

REAL ESTATE EXCISE TAX AFFIDAVIT

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

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)

Check box if partial sale of property

If multiple owners, list percentage of ownership next to name

SELLER GRANTOR	1 Name <u>Sharon L. Jacobson, individually and as successor in interest to Levi L. Jacobson</u>	BUYER GRANTEE	2 Name <u>Sharon L. Jacobson, an unmarried person</u>
	Mailing Address <u>2686 Highline Drive</u>		Mailing Address <u>2686 Highline Drive</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) _____
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	
Name _____		1 041 28 009 0004 0000 <input type="checkbox"/>	
Mailing Address _____		1 162 00 004 0000 0000 <input type="checkbox"/>	
City/State/Zip _____		_____ <input type="checkbox"/>	
Phone No. (including area code) _____		_____ <input type="checkbox"/>	
		List assessed value(s) <u>276,200</u> <u>50000</u>	

4 Street address of property: 2686 Highline Drive, Clarkston, WA  
 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)  
 See Exhibit A

5 Select Land Use Code(s):  
11 - Household, single family units  
 enter any additional codes: \_\_\_\_\_  
 (See back of last page for instructions)

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)?  
 YES  NO

6 Is this property designated as forest land per chapter 84.33 RCW? YES  NO   
 Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW? YES  NO   
 Is this property receiving special valuation as historical property per chapter 84.26 RCW? YES  NO

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(1)  
 Reason for exemption Transfer of decedent's interest in real property to surviving spouse

Type of Document Affidavit Lack of Probate and Quitclaim Deed  
 Date of Document 6/28/16

Gross Selling Price \$	0.00
*Personal Property (deduct) \$	
Exemption Claimed (deduct) \$	
Taxable Selling Price \$	0.00
Excise Tax : State \$	0.00
<u>0.0025</u> Local \$	0.00
*Delinquent Interest: State \$	
Local \$	
*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 <u>Sharon L. Jacobson</u>	Signature of Grantee or Grantee's Agent <u>Sharon L. Jacobson</u>
Name (print) <u>Sharon L. Jacobson</u>	Name (print) <u>Sharon L. Jacobson</u>
Date & city of signing: <u>June 28, 2016, Lewiston, ID</u>	Date & city of signing: <u>June 28, 2016, Lewiston, ID</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), 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

*Creason Moore Dekker & Beidl*  
*CK # 11236*  
*(V)*

**PAID**  
**JUN 30 2016**  
 ASOTIN COUNTY  
 TREASURER

49441

**EXHIBIT A**

Real property located in the County of Asotin, State of Washington to-wit:

**Parcel I:**

That part of Lot 9 of Block "I-1" of Clarkston Heights, Asotin County, Washington, more particularly described as follows: Commencing at the Southeast corner of said Lot 9; thence North 27°33' West along the East lot line of said Lot 9, 91.5 feet; thence North 28°51' East along the East lot line of said Lot 9, 159.92 feet; thence North 78°58' West 120.9 feet; thence South 34°35' West, 7.06 feet; thence South 34°11' West, 109.34 feet; thence South 0°52' West, 145.0 feet to a point on the centerline of 7<sup>th</sup> Avenue; thence South 89°00' East along the centerline of 7<sup>th</sup> Avenue, 151.91 feet to the Southeast corner of Lot 9 and the point of beginning of this description. EXCEPTING that portion lying within the County roads, known as Highline Drive and 7<sup>th</sup> Avenue. ALSO EXCEPTING therefrom that part of Lot 9 of Block "I-1" of Clarkston Heights described as follows: Beginning at the Southeast corner of said Lot 9; thence North 27°33' West along the East lot line of said Lot 9 a distance of 91.5 feet; thence North 28°51' East along the East lot line of said Lot 9 a distance of 35.87 feet; thence North 74°26' West a distance of 129.43 feet; thence South 0°52' West a distance of 145.0 feet to a point on the centerline of 7<sup>th</sup> Avenue; thence South 89°08' East along the centerline of 7<sup>th</sup> Avenue a distance of 151.91 feet to the place of beginning.

**Parcel II:**

Lot 4 of Highline Terrace Addition according to plat recorded in Book D of Plats, page 47, records of Asotin County, Washington.

SUBJECT TO:

- Rights of the public in and to that portion within streets, alleys and/or rights of way. (Affects Parcels I and II.)
- Special Masters Deed to Inland Power and Light Company recorded in Book 39 of Deeds, page 21, et. seq., granting right of

QUITCLAIM DEED - 1

Creason, Moore, Dokken & Geidl, PLLC  
P.O. Drawer 835, Lewiston ID 83501  
(208)743-1516; Fax(208)746-2231

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way for main pipe line and transmission lines over and across said land and other property. (Affects Parcel I.)

- Restrictions contained on plat recorded February 1, 1977, in Book D of Plats, page 47. (Affects Parcel II.)

APN: 1 041 28 009 0004 0000 and 1 162 00 004 0000 0000,

QUITCLAIM DEED - 2

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**AFTER RECORDING, RETURN TO:**

Christopher J. Moore  
Creason, Moore, Dokken & Geidl, PLLC  
P. O. Drawer 835  
Lewiston ID 83501

**AFFIDAVIT OF SHARON L. JACOBSON  
LACK OF PROBATE – REAL PROPERTY**

*Reference Numbers of Related Documents:* N/A

*Grantor:* Jacobson, Levi L.

*Grantee:* Jacobson, Sharon L.

***Legal Description:***

1. Real property located in Asotin County, Washington, described as follows:

**Parcel I:** A part of Lot 9 of Block "I-1" of Clarkston Heights, Asotin County, Washington.

**Parcel II:** Lot 4 of Highline Terrace Addition according to plat recorded in Book D of Plats, page 47, records of Asotin County, Washington.

2. Additional legal description is included in the Affidavit.

3. Assessor's Parcel Number: 1 041 28 009 0004 0000 & 1 162 00 004 0000 0000

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**AFTER RECORDING MAIL TO:**  
Christopher J. Moore  
P. O. Drawer 835  
Lewiston, ID 83501

**AFFIDAVIT OF SHARON L. JACOBSON  
LACK OF PROBATE - REAL PROPERTY**

STATE OF IDAHO                    )  
  : ss.  
County of Nez Perce            )

Sharon L. Jacobson, being first duly sworn, deposes and says:

Affiant is the lawful surviving spouse of Levi L. Jacobson, who died on January 8, 2016, at Clarkston, Asotin County, Washington, then being a resident of Clarkston, Asotin County, Washington. A copy of the Certificate of Death is attached hereto.

Affiant has hereinbelow identified each and all of the heirs at law of decedent, including but not limited to his children, adopted children and the issue of any predeceased child or adopted child.

**AFFIDAVIT OF SHARON L. JACOBSON  
LACK OF PROBATE – REAL PROPERTY - 1**

**Creason, Moore, Dokken & Geidl, PLLC  
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(208)743-1516; Fax(208)746-2231**

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That the heirs of law of decedent are:

NAME AND ADDRESS	RELATIONSHIP
Sharon L. Jacobson 2686 Highline Drive Clarkston, WA 99403	Wife Adult
Diane Burns 8034 E. Sprucewood Avenue Orange, CA 92869	Daughter Adult
Deanna Neff 924 Torington Drive Las Vegas, NV 89108	Daughter Adult
Delores White 924 Torington Drive Las Vegas, NV 89108	Daughter Adult
Daniel Jacobson 6244 Independence Drive Portage, MI 49024	Son Adult
Darlene Jensen 322 Hilltop Lane Brea, CA 92821	Daughter Adult

That affiant knows of her own knowledge, and so states, that each and all of the obligations against the marital community and against the estate of the decedent (including but not limited to: all the debts of decedent, all of the expenses of decedent's last illness, funeral and burial, promissory notes, installment contracts and mortgages, state and federal succession taxes upon decedent's estate, if applicable) have been paid in full.

The decedent did not have a Will. Affiant is the sole distributee of decedent's estate.

**AFFIDAVIT OF SHARON L. JACOBSON  
LACK OF PROBATE – REAL PROPERTY - 2**

Creason, Moore, Dokken & Geidl, PLLC  
P.O. Drawer 835, Lewiston ID 83501  
(208)743-1516; Fax(208)746-2231

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This affidavit is made solely to transfer the Estate's interest in real property commonly referred to as 2686 Highline Drive, Clarkston, Asotin County, Washington, and more particularly described as follows:

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**AFFIDAVIT OF SHARON L. JACOBSON  
LACK OF PROBATE – REAL PROPERTY - 3**

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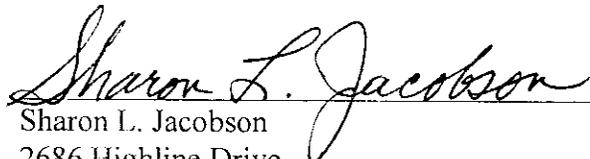
way for main pipe line and transmission lines over and across said land and other property. (Affects Parcel I.)

- Restrictions contained on plat recorded February 1, 1977, in Book D of Plats, page 47. (Affects Parcel II.)

APN: 1 041 28 009 0004 0000 and 1 162 00 004 0000 0000.

Affiant hereby agrees to indemnify and hold harmless any person or entity who is damaged economically as the result of transferring or accepting title in reliance upon the representations in this document.

DATED This 28<sup>th</sup> day of June, 2016.

  
Sharon L. Jacobson  
2686 Highline Drive  
Clarkston, WA 99403

AFFIDAVIT OF SHARON L. JACOBSON  
LACK OF PROBATE – REAL PROPERTY - 4

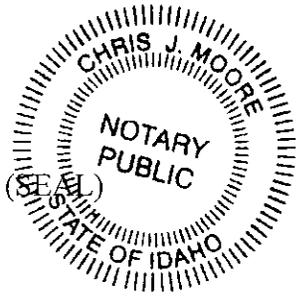
Creason, Moore, Dokken & Geidl, PLLC  
P.O. Drawer 835, Lewiston ID 83501  
(208)743-1516; Fax(208)746-2231

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STATE OF IDAHO                    )  
  : ss.  
County of Nez Perce                )

On this 28<sup>th</sup> day of June, 2016, before me, the undersigned, a notary public in and for said state, personally appeared Sharon L. Jacobson, known or identified to me to be the individual described in and who executed the foregoing instrument and acknowledged that she signed and sealed the same as her own 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.



*Chris Moore*

Notary Public in and for said state,  
residing at or employed in Lewiston.  
My Commission Expires: 11-17-2019

AFFIDAVIT OF SHARON L. JACOBSON  
LACK OF PROBATE – REAL PROPERTY - 5

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STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-000746

DATE ISSUED: 01/13/2016

FEE NUMBER: 0000244277

GIVEN NAMES: LEVI L  
LAST NAME: JACOBSON

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: JANUARY 08, 2016  
HOUR OF DEATH: 02:05 P.M.  
SEX: MALE  
AGE: 83 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: MARCH 15, 1932  
BIRTHPLACE: SPOKANE, WASHINGTON

MARITAL STATUS: MARRIED  
SPOUSE: SHARON BAKER

OCCUPATION: CARPENTER  
INDUSTRY: CARPENTRY  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? YES

INFORMANT: SHARON JACOBSON  
RELATIONSHIP: SPOUSE  
ADDRESS: 2886 HIGHLINE DR, CLARKSTON WA, 99403

PLACE OF DEATH: EMERGENCY ROOM  
FACILITY OR ADDRESS: TRI-STATE MEMORIAL HOSPITAL, INC.  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 2886 HIGHLINE DR  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403  
INSIDE CITY LIMITS? NO  
COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 25 YEARS

FATHER/PARENT: ODIN JACOBSON  
MOTHER/PARENT: ESTHER THIEL

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNTAIN VIEW FUNERAL HOME  
CITY, STATE: LEWISTON, ID  
DISPOSITION DATE: JANUARY 12, 2016

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. LIKELY CEREBRAL VASCULAR ACCIDENT  
INTERVAL: 2 HOURS

B. INTERVAL:

C. INTERVAL:

D. INTERVAL:

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: NO

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

CERTIFIER NAME: JOSHUA MORRIS, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 1221 HIGHLAND AVE  
CITY, STATE, ZIP: CLARKSTON WA 99403  
DATE SIGNED: JANUARY 09, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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

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

LOCAL DEPUTY REGISTRAR:  
BRADY WOODBURY  
DATE RECEIVED: JANUARY 11, 2016

49441  
DOH 01-003 (1/14)

