

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>ESTATE OF ALVIN L. HEINRICH, by DOROTHY L. HEINRICH, Personal Representative</u>	BUYER GRANTEE	2 Name <u>DOROTHY L. HEINRICH</u>
	Mailing Address <u>1816 14th Street</u>		Mailing Address <u>1816 14th Street</u>
	City/State/Zip <u>Clarkston, WA 99403</u>		City/State/Zip <u>Clarkston, WA 99403</u>
	Phone No. (including area code) <u>(509) 254-1222</u>		Phone No. (including area code) <u>(509) 254-1222</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	List assessed value(s)
Name _____	<u>1-125-00-018-0000-0000</u> <input type="checkbox"/>	<u>140,500</u>
Mailing Address _____	<input type="checkbox"/>	_____
City/State/Zip _____	<input type="checkbox"/>	_____
Phone No. (including area code) _____	<input type="checkbox"/>	_____

4 Street address of property: 1816 14th 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 18 of Valleyview Addition, according to the official plat thereof, filed in Book D of Plats at Page(s) 8 Official Records of Asotin County, WA.

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)?	<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 RCW?	<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
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(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(C)

Reason for exemption Inheritance

Type of Document PR DEED

Date of Document 9/13/16

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
<u>0.0025</u> Local \$	_____	0.00
*Delinquent Interest: State \$	_____	
Local \$	_____	
<u>0200</u> *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>Dorothy L. Heinrich</u>	Signature of Grantee or Grantee's Agent <u>Dorothy L. Heinrich</u>
Name (print) <u>DOROTHY L. HEINRICH</u>	Name (print) <u>DOROTHY L. HEINRICH</u>
Date & city of signing: <u>9/13/16 - CLARKSTON</u>	Date & city of signing: <u>9/13/16 - CLARKSTON</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)).

Scott Broyles
ck #1231 Va

CERTIFIED

FILED

MAR 11 2016

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SUPERIOR COURT OF WASHINGTON FOR ASOTIN COUNTY

In the Matter of the Estate of:)	
)	NO. 16 - 4 - 00023 - 4
ALVIN L. HEINRICH,)	
)	LETTERS TESTAMENTARY
Deceased.)	
_____)	

WHEREAS, the last Will of ALVIN L. HEINRICH, deceased, was on the 11th day of March, 2016, duly exhibited, proven and recorded in our said Superior Court, a copy of which is hereto annexed; and whereas, it appears in and by the said Will that DOROTHY L. HEINRICH is appointed as personal representative thereon;

NOW, THEREFORE, know all men by these presents, that we do hereby authorize the said DOROTHY L. HEINRICH to execute said Will, with codicils attached, according to law.

WITNESS, Judge Scott D. Gallina of our said Superior Court, and the seal of said Court hereto affixed this 11th day of March, 2016.

Luci Lewis Deputy
Clerk of Superior Court

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

49654

1 STATE OF WASHINGTON)
2) ss
3 County of Asotin)
4

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

11
12 IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of
13 said Superior Court, this 11th day of March, 2016.

14
15 **MARIE EGGART**

16
17 _____
18 County Clerk and ex-officio Clerk
19 of the Superior Court

20
21 BY: *Tuci J. Jones*
22 Deputy



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

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

TO BE USED ONLY IN
Connection with Social Security
Pending Before the
Veterans Administration
DATE ISSUED: 08/07/2014
FEE NUMBER: 0003202063

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-017570

GIVEN NAMES: ALVIN LUDWIG
LAST NAME: HEINRICH

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: July 31, 2014
HOUR OF DEATH: 10:40 P.M.
SEX: MALE
AGE: 76 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: FEBRUARY 06, 1938
BIRTHPLACE: MIDVALE, IDAHO

MARITAL STATUS: MARRIED
SPOUSE: DOROTHY LUCILLE RICE

OCCUPATION: ENGINEERING TECHNICIAN
INDUSTRY: MECHANICAL ENGINEERING
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? YES

INFORMANT: DOROTHY HEINRICH
RELATIONSHIP: WIFE
ADDRESS: 1816 14TH STREET, CLARKSTON, WA 99403

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

RESIDENCE STREET: 1816 14TH STREET
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
INSIDE CITY LIMITS? NO
COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 9 YEARS

FATHER: EMANUEL DANIEL HEINRICH
MOTHER: FREDA MARIE KILBORN

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: BALL & DODD CREMATORY
CITY, STATE: SPOKANE, WA
DISPOSITION DATE: AUGUST 06, 2014

FUNERAL FACILITY: NEPTUNE SOCIETY
ADDRESS: 222 EAST FRANCIS AVENUE
CITY, STATE, ZIP: SPOKANE WA 99208
FUNERAL DIRECTOR: CHARLES S WETMORE

- CAUSE OF DEATH:
- A. CONGESTIVE HEART FAILURE
INTERVAL: 2 1/2 YEARS
 - B. ANEMIA
INTERVAL: 5 YEARS
 - C. DIABETES
INTERVAL: 5 YEARS
 - D. PARKINSON'S DISEASE
INTERVAL: 6 YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH:
DIABETIC ULCERS, HYPERTENSION, HYPERLIPIDEMIA

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

CERTIFIER NAME: CAROL ELLIS ARNP
TITLE: ARNP
CERTIFIER
ADDRESS: 2315 8TH STREET
CITY, STATE, ZIP: LEWISTON ID 83501
DATE SIGNED: AUGUST 06, 2014

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

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

ITEM(S) AMENDED: NONE
NUMBER(S): NONE
DATE(S): NONE

LOCAL DEPUTY REGISTRAR:
DIANE ROUSSEAU
DATE RECEIVED: AUGUST 07, 2014

49654

DOH 01-003 (1/14)

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CERTIFIED
SPOKANE REGIONAL HEALTH DISTRICT



John Walker
John Walker
HEALTH DIRECTOR

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