

REAL ESTATE EXCISE TAX AFFIDAVIT
CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

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>Tracy L. Green</u>	BUYER GRANTEE	2 Name <u>Barbara L. Green</u>
	<u>Barbara L. Green</u>		
	Mailing Address <u>1007 Boston Street</u>		Mailing Address <u>1007 Boston Street</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 <u>Barbara L. Green</u>		<u>1064020020000000</u> <input type="checkbox"/>	
Mailing Address <u>1007 Boston Street</u>		_____ <input type="checkbox"/>	
City/State/Zip <u>Clarkston WA 99403</u>		_____ <input type="checkbox"/>	
Phone No. (including area code) _____		_____ <input type="checkbox"/>	
		List assessed value(s) <u>100,600.00</u>	

4 Street address of property: 1007 Boston Street, Clarkston, WA

This property is located in unincorporated Asotin County OR within city of Unincorp

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.

Lot 1 and 2 and the North 30 feet of Lot 3 in Block 2 of Dr. Boston's Addition, according to the official plat thereof, filed in Book B of Plats at Page 86 Official Records of Asotin County, Washington. TOGETHER with that portion of the vacated road lying adjacent to Lot 1 as vacated by Ordinance #1135, recorded April 10, 2006 May 24, 2006 as Instrument No. 290421 291436 respectively, records of Asotin County, Washington, which attached by operation of law.

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"/>

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	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.

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

WAC No. (Section/Subsection) 458-61A-202(7)(f)

Reason for exemption Affidavit of Sole Surviving Spouse

Type of Document Lack of Probate Affidavit

Date of Document 10/11/16

Gross Selling Price \$	<u>0.00</u>
*Personal Property (deduct) \$	<u>0.00</u>
Exemption Claimed (deduct) \$	<u>0.00</u>
Taxable Selling Price \$	<u>0.00</u>
Excise Tax : State \$	<u>0.00</u>
Local \$	<u>0.00</u>
*Delinquent Interest: State \$	<u>0.00</u>
Local \$	<u>0.00</u>
*Delinquent Penalty \$	<u>0.00</u>
Subtotal \$	<u>0.00</u>
*State Technology Fee \$	<u>5.00</u> <u>5.00</u>
*Affidavit Processing Fee \$	<u>5.00</u>
Total Due \$	<u>10.00</u>

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 [Signature]

Name (print) Tracy L. Green

Date & city of signing: 10-17-16, Clarkston, WA

Signature of Grantee or Grantee's Agent [Signature]

Name (print) Barbara L. Green

Date & city of signing: 10-17-16, 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 CR# 201100021
(10)

PAID
OCT 17 2016
ASOTIN COUNTY
TREASURER

49743



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

Return to:

AFFIDAVIT (LACK OF PROBATE)

Barbara L. Green, being first duly sworn, deposes and says:
 The undersigned affiant is the rightful heir to the real property described below, and is
Spouse (relationship to decedent)

of Tracy L. Green (decedent), who died on (date)
September 4, 2014, at
Coeur D'Alene Kootenai Idaho
City County 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:

1007 Boston St.
Clarkston WA 99403
City Street State 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)

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Barbara L. Green - Spouse
1007 Boston Street, Clarkston, WA 99403

Full name, age, relationship, address

n/a

Full name, age, relationship, address

49743

Dated: October 11, 2016

Barbara L. Green

Affiant's full name

509-758-3565

Telephone number

1007 Boston St

Clarkston WA 99403

City

Street
State

Zip Code

Barbara L Green 10-11-16

Signature

Date

State of Washington County of Asotin

I know or have satisfactory evidence that Barbara L. Green

(name of person)

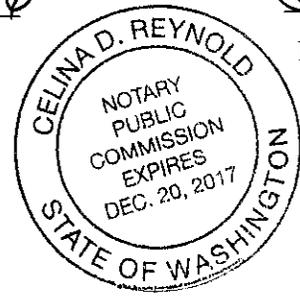
is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 10/11/16

[Signature]

Notary Public

Residing at Kewiston, ID



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CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
 IDAHO DEPARTMENT OF HEALTH AND WELFARE
 BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
CERTIFICATE OF DEATH

Date Filed SEPTEMBER 11, 2014

State File No. 2014-08494

DECEDENT - LEGAL NAME TRACY L. GREEN			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 49 YEARS	DATE OF BIRTH FEBRUARY 12, 1965
BIRTHPLACE BREWSTER, WASHINGTON		PLACE OF RESIDENCE CLARKSTON, WASHINGTON	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (if wife, maiden name) BARBARA L. SMITH	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME TREVIS LEE GREEN			BIRTHPLACE OKLAHOMA
MOTHER - MAIDEN NAME NANCY ANN			BIRTHPLACE IDAHO
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE AMIELYA BAILEY-LANDON	
NAME AND ADDRESS OF FUNERAL FACILITY YATES FUNERAL HOME, COEUR D'ALENE, IDAHO			
DATE OF DEATH SEPT. 04, 2014	TIME OF DEATH 6:21 A.M.	CITY, TOWN OR LOCATION OF DEATH COEUR D'ALENE, IDAHO	COUNTY OF DEATH KOOTENAI
CAUSE OF DEATH (underlying cause last) a. HYPOXIA S/P CARDIAC ARREST W/RESUSCITATION			Approximate Interval Between Onset and Death MINUTES
DUE TO (or as a consequence of): b. SEPTIC SHOCK			HOURS
DUE TO (or as a consequence of): c. CHRONIC NONHEALING SKIN AND BONE ULCERS			MONTHS
DUE TO (or as a consequence of): d. DIABETES TYPE II			YEARS
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above RENAL FAILURE-CHRONIC ETHANOL ABUSE-SUPER MORBID OBESITY-THROMBOCYTOPENIA			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER DEBBIE WILKEY		TITLE CORONER
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: SEPTEMBER 12, 2014

This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

PRNCO 08/12

James B. Aydelotte
JAMES B. AYDELOTTE
 STATE REGISTRAR

