

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.

SELLER GRANTOR	1 Name <u>Robert W. Van Pelt and</u>	BUYER GRANTEE	2 Name <u>Nancy L. Van Pelt</u>
	<u>Nancy L. Van Pelt</u>		
	Mailing Address <u>P. O. Box 65</u>		Mailing Address <u>P. O. Box 65</u>
	City/State/Zip <u>Asotin WA 99402</u>		City/State/Zip <u>Asotin WA 99402</u>
	Phone No. (including area code) <u>(208) 509-4651</u>		Phone No. (including area code) <u>(208) 509-4651</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>1-044-00-011-0000-0000</u> <input type="checkbox"/>	<u>117,100</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: 218 Cleveland St. Asotin WA99402

This property is located in Asotin

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)

All of that part of Lot 11, Assessor's Tax Plat No. 1 in the Town of Asotin, lying Easterly of the centerline of the present levee, situate in Asotin County, State of Washington

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 <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Is this property designated as forest land per chapter 84.33 RCW?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Is this property receiving special valuation as historical property per chapter 84.26 RCW?	YES <input type="checkbox"/>	NO <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.

0 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 5.00

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 (1)

Reason for exemption Inheritance or devise

Type of Document Lack of Probate Affidavit

Date of Document 9-24-18

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>0.0075</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>Nancy L. Van Pelt</u>	Name (print) <u>Nancy L. Van Pelt</u>
Date & city of signing: <u>Lewiston ID September 24, 2018</u>	Date & city of signing: <u>Lewiston ID September 24, 2018</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)).

**STATE OF IDAHO**  
**CERTIFICATE 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**

ON EACH COPY OF THIS DOCUMENT, REFERRED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, NAMED SHALL BE PLACED AT THE FACE HEREON OF THIS DEATH UNDER PARAGRAPHS AND SUB-ITEMS 1 AND 2 OF THIS FORM.

Local Reg. No.

<b>DECEDENT</b>  TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN  FOR INSTRUCTIONS SEE HANDBOOKS  <b>PARENTS</b>  <b>INFORMANT</b>  <b>DISPOSITION</b>  <b>PLACE OF DEATH</b>  <b>DATE OF DEATH</b>  <b>CAUSE OF DEATH</b>  <b>ITEMS 22-39 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)</b>  <b>CERTIFIER</b>  <b>REGISTRAR</b>	1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix) <b>ROBERT WALTER VANPELT</b>	2. SEX <b>MALE</b>	3. SOCIAL SECURITY NUMBER [REDACTED]	
	4a. AGE (at birthday) 80 (Years)	4b. UNDER 1 YEAR Months: [REDACTED] Days: [REDACTED] Hours: [REDACTED] Minutes: [REDACTED]	4c. UNDER 1 DAY Hours: [REDACTED] Minutes: [REDACTED]	5. DATE OF BIRTH (Mo/Day/Yr) <b>04/07/1937</b>
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) <b>NEW BRUNSWICK, NEW JERSEY</b>		7a. RESIDENCE - STATE OR FOREIGN COUNTRY <b>WASHINGTON</b>	
	7b. COUNTY <b>ASOTIN</b>		7c. CITY OR TOWN <b>ASOTIN</b>	
	7d. STREET AND NUMBER <b>218 CLEVELAND ST</b>		7e. APT. NO. [REDACTED]	7f. ZIP CODE <b>99402</b>
	7g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown	
	9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) <b>NANCY RUCHERT</b>		10. EVER IN U.S. ARMS FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	11a. FATHER'S NAME (First, Middle, Last, Suffix) <b>CHARLES HARVY VANPELT</b>		11b. BIRTHPLACE (State, Territory, or Foreign Country) <b>MISSOURI</b>	
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) <b>ELLA ROSE WALDEN</b>		12b. BIRTHPLACE (State, Territory, or Foreign Country) <b>VIRGINIA</b>	
	13a. INFORMANT'S NAME (Type or print) <b>NANCY VANPELT</b>		13b. RELATIONSHIP TO DECEDENT <b>SPOUSE</b>	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>PO BOX 65 ASOTIN, WA 99402</b>
14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) <b>MOUNTAIN VIEW CREMATORY 3524 SEVENTH STREET LEWISTON, IDAHO 83501</b>		
16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY <b>MERCHANT FUNERAL HOME 1000 SEVENTH STREET CLARKSTON, WASHINGTON 99403</b>		17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <b>ELECTRONICALLY FILED: GERALD E. BARTLOW</b>		
17b. LICENSE NUMBER (Of licensee) <b>M0771</b>		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
19. PLACE OF DEATH (19-22) 19a. IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> PCA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)				
20. FACILITY NAME (If not facility, give street and number) <b>ST. JOSEPH REGIONAL MEDICAL CTR</b>		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE <b>LEWISTON, ID 83501</b>		
22. COUNTY OF DEATH <b>NEZ PERCE</b>		23. DATE OF DEATH (Mo/Day/Yr) (Spell month) <b>October 20, 2017</b>		
24. TIME OF DEATH (24hr) <b>04:25</b>		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) <b>October 20, 2017</b>		
26. TIME PRONOUNCED DEAD (24hr) <b>04:25</b>		27. CAUSE OF DEATH PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <b>NON-ST. ELEVATED MYOCARDIAL INFARCTION</b> DUE TO (or as a consequence of): b. <b>CORONARY ARTERY DISEASE AND ISCHEMIC CARDIOMYOPATHY</b> DUE TO (or as a consequence of): c. <b>UNDERLYING CAUSE</b> LAST (disease or injury that initiated the events resulting in death): d.		
28a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
29. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		30. IF FEMALE (Aged 10-54): <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year		
31. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		32. DATE OF INJURY (Mo/Day/Yr) (Spell month) [REDACTED]		
33. TIME OF INJURY (24hr) [REDACTED]		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) [REDACTED]		
35. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		36. LOCATION OF INJURY: State: _____ City/Town/County: _____ Zip Code: _____ Street and Number of Location: _____ Apartment Number: _____		
37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable. <b>ATV</b>				
38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		38b. WERE SAFETY DEVICES (S) ON DECEDENT'S EMPLOY? <input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown		
39a. CERTIFIER (Check only one, based on official capacity for this certificate) <input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> CORONER <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE		39b. LICENSE NUMBER <b>M-07784</b>		
39c. DATE SIGNED <b>10 / 21 / 2017</b>		39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) <b>BARBARA A. KAMMER, 415 SIXTH STREET LEWISTON, ID 83501</b>		
40a. REGISTRAR'S SIGNATURE <b>James B. Aydelotte</b>		40b. DATE SIGNED <b>10 / 24 / 2017</b>		

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: **OCT 24 2017**

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

*James B. Aydelotte*  
**JAMES B. AYDELOTTE**  
STATE REGISTRAR

**51035**





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STATE OF IDAHO      County of Lewiston

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

*Pauline Duvest*

Local Vital Statistics Registration Official

51035