

**REAL ESTATE EXCISE TAX AFFIDAVIT**

PLEASE TYPE OR PRINT

CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

This form is your receipt when stamped by cashier.

**THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED**

Check box if partial sale, indicate % sold. List percentage of ownership acquired next to each name.

SELLER GRANTOR	1 Name <u>Leland B. Knapp</u>	BUYER GRANTEE	2 Name <u>Douglas L. Knapp and Deanna Knapp</u> <u>husband and wife</u>
	Mailing Address <u>2212 6th Ave</u>		Mailing Address <u>2755 Rainier St</u>
	City/State/Zip <u>Clarkston, WA 99403</u>		City/State/Zip <u>Clarkston, WA 99403</u>
	Phone No. (including area code) <u>(509) 758-6368</u>		Phone No. (including area code) <u>(509) 592-7455</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 _____		List assessed value(s)	
Mailing Address _____		<u>1-041-31-005-2022-0000</u> <input type="checkbox"/> <u>54000</u>	
City/State/Zip _____		_____ <input type="checkbox"/>	
Phone No. (including area code) _____		_____ <input type="checkbox"/>	

4 Street address of property: 2222 6th Ave, Clarkston, WA 99403

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 2 of Knapp Addition according to plat recorded June 26, 2018 under Asotin County Auditor's Instrument No. 358272.

5 Select Land Use Code(s):

91 - Undeveloped land (land only)

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

6

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 RCW?  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 1-40 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-201 (B)(2)

Reason for exemption Gift to son and daughter-in-law.

Type of Document Gift Deed

Date of Document 12/19/18

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>0.0023</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 Leland B. Knapp

Name (print) Leland B. Knapp

Date & city of signing: 12/19/2018, Clarkston, WA

Signature of Grantee or Grantee's Agent Douglas L. Knapp

Name (print) Douglas L. Knapp

Date & city of signing: 12/19/2018, 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)).

PAID  
DEC 21 2018

ASOTIN COUNTY  
TREASURER

LAW OFFICE DAVID GILTINGS  
CLK 159 60 KPM

51837

**REAL ESTATE EXCISE TAX  
SUPPLEMENTAL STATEMENT**  
(WAC 458-61A-304)

This form must be submitted with the Real Estate Excise Tax Affidavit (FORM REV 34 0001A for deeded transfers and Form REV 84 0001B for controlling interest transfers) for claims of tax exemption as provided below. Completion of this form is required for the types of real property transfers listed in numbers 1-3 below. Only the first page of this form needs original signatures.

**AUDIT:** Information you provide on this form is subject to audit by the Department of Revenue. In the event of an audit, it is the taxpayers' responsibility to provide documentation to support the selling price or any exemption claimed. This documentation must be maintained for a minimum of four years from date of sale. (RCW 82.45 100) Failure to provide supporting documentation when requested may result in the assessment of tax, penalties, and interest. Any filing that is determined to be fraudulent will carry a 50% evasion penalty in addition to any other accrued penalties or interest when the tax is assessed.

**PERJURY:** Perjury is a class C felony which is punishable by imprisonment in a 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)).

The persons signing below do hereby declare under penalty of perjury that the following is true (check appropriate statement):

1.  **DATE OF SALE:** (WAC 458-61A-306(2))

I, (print name) \_\_\_\_\_, certify that the \_\_\_\_\_  
(type of instrument), dated \_\_\_\_\_, was delivered to me in escrow by \_\_\_\_\_  
(seller's name). **NOTE:** Agent named here must sign below and indicate name of firm. The payment of the tax is considered current if it is not more than 90 days beyond the date shown on the instrument. If it is past 90 days, interest and penalties apply to the date of the instrument.  
Reasons held in escrow \_\_\_\_\_

\_\_\_\_\_  
Signature Firm Name

2. **GIFTS:** (WAC 458-61A-201) The gift of equity is non-taxable; however, any consideration received is not a gift and is taxable. The value exchanged or paid for equity plus the amount of debt equals the taxable amount. One of the boxes below must be checked.

Both Grantor (seller) and Grantee (buyer) must sign below.  
Grantor (seller) gifts equity valued at \$ 54,000.00 to grantee (buyer).  
**NOTE:** Examples of different transfer types are provided on the back. This is to assist you with correctly completing this form and paying your tax.

"Consideration" means money or anything of value, either tangible (boats, motor homes, etc) or intangible, paid or delivered, or contracted to be paid or delivered, including performance of services, in return for the transfer of real property. The term includes the amount of any lien, mortgage, contract indebtedness, or other encumbrance, given to secure the purchase price, or any part thereof, or remaining unpaid on the property at the time of sale. "Consideration" includes the assumption of an underlying debt on the property by the buyer at the time of transfer.

**A. Gifts with consideration**

1.  Grantor (seller) has made and will continue to make all payments after this transfer on the total debt of \$ \_\_\_\_\_ and has received from the grantee (buyer) \$ \_\_\_\_\_ (include in this figure the value of any items received in exchange for property). Any consideration received by grantor is taxable.
2.  Grantee (buyer) will make payments on \_\_\_\_\_% of total debt of \$ \_\_\_\_\_ for which grantor (seller) is liable and pay grantor (seller) \$ \_\_\_\_\_ (include in this figure the value of any items received in exchange for property). Any consideration received by grantor is taxable.

**B. Gifts without consideration**

1.  There is no debt on the property; Grantor (seller) has not received any consideration towards equity. No tax is due.
2.  Grantor (seller) has made and will continue to make 100% of the payments on the total debt of \$ 11,000.00 and has not received any consideration towards equity. No tax is due.
3.  Grantee (buyer) has made and will continue to make 100% of the payments on total debt of \$ \_\_\_\_\_ and has not paid grantor (seller) any consideration towards equity. No tax is due.
4.  Grantor (seller) and grantee (buyer) have made and will continue to make payments from joint account on total debt before and after the transfer. Grantee (buyer) has not paid grantor (seller) any consideration towards equity. No tax is due.

Has there been or will there be a refinancing of the debt?  YES  NO (If yes, please call (360) 534-1503 to see if this transfer is taxable). If grantor (seller) was on title as co-signor only, please see WAC 458-61A-215 for exemption requirements.

The undersigned acknowledge this transaction may be subject to audit and have read the above information regarding record-keeping requirements and evasion penalties.

Leland B. Knapp  
Grantor's Signature Date 12-19-12  
Leland B. Knapp  
Grantor's Name (print)

Douglas L. Knapp  
Grantee's Signature Date 12/19/12  
Douglas L. Knapp  
Grantee's Name (print)

3.  **IRS "TAX DEFERRED" EXCHANGE** (WAC 458-61A-213)

I, (print name) \_\_\_\_\_, certify that I am acting as an Exchange Facilitator in transferring real property to \_\_\_\_\_ pursuant to IRC Section 1031, and in accordance with WAC 458-61A-213. **NOTE:** Exchange Facilitator must sign below.

\_\_\_\_\_  
Exchange Facilitator's Signature Date Exchange Facilitator's Name (print)

**AFFIDAVIT**  
(Lack of Probate)

STATE OF WASHINGTON            )  
  : ss.  
County of Asotin                    )

Leland B. Knapp, being first duly sworn, on oath, deposes and says:

1.       Connie Dianne Knapp died on the 20<sup>th</sup> day of April, 2013, in Asotin County, Washington, then being a resident of Clarkston, Washington, and the owner of property located in the County of Asotin, State of Washington. At the time of her death, she was married to Leland B. Knapp.

2.       That the heir at law of decedent is as follows:

<u>Name and Address</u>	<u>Relationship</u>	<u>Age</u>
Leland B. Knapp 2212 Sixth Avenue Clarkston, WA 99403	Spouse	L

3.       Connie D. Knapp signed her Last Will and Testament on December 15, 2010 in which she left everything to her husband if he survived her, which he did. A certified copy of Connie D. Knapp's death certificate is attached as **Exhibit A**.

4.       Leland B. Knapp, as beneficiary under the Will, is the lawful surviving heir and owner of the following-described real property which was given to him as a bequest under Connie D. Knapp's Last Will and Testament:

Lots 1 and 2 of Knapp Addition according to plat recorded June 26, 2018 under Auditor's Instrument No. 358272, records of Asotin County, Washington.

5. This Affidavit is made solely to induce the title insurance company to insure title to real property in which decedent held an interest at the time of his death, and to comply with the provisions of WAC 458-61A-202(6)(i).

Dated this 19 day of December, 2018.

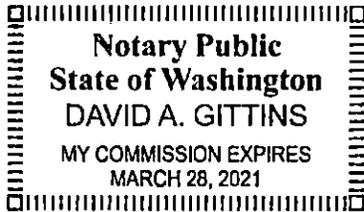
Leland B. Knapp  
Leland B. Knapp

STATE OF WASHINGTON )  
 ) :ss  
County of Asotin )

On this day personally appeared before me Leland B. Knapp, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal this 19<sup>th</sup> day of December, 2018.

D. A. Gittins  
Notary Public for Washington  
Residing at Clarkston  
My appointment expires March 28, 2021



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **1013**

Washington State Certificate of Death

State File Number

2013 47062

1. Legal Name (Include AK/A's if any) First: <b>Connie D.</b> Middle: <b>Knapp</b> LAST: <b>Knapp</b> Suffix:			2. Death Date: <b>April 20, 2013</b>		
3. Sex (M/F): <b>Female</b>	4a. Age - Last Birthday: <b>69</b>	4b. Under 1 Year: Months: <b>69</b> Days:	4c. Under 1 Day: Hours: <b>69</b> Minutes:	5. Social Security Number: <b>[REDACTED]</b>	6. County of Death: <b>Asotin</b>
7. Birthdate: <b>Oct. 4, 1943</b>		8a. Birthplace (City, Town, or County): <b>Cottonwood</b>	8b. (State or Foreign Country): <b>Idaho</b>	9. Decedent's Education: <b>10th Grade</b>	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: <b>No</b>			11. Decedent's Race(s): <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>No</b>
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.): <b>2212 6th Ave.</b>				13b. City or Town: <b>Clarkston</b>	
13c. Residence: County: <b>Asotin</b>		13d. Tribal Reservation Name (if applicable): <b>N/A</b>	13e. State or Foreign Country: <b>Washington</b>	13f. Zip Code + 4: <b>99403</b>	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence: <b>40 years</b>		15. Marital Status at Time of Death: <b>Married</b>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): <b>Leland B. Knapp</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).): <b>Homemaker</b>			18. Kind of Business/Industry (Do not use Company Name): <b>Own Home</b>		
19. Father's Name (First, Middle, Last, Suffix): <b>Jack Cone</b>			20. Mother's Name Before First Marriage (First, Middle, Last): <b>Alma Irene Altman</b>		
21. Informant's Name: <b>Leland Knapp</b>		22. Relationship to Decedent: <b>Husband</b>		23. Mailing Address: Number and Street or RFD No.: <b>2212 6th Ave. - Clarkston, Washington</b> City or Town: <b>Clarkston</b> State: <b>WA</b> Zip: <b>99403</b>	
24. Place of Death, if Death Occurred in a Hospital: <b>Own Home</b>			25. Facility Name (if not a facility, give number & street or location): <b>2212 6th Ave.</b>		
26a. City, Town, or Location of Death: <b>Clarkston</b>		26b. State: <b>WA</b>		27. Zip Code: <b>99403</b>	
28. Method of Disposition: <b>Removal/ Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place): <b>Mountain View Crematory</b>		30. Location-City/Town, and State: <b>Lewiston, Idaho 83501</b>	
31. Name and Complete Address of Funeral Facility: <b>Mountain View Funeral Home - 3521 7th St. - Lewiston, ID 83501</b>				32. Date of Disposition: <b>April 23, 2013</b>	
33. Funeral Director Signature X: <i>Jerry Baethge</i>					
Cause of Death (See instructions and examples)					
34. 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. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → <b>a. Liver failure</b>			Interval between Onset & Death: <b>2 weeks</b>		
Due to (or as a consequence of):			Interval between Onset & Death:		
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury) that initiated the events resulting in death) LAST			Interval between Onset & Death:		
Due to (or as a consequence of):			Interval between Onset & Death:		
Due to (or as a consequence of):			Interval between Onset & Death:		
Due to (or as a consequence of):			Interval between Onset & Death:		
35. Other significant conditions contributing to death but not resulting in the underlying cause given above:			36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Manner of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy):		42. Hour of Injury (24hrs):		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area):	
45. Location of Injury: Number & Street: <b>[REDACTED]</b>			Apt No.:		
City or Town: <b>[REDACTED]</b>		County: <b>[REDACTED]</b>		State: <b>[REDACTED]</b> Zip Code + 4: <b>[REDACTED]</b>	
46. Describe how injury occurred: <b>[REDACTED]</b>				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify):	
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place stated, and due to the cause(s) and manner stated. <i>[Signature]</i>			48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. X		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): <b>Mackay, Jayme MD, 1267 Belmont Way, Clarkston, Wa, 99403</b>				50. Hour of Death (24hrs): <b>1332</b>	
51. Name and Title of Attending Physician if other than Certifier (Type or Print):				52. Date Signed (mm/dd/yyyy): <b>04 22 2013</b>	
53. Title of Certifier: <b>Medical Doctor</b>		54. License Number: <b>MD00035944</b>		55. ME/Coroner File Number:	
57. Registrar Signature: <i>[Signature]</i>				56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
59. Amendment: <i>[Signature]</i>				58. Date Received (mm/dd/yyyy): <b>APR 30 2013</b>	

DOH/CHS 003 March 2012

51837

DOH 422-131 (8/18)

NOT VALID IF PHOTOCOPIED OR ALTERED



# Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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### Required information must match current information on record

<b>Required</b>	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
	1. Name on Record: First Middle Last			2. Date of Event: MM/DD/YYYY	3. Place of Event: (City or County)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
	6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)				

7. Return Mailing Address:  
PO Box or Street Address City State Zip

Telephone Number: ( ) Email Address:

### Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

### I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

16a. Signature:	16b. Signature of 2 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	Date:

### INSTRUCTIONS – go to [www.doh.wa.gov](http://www.doh.wa.gov) for more information

#### Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

- Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:
- Birth/Marriage/Divorce record
  - Military record (DD-214)
  - School transcripts
  - Social Security Numident Report
  - Certificate of Naturalization
  - Hospital/medical record
  - Passport
  - Green/Permanent Resident card (I-551)

#### Birth Certificates

- Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate
- The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe
- Documentary proof must be five or more years old or established within five years of birth

##### Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)\*
- After age one, a court order is required to change the last name
- No proof is required to change the first or middle name\*
- To correct parent's information, one documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required

##### Adult (18 years or older)

- Only the adult can change his or her birth certificate
- If the first or middle name is missing, three pieces of documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

\*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

### This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

#### Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

#### Marriage/Dissolution (Divorce) Certificates

- Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit

DOH 422-034 January 2015



This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Jean Remsbecker, State Registrar.

*Jean Remsbecker*

ISSUED

DEC 07 2018



0 2 7 2 2 3 0 2