

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 RALPH DAVID SHAW, by PATRICIA ANN SHAW & SALLY MILLER, Co-Administrators</u>	BUYER GRANTEE	2 Name <u>PATRICIA ANN SHAW</u>
	Mailing Address <u>1130 LIBERTY DRIVE</u>		Mailing Address <u>1130 LIBERTY DRIVE</u>
	City/State/Zip <u>CLARKSTON, WA 99403</u>		City/State/Zip <u>CLARKSTON, WA 99403</u>
	Phone No. (including area code) <u>(509) 758-3572</u>		Phone No. (including area code) <u>(509) 758-3572</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	
Name _____		1-412-00-041-0000-0000 <input type="checkbox"/>	
Mailing Address _____		_____ <input type="checkbox"/>	
City/State/Zip _____		_____ <input type="checkbox"/>	
Phone No. (including area code) _____		_____ <input type="checkbox"/>	
		List assessed value(s)	
		\$264,700.00	

4 Street address of property: 1130 LIBERTY DRIVE

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 41 OF LIBERTY WEST SUBDIVISION, ACCORDING TO THE OFFICIAL PLAT THEREOF, RECORDED FEBRUARY 18, 2004, AS INSTRUMENT NO. 274474 OFFICIAL RECORDS OF ASOTIN COUNTY, WASHINGTON, EXCEPTING THEREFROM THE WEST 2 FEET OF SAID LOT 41.

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"/>

	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
(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 4/11/16

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 \$	
*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>4/22/16 - CLARKSTON</u>	Signature of Grantee or Grantee's Agent <u>Patricia A. Shaw</u>
Name (print) <u>PATRICIA ANN SHAW</u>	Name (print) <u>PATRICIA ANN SHAW</u>
Date & city of signing: <u>Patricia A. Shaw</u>	Date & city of signing: <u>4/22/16 - 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, or by both imprisonment and fine (RCW 9A.20.020 (1C)).

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SUPERIOR COURT OF WASHINGTON FOR ASOTIN COUNTY

In the Matter of the Estate of)
RALPH DAVID SHAW,)
Deceased.)

NO. 16 - 4 - 00026 - 9
LETTERS OF ADMINISTRATION

WHEREAS, RALPH DAVID SHAW, late of Clarkston, Asotin County, Washington, on or about the 11th day of January, 2016, died intestate, leaving at the time of his death, property in this state subject to administration:

NOW, THEREFORE,

KNOW ALL MEN BY THESE PRESENTS, that we do hereby appoint PATRICIA ANN SHAW and SALLY MILLER, Co-Administrators upon said estate, and whereas said Co-Administrators have duly qualified, hereby authorize them to administer the same according to law.

WITNESS my hand and seal of said court this 20th day of March, 2016.

Patricia Ann Shaw
CLERK OF THE SUPERIOR COURT

LETTERS OF ADMINISTRATION

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

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STATE OF WASHINGTON)
County of Asotin) ss

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

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Superior Court, this 8th day of March, 2016.

Marie Eggart

County Clerk and ex-officio Clerk
of the Superior Court



LETTERS OF ADMINISTRATION

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

49655

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-001409

DATE ISSUED: 01/19/2016

FEE NUMBER: 0000244290

GIVEN NAMES: RALPH DAVID
LAST NAME: SHAW

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: JANUARY 11, 2016
HOUR OF DEATH: 09:00 A.M.
SEX: MALE
AGE: 88 YEARS

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1130 LIBERTY DR.
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 1130 LIBERTY DR.
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
INSIDE CITY LIMITS? NO

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 7 YEARS

BIRTHDATE: AUGUST 10, 1927
BIRTHPLACE: GREELEY, WELD CNTY, COLORADO

FATHER/PARENT: RALPH DAVID SHAW SR.
MOTHER/PARENT: DOROTHY E MCERLIDE

MARITAL STATUS: MARRIED
SPOUSE: PATRICIA ANN FREDOROWICZ'S

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: TAHOMA NATIONAL CEMETERY
CITY, STATE: KENT, WA
DISPOSITION DATE: JANUARY 16, 2016

OCCUPATION: MANAGER
INDUSTRY: UNITED STATES AIR FORCE BASE
EDUCATION: 9-12TH GRADE, NO DIPLOMA
US ARMED FORCES? YES

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME
ADDRESS: 3521 7TH STREET
CITY, STATE, ZIP: LEWISTON ID 83501
FUNERAL DIRECTOR: TERESA GATES

INFORMANT: PATRICIA SHAW
RELATIONSHIP: WIFE
ADDRESS: 1130 LIBERTY DR., CLARKSTON, WA., 99403

- CAUSE OF DEATH:
- A. PROBABLE CARDIAC DYSRHYTHMIA
INTERVAL: MOMENTS
 - B. ARTERIOSCLEROTIC HEART DISEASE
INTERVAL: YEARS
 - C. INTERVAL:
 - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
ALZHEIMERS DISEASE

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

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

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

ME/CORONER: LISA WEBBER
TITLE: CORONER
ME/CORONER
ADDRESS: PO BOX 220
CITY, STATE, ZIP: ASOTIN WA 99402
DATE SIGNED: JANUARY 12, 2016

STATUS OF DECEDENT, IN A TRANSPORTATION INJURY:
NOT APPLICABLE

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

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:
SUNDIE HOFFMAN
DATE RECEIVED: JANUARY 14, 2016

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

DOH 01-003 (1/14)

49655

