

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, indicate % sold. List percentage of ownership acquired next to each name.

| | | | | | | | | | | | | | | | | |
|--|---|------------------------|--------------------------|------------------------|-------------------|--------------------------|-----------|--|--------------------------|------------|--|--------------------------|--|--|--------------------------|--|
| <p>SELLER GRANTOR</p> <p>Name <u>Diane I. Magden, Personal Representative of the Estate of Karl Henderson Magden</u></p> <p>Mailing Address <u>49377 Joseph Creek Road</u></p> <p>City/State/Zip <u>Asotin, WA 99402</u></p> <p>Phone No. (including area code) <u>(509) 243-4532</u></p> | <p>BUYER GRANTEE</p> <p>Name <u>Diane I. Magden</u></p> <p>Mailing Address <u>49377 Joseph Creek Road</u></p> <p>City/State/Zip <u>Asotin, WA 99402</u></p> <p>Phone No. (including area code) <u>(509) 243-4532</u></p> | | | | | | | | | | | | | | | |
| <p>Send all property tax correspondence to: <input type="checkbox"/> Same as Buyer/Grantee</p> <p>Name <u>Diane I. Magden</u></p> <p>Mailing Address <u>49377 Joseph Creek Road</u></p> <p>City/State/Zip <u>Asotin, WA 99402</u></p> <p>Phone No. (including area code) <u>(509) 243-4532</u></p> | <p>List all real and personal property tax parcel account numbers – check box if personal property</p> <table style="width: 100%;"> <tr> <td style="width: 60%;">1-004-03-005-1001</td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 35%;">List assessed value(s)</td> </tr> <tr> <td>1-004-04-006-0001</td> <td><input type="checkbox"/></td> <td>35,000.00</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td>111,200.00</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td></td> </tr> </table> | 1-004-03-005-1001 | <input type="checkbox"/> | List assessed value(s) | 1-004-04-006-0001 | <input type="checkbox"/> | 35,000.00 | | <input type="checkbox"/> | 111,200.00 | | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| 1-004-03-005-1001 | <input type="checkbox"/> | List assessed value(s) | | | | | | | | | | | | | | |
| 1-004-04-006-0001 | <input type="checkbox"/> | 35,000.00 | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | 111,200.00 | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | | | | | | | | | | | | | | | |

Street address of property: 2000 Riverside Drive

This property is located in Asotin County

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)

Please see the attached 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

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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? 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.

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

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

Reason for exemption Inheritance.

Type of Document Personal Representative's Deed

Date of Document 12/21/2016

| | |
|--------------------------------|-------|
| 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 \$ | 0.00 |
| Local \$ | 0.00 |
| *Delinquent Penalty \$ | 0.00 |
| Subtotal \$ | 0.00 |
| *State Technology Fee \$ | 5.00 |
| *Affidavit Processing Fee \$ | 5.00 |
| 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>[Signature]</u> | Signature of Grantee or Grantee's Agent <u>[Signature]</u> |
| Name (print) <u>Diane I. Magden</u> | Name (print) <u>Diane I. Magden</u> |
| Date & city of signing: <u>12/21/2016, Clarkston</u> | Date & city of signing: <u>12/21/2016, 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)).

REV 84 0001a (09/14/16) THIS SPACE IS FOR ASSESSOR USE ONLY COUNTY ASSESSOR

PAID
DEC 29 2016

ASOTIN COUNTY
TREASURER

49935

David Hittens
CR# 14806

Exhibit A

That part of Lot 5A of Block "J" and of Lot 6 of Block "K" of Vineland, Asotin County, Washington, more particularly described as follows: Commencing at the Southwest corner of said Lot 5A; thence S. 62°10' E. along the South line of said Lot 5A a distance of 389.46 feet to a stone monument; thence continue S. 59°55' E. along the South line of said Lot 5A a distance of 8.44 feet to the true place of beginning; thence N. 23°20' E. 63.40 feet; thence S. 66°40' E. 287.93 feet more or less to a point on the West right-of-way line of the State Highway; thence S. 23°20' W. along said right-of-way line a distance of 244.47 feet; thence N. 62°21' W. 237.44 feet; thence N. 23°21' E. 157.15 feet; thence N. 59°55' W. 51.56 feet to the true place of beginning.

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OCT 12 P 2:29

SHIRLEY KELLEY
COUNTY CLERK
ASOTIN COUNTY, WA

SUPERIOR COURT OF WASHINGTON FOR ASOTIN COUNTY

| | | |
|------------------------|---|-------------------------|
| In re the Estate of: |) | No. 16-4-00082-0 |
| |) | |
| KARL HENDERSON MAGDEN, |) | LETTERS TESTAMENTARY |
| |) | WITH NONINTERVENTION |
| Deceased. |) | POWERS |

WHEREAS, the Last Will and Testament of Karl Henderson Magden, deceased, was on the 12th day of October, 2016, duly exhibited, proven, and recorded in our said Superior Court;

WHEREAS, David R. Partovi, the person nominated as Personal Representative in said Will, has declined to serve in favor of Diane I. Magden, decedent's surviving spouse;

WHEREAS, Diane I. Magden has petitioned this court to be appointed Personal Representative thereof; and

WHEREAS, this court has entered an order granting nonintervention powers to the Personal Representative,

LETTERS TESTAMENTARY WITH
NONINTERVENTION POWERS 1

Law Office of
David A. Gittins
843 Seventh Street
Clarkston, WA 99403
(509)758-2501
Facsimile: (509) 758-3576

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STATE OF IDAHO CERTIFICATION OF VITAL RECORD

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

State of Idaho CERTIFICATE OF DEATH

Form with fields for decedent name (KARL HENDERSON MAGDEN), sex (MALE), date of birth (02/18/1955), residence (WASHINGTON ASOTIN), cause of death (ASPIRATION PNEUMONIA), and registrar signature (James B. Galtte).

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: JAN 20 2016

James B. Galtte JAMES B. AYDELOTTE STATE REGISTRAR

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



49935



000618458

STATE OF IDAHO County of Lewiston

This copy of a death certificate was issued
by the District Health Department on behalf of
the Bureau of Vital Records and Health
Statistics.

Pauline Durst

Local Vital Statistics Registration Official

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