

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.

1 SELLER GRANTOR	Name <u>JOANNA R. WILLIAMS</u>	2 BUYER GRANTEE	Name <u>THE ROBERT AND JOANNA WILLIAMS TRUST.</u>
	Mailing Address <u>700 18TH AVENUE</u>		DATED <u>9/10/2014 (100%)</u>
	City/State/Zip <u>CLARKSTON, WASHINGTON 99403</u>		Mailing Address <u>700 18TH AVENUE</u>
	Phone No. (including area code) <u>208-312-7783</u>		City/State/Zip <u>CLARKSTON, WASHINGTON 99403</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 <u>JOANNA R. WILLIAMS, TRUSTEE</u>		1-239-00-002-0000-0000 <input checked="" type="checkbox"/>	
Mailing Address <u>700 18TH AVENUE</u>		<input type="checkbox"/>	
City/State/Zip <u>CLARKSTON, WASHINGTON 99403</u>		<input type="checkbox"/>	
Phone No. (including area code) <u>208-312-7783</u>		<input type="checkbox"/>	
		List assessed value(s)	
		<u>\$233,100.00</u>	

4 Street address of property: 700 18TH AVENUE, CLARKSTON, WASHINGTON 99403

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)

LOT 2 OF FROST LANE ADDITION, ACCORDING TO THE OFFICIAL PLAT THEREOF, FILED IN BOOK E OF PLATS AT PAGE(S) 47, RECORDS OF ASOTIN COUNTY, WASHINGTON.

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.

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

WAC No. (Section/Subsection) 458-61A-211(2)(g)

Reason for exemption Transfer of real property from Grantor into Grantor's revocable trust; change in form or identity.

Type of Document STATUTORY WARRANTY DEED

Date of Document 10-15-18

Gross Selling Price \$	<u>233,100.00</u>
*Personal Property (deduct) \$	_____
Exemption Claimed (deduct) \$	<u>233,100.00</u>
Taxable Selling Price \$	0.00
Excise Tax : State \$	0.00
<input type="text" value="0.0025"/> Local \$	0.00
*Delinquent Interest: State \$	_____
Local \$	_____
*Delinquent Penalty \$	_____
Subtotal \$	0.00
*State Technology Fee \$	5.00
*Affidavit Processing Fee \$	0.00
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>Joanna R. Williams</u>	Signature of Grantee or Grantee's Agent <u>Joanna R. Williams Trustee</u>
Name (print) <u>JOANNA R. WILLIAMS</u>	Name (print) <u>JOANNA R. WILLIAMS, TRUSTEE</u>
Date & city of signing: <u>10-15-18 CLARKSTON</u>	Date & city of signing: <u>10-15-18 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)).

J. WILLIAMS
CL# 2521 P

NOV 7 2018
ASOTIN COUNTY
TREASURER

51724

EXHIBIT A

LOT 2 OF FROST LANE ADDITION, ACCORDING TO THE OFFICIAL PLAT THEREOF, FILED IN BOOK E OF PLATS AT PAGE(S) 47, RECORDS OF ASOTIN COUNTY, WASHINGTON.

SUBJECT TO:

2018 TAXES AND FUTURE ASSESSMENTS

LIENS, LEVIES AND ASSESSMENTS OF THE COUNTY OF ASOTIN FOR STORM WATER

EASEMENTS, RESERVATIONS, NOTES AND/OR DEDICATIONS AS SHOWN ON THE OFFICIAL PLAT OF FROST LANE ADDITION.

COVENANTS, CONDITIONS AND RESTRICTIONS, BUT OMITTING ANY COVENANT OR RESTRICTION BASED ON RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, DISABILITY, HANDICAP, FAMILIAL STATUS, MARITAL STATUS, ANCESTRY, NATIONAL ORIGIN OR SOURCE OF INCOME, AS SET FORTH IN APPLICABLE STATE OR FEDERAL LAWS, EXCEPT TO THE EXTENT THAT SAID COVENANT OR RESTRICTION IS PERMITTED BY APPLICABLE LAW.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-039438

DATE ISSUED: 09/12/2018
FEE NUMBER:

FIRST AND MIDDLE NAME(S): ROBERT TERRY
LAST NAME(S): WILLIAMS

AKA: BOB WILLIAMS

AKA:

AKA:

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: SEPTEMBER 06, 2018
HOUR OF DEATH: 05:00 PM
SEX: MALE AGE: 74 YEARS
SOCIAL SECURITY NUMBER: ██████████

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 700 18TH AVE
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RES DENCE STREET: 700 18TH AVE
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 1 YEAR

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

FATHER/PARENT: LEO DAVID WILLIAMS
MOTHER/PARENT: LEOTA MAE FORD

BIRTH DATE: DECEMBER 17, 1943
BIRTHPLACE: BRAWLEY, CA

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

MARITAL STATUS: MARRIED
SPOUSE: JOANNA HARGROVE

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: SEPTEMBER 12, 2018

OCCUPATION: BROKER
INDUSTRY: PRODUCE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES
LLC
ADDRESS: PO. BOX 107
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
FUNERAL DIRECTOR: RICHARD LASSITER

INFORMANT: JOANNA WILLIAMS
RELATIONSHIP: WIFE
ADDRESS: 700 18TH AVE, CLARKSTON WA, 99403

CAUSE OF DEATH:

- A: PULMONARY EMBOLISM
INTERVAL: SUDDEN
- B: METASTATIC LUNG CANCER
INTERVAL: 3 WEEKS
- C:
INTERVAL:
- D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC OBSTRUCTIVE
PULMONARY DISEASE

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: DAVID B. MARTIN, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1119 HIGHLAND AVE STE 3
CITY, STATE, ZIP: CLARKSTON, WA 99403
DATE SIGNED: SEPTEMBER 10, 2018

LOCATION OF INJURY:

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

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

IF TRANSPORTATION INJURY, SPECIFY. NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: SEPTEMBER 11, 2018

01724