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: Maybelle Abel by Teresa Abel, AIF

Mailing Address: 1235 14th St. #8

City/State/Zip: Clarkston WA 99403

Phone No. (including area code):

2 BUYER GRANTEE

Name: Dynamic Real Estate Solutions LLC

Mailing Address: 601 3rd Street, #514

City/State/Zip: Clarkston WA 99403

Phone No. (including area code):

3 Send all property tax correspondence to: ☒ Same as Buyer/Grantee

Name: Dynamic Real Estate Solutions LLC

Mailing Address: 601 3rd Street, #514

City/State/Zip: Clarkston WA 99403

Phone No. (including area code):

List all real and personal property tax parcel account numbers – check box if personal property		List assessed value(s)
10990002300000000	☐	103,000.00
	☐	
	☐	
	☐	

4 Street address of property: 1244 Poplar Street, Clarkston, WA

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 another parcel, are part of a boundary line adjustment or parcels being merged.

The South 40 feet of Lot 22 and all of Lot 23 of Monroe's Sub-division according to the recorded plat thereof filed in Book B of Plats, at page 96 in the official records of Asotin County, Washington

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)?	☐	☒

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)

Reason for exemption

Type of Document: Statutory Warranty Deed (SWD)

Date of Document: 09/06/16

Gross Selling Price	$ 57,500.00	
*Personal Property (deduct)	$ 0.00	
Exemption Claimed (deduct)	$ 0.00	
Taxable Selling Price	$ 57,500.00	
Excise Tax : State	$ 736.00	
Local	$ 143.75	
*Delinquent Interest: State	$ 0.00	
Local	$ 0.00	
0202 *Delinquent Penalty	$ 0.00	
Subtotal	$ 879.75	
*State Technology Fee	$ 5.00	5.00
*Affidavit Processing Fee	$ 0.00	
Total Due	$ 884.75	

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**:

Name (print): Maybelle Abel by Teresa Abel, AIF

Date & city of signing: 9-8-16, Clarkston, WA

Signature of **Grantee or Grantee's Agent**:

Name (print): Dynamic Real Estate Solutions LLC

Date & city of signing: 9-8-16, Clarkston, WA

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 (6/26/14)

THIS SPACE - TREASURER'S USE ONLY

COUNTY TREASURER

ATEC CK#16820

PAID

SEP 09 2016

ASOTIN COUNTY TREASURER

496.0
49640

State of Washington
Department of Revenue
Special Programs Division
Miscellaneous Tax
PO Box 47477
Olympia WA 98504-7477

Return to:

_____

_____

_____

AFFIDAVIT (LACK OF PROBATE)

Maybelle Abel, being first duly sworn, deposes and says:

The undersigned affiant is the rightful heir to the real property described below, and is The spouse (relationship to decedent)

of Vernon Keith Abel (decedent), who died on (date) February 9, 2016, at

Clarkston (City) Asotin (County) Washington (State)

*** **A CERTIFIED COPY OF THE DEATH CERTIFICATE MUST BE PRESENTED.**
PLEASE NOTE: A copy may be used for recording at the discretion of the county.

REGARDING DISPOSITION OF REAL PROPERTY:

Attach the full legal description of the property with county and parcel number being transferred which is located at a commonly recognized address of:

1244 Poplar Street
Street

Clarkston — *City*
WA — *State*
99403 — *Zip Code*

☒ Decedent left no Last Will and Testament and/or Community Property Agreement; OR Decedent left a Community Property Agreement in favor of surviving spouse (A COPY OF WHICH IS ATTACHED for review), or has been recorded under _____ County recording number _____; OR

☐ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked (A COPY OF WHICH IS ATTACHED for review)

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

REV 84 0017 (6/7/16)

49640

Maybelle Abel - wife

Full name, age, relationship, address

85, 1244 Poplar St. Clarkston WA

Teresa Abel - daughter

Full name, age, relationship, address

66, 1235 14th St #8 Clarkston WA

Kenneth Abel - Son

Full name, age, relationship, address

64, 940 Riverview Blvd Clarkston, WA

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

49640

Dated : August 5 , 2016

Maybelle Abel

Affiant's full name

509-758-5056

Telephone number

1244 Poplar St

Street

Clarkston | Wa | 99403

City | *State* | *Zip Code*

Maybelle Abel

Signature

Date

State of Idaho County of Nez Perce

I know or have satisfactory evidence that Maybelle Abel

(name of person)

is the person who appeared before me, and said person acknowledged that she signed this affidavit and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: August 5 , 2016

Teresa D Koepke

Notary Public

Residing at: Lewiston ID 83501

TERESA D KOEPKE
NOTARY PUBLIC
STATE OF IDAHO

49640

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-005507

DATE ISSUED: 02/11/2016
FEE NUMBER: 0000244346

GIVEN NAMES: VERNON KEITH
LAST NAME: ABEL

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: FEBRUARY 09,2016
HOUR OF DEATH: 12:30 A.M.
SEX: MALE
AGE: 87 YEARS
SOCIAL SECURITY NUMBER: [redacted]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: APRIL 18,1928
BIRTHPLACE: WALLA WALLA, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: MAYBELLE HATFIELD

OCCUPATION: MILL WORKER
INDUSTRY: PAPER MILL
EDUCATION: 9-12TH GRADE, NO DIPLOMA
US ARMED FORCES? YES

INFORMANT: KEN ABEL
RELATIONSHIP: SON
ADDRESS: 940 RIVERVIEW BLVD, CLARKSTON WA, 99403

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: PRESTIGE CARE AND REHABILITATION
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 1244 POPLAR ST
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
INSIDE CITY LIMITS? YES
COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 53 YEARS

FATHER/PARENT: WINCEL HOMER ABEL
MOTHER/PARENT: IONA DAISY WILLIAMS

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY
CITY, STATE: LEWISTON, ID
DISPOSITION DATE: FEBRUARY 10,2016

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. ACUTE RENAL FAILURE
INTERVAL: TWO WEEKS
B. STROKE
INTERVAL: 1 MONTH
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
POSSIBLE ASPIRATION, DEHYDRATION

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: JENNIFER GRINAGE PAC
TITLE: PHYSICIAN'S ASSISTANT
CERTIFIER
ADDRESS: 2315 8TH STREET
CITY,STATE,ZIP: LEWISTON ID 83501
DATE SIGNED: FEBRUARY 09,2016

THE SEAL OF THE STATE OF WASHINGTON 1889

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

ITEM(S) AMENDED: NONE

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

LOCAL DEPUTY REGISTRAR:
SUNDIE HOFFMAN
DATE RECEIVED: FEBRUARY 10,2016

DOH 06-003 (1/14)

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

49640

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300
www.doh.wa.gov

Health

Affidavit for Correction

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

STATE OFFICE USE

Affidavit Number

☐ Dissolution

3. Place of Event:

Name

true fact is:

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director

Telephone Number:

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

15. Signature:

16. Date:

(Printed Name)

All vital records are recorded as received. Most changes must be established by documentary proof submitted with the affidavit. We do not accept a driver's license, Social Security card or hospital issued document as documentary proof.

Examples of acceptable documentary proof: Birth Record, Certificate of Naturalization, Military Record (DD-214), Passport, Accident Report, Marriage/Divorce Record, Life Insurance Policy, Hospital/Medical Record, School Transcripts (Official), Alien Registration (front and back)

Birth Certificate:

1. ... birth certificate.
2. ... then the proof must show the name ...
3. Children ...
- Only parents ... change the birth certificate.
- Guardians ... three pieces of documentary proof ...
- ... name is misspelled, or date of birth is ... documentary proof are required.
- ... place of birth, or name, one documentary ...
- ... have been established within five ...

... may change ... non-medical ... certificate (family members are spouse or ... court order if someone other than the ...

... examiner ...

1. ... (with proof) ...
2. ... sign the affidavit.

DOH 422-034 January 2014

ASOTIN COUNTY
STATE OF WASHINGTON
HEALTH DISTRICT

Joel McCullough

Joel McCullough, M.D., MPH, MS
Health Officer

FEB 11 2016

AA00244348

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