER GRANTEE

Name: Byron E. Chase

Mailing Address: 2621 22nd St.

City/State/Zip: Clarkston, Wa 99403

Phone No. (including area code): 509 758-6447

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)
1-177-00-003-0000-0000 ☒	133500
☐	
☐	
☐	

4 Street address of property: 2621 22nd St

This property is located in ☐ unincorporated ~~Asotin~~ County **OR** within ☒ city of Clarkston

☐ 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 3 Hundrup addition. Clarkston, Wa 99403

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.

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

WAC No. (Section/Subsection): 458-61A-202(8)(c)

Reason for exemption

Type of Document: Death certificate

Date of Document: 5/27/16

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	$ 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**: Byron E. Chase

Name (print): Byron E. Chase

Date & city of signing: 5/27/16 Lewiston, Id

Signature of **Grantee or Grantee's Agent**: J. Freeman POA

Name (print): J. Chantelle Freeman

Date & city of signing: Asotin, WA 5/27/16

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)).

PAID
MAY 27 2016
ASOTIN COUNTY TREASURER

REV 84 0001a (02/13/07)

THIS SPACE - TREASURER'S USE ONLY

49350

Byron Chase CK# 402

COUNTY TREASURER

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 Bonnie J. Chase

I, (survivor's name) Byron E. Chase affirm that I am the sole and rightful heir to the property described as:

Parcel number(s) 1-177-00-003-0000-0000

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 27 day of May (month), 2016 (year) at Lewiston (city), Id (state)

Byron E. Chase
(Signature of surviving spouse or registered domestic partner)

Byron E. Chase
(Printed name of surviving spouse or registered domestic partner)

2621 22nd St *(Address of surviving spouse or domestic partner)* Clarkston *(City)* Wa *(State)* 99403 *(Zip)*

Note: *See Senate Bill (SB) 6851 on page 2 for statutory requirements.*

REV 84 0015 (6/05/08)

49350

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number 023

Washington State Certificate of Death

State File Number 8 44890

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First: Bonnie Middle: Jean LAST: Chase Suffix:
2. Death Date: Feb. 12, 2008
3. Sex (M/F): Female
4a. Age – Last Birthday: 65
4b. Under 1 Year: Months Days
4c. Under 1 Day: Hours Minutes
5. Social Security Number: [redacted]
6. County of Death: Asotin
7. Birthdate: January 8,1943
8a. Birthplace (City, Town, or County): Nahma
8b. (State or Foreign Country): Michigan
9. Decedent's Education: Eleventh grade
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.: No
11. Decedent's Race(s): White
12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): 2621 22nd Street
13b. City or Town: Clarkston
13c. Residence: County: Asotin
13d. Tribal Reservation Name (if applicable):
13e. State or Foreign Country: Washington
13f. Zip Code + 4: 99403
13g. Inside City Limits? ☐ Yes ☒ No ☐ Unk
14. Estimated length of time at residence: Thirty one years
15. Marital Status at Time of Death: Married
16. Surviving Spouse's Name (Give name prior to first marriage): Byron E. Chase
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED): Home maker
18. Kind of Business/Industry (Do not use Company Name): Own home
19. Father's Name (First, Middle, Last, Suffix): Jake --- Todish
20. Mother's Name Before First Marriage (First, Middle, Last): Mary Lilly Bouchard
21. Informant's Name: Byron E. Chase
22. Relationship to Decedent: Husband
23. Mailing Address: Number and Street or RFD No. City or Town State Zip: 2621 22nd Street, Clarkston, WA. 99403
24. Place of Death, if Death Occurred in a Hospital:
Place of Death, if Death Occurred Somewhere Other than a Hospital: Long term care facility
25. Facility Name (If not a facility, give number & street or location): Clarkston Care Center
26a. City, Town, or Location of Death: Clarkston
26b. State: WA
27. Zip Code: 99403
28. Method of Disposition: Removal/cremation
29. Place of Final Disposition (Name of cemetery, crematory, other place): Mountain View Crematory
30. Location-City/Town, and State: Lewiston, Idaho
31. Name and Complete Address of Funeral Facility: Merchant Funeral Home, 1000 7th Street, Clarkston, WA. 99403
32. Date of Disposition: Feb. 15, 2008
33. Funeral Director Signature X: Don F. Brown

Part 2 completed by Certifier

Cause of Death (See instructions and examples)

34. 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. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) →
a. Left hemisphere CVA — Interval between Onset & Death: 3 mo.
Due to (or as a consequence of):
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST
b. Atrial fibrillation — Interval between Onset & Death: unknown
Due to (or as a consequence of):
c. — Interval between Onset & Death:
Due to (or as a consequence of):
d. — Interval between Onset & Death:

35. Other significant conditions contributing to death but not resulting in the underlying cause given above
36. Autopsy? ☐ Yes ☒ No
37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☐ No
38. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending
39. If female: ☒ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
40. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☐ No ☒ Unknown
41. Date of Injury (MM/DD/YYYY):
42. Hour of Injury (24hrs):
43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area):
44. Injury at Work? ☐ Yes ☐ No ☐ Unk
45. Location of Injury: Number & Street: Apt No: City or Town: County: State: Zip Code+ 4:
46. Describe how injury occurred:
47. If transportation injury, specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)
48a. **Certifying Physician**-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. X MD
48b. **Medical Examiner/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. X
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Warren L. Ellison, MD, 1207 Evergreen Crt, Clarkston, WA. 99403
50. Hour of Death (24hrs): 0005
51. Name and Title of Attending Physician if other than Certifier (Type or Print):
52. Date Signed (MM/DD/YYYY): 02 12 2008
53. Title of Certifier: Medical Doctor
54. License Number: 23004
55. ME/Coroner File Number:
56. Was case referred to ME/Coroner? ☐ Yes ☒ No
57. Registrar Signature X: (signature, MD)
58. Date Received (MM/DD/YYYY): FEB 14 2008
59. Amendments:

DOH/CHS 003 Rev 2/06/2004

49350

DOH 01-003 (10/15)

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

Health

Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mailing: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
[illegible]

STATE OFFICE USE ONLY

Date | Affidavit Number

Required information must match current information on record

Required

☐ Birth ☐ Death ☐ Marriage ☐ Dissolution (Divorce)

2. Date of Event | 3. Place of Event

4. Mother/Parent Full Name (Spouse A for Marriage or Dissolution) | 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)

Relationship to Person on Record: ☐ Self ☐ Guardian ☐ Informant ☐ Hospital ☐ Parent ☐ Funeral Director ☐ Other

Email Address

Use the [illegible] below for requesting any changes on the record. The record is incorrect or incomplete as follows:

record now shows: | The true fact is:

9.

11.

13.

I declare [illegible] penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

[illegible] | 10b. Signature of 2 parent (if required)

Date:

INSTRUCTIONS – [illegible] | For more information

[illegible] license, Social Security card or hospital decorative birth certificate cannot be used as proof

[illegible] and include full name and birth date. Examples of documentary proof include

- [illegible]
- [illegible]
- Social Security Rights
- Passport
- Social Security Numident Report
- Green Permanent Resident card (I-551)

[illegible]

[illegible] may change the birth certificate

[illegible] should be Mary Ann Doe, the proof must show the name [illegible]

[illegible]

- [illegible] can change n/s or [illegible] certificate
- [illegible] middle name is missing, the [illegible] of documentary [illegible]
- [illegible] middle and or last name [illegible] or date of birth is [illegible] documentary proof [illegible]
- [illegible] parent's birth date, [illegible] document [illegible]

[illegible] listed on the certificate [illegible] required [illegible]

[illegible] be used to [illegible] to a birth certificate [illegible] paternity acknowledgment form DOH 422-032)

[illegible]

[illegible] by a family member [illegible] as the informant [illegible] Marital status [illegible] requesting the change

[illegible] only by the certificate [illegible]

[illegible] Certificates

[illegible] the official, marriage, or clerk of court (dissolution) [illegible]

DO NOT DESTROY

49350

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