

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

Check box if partial sale, indicate % sold. (See back of last page for instructions) List percentage of ownership acquired next to each name.

SELLER GRANTOR	1 Name <u>William David Daniel, a single person</u>	BUYER GRANTEE	2 Name <u>William D. Daniel, a single person</u>
	Mailing Address <u>1510 Terrace Court</u>		Mailing Address <u>1510 Terrace Court</u>
	City/State/Zip <u>Clarkston, WA 99403</u>		City/State/Zip <u>Clarkston, WA 99403</u>
	Phone No. (including area code) <u>(208) 553-0888</u>		Phone No. (including area code) <u>(208) 553-0888</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 _____		1-004-01-006-0004-0000 <input type="checkbox"/>	
Mailing Address _____		_____ <input type="checkbox"/>	
City/State/Zip _____		_____ <input type="checkbox"/>	
Phone No. (including area code) _____		_____ <input type="checkbox"/>	
		List assessed value(s) <u>149,300</u>	

4 Street address of property: 1510 Terrace Court

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)

	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"/>

6

	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(6)(a)

Reason for exemption Inheritance pursuant to Community Property Agmt. recorded 12/8/2018 as Instrument #360055, records of Asotin County.

Type of Document WA CO-AM PROP AGREE/DEATH BEQ.

Date of Document 10-4-16

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 William Daniel Signature of Grantee or Grantee's Agent William Daniel

Name (print) William D. Daniel Name (print) William D. Daniel

Date & city of signing: _____ Date & city of signing: 1/3/2019, Clarkston

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 (09/06/17) THIS SPACE - TRANSFERS ONLY COUNTY TREASURER

LAW OFFICES OF DAVID A. GITTUS CLATSOP COUNTY WA

ASOTIN COUNTY TREASURER

57891

Exhibit A

Situate in the State of Washington, County of Asotin, to-wit:

That part of Lot 6 of Block "H" of Vineland, according to plat recorded in Book B of Plats, Page 63, in Asotin County, Washington, more particularly described as follows: From the Southwest corner of Lot 6 of Block "H" of Vineland, said point being on the centerline of the County road; thence North $2^{\circ}13'$ West a distance of 187.9 feet along the West boundary line of said Lot 6 to the True Place of Beginning; thence South $75^{\circ}36'$ East a distance of 84.1 feet; thence North $2^{\circ}13'$ West a distance of 33.6 feet; thence North $75^{\circ}36'$ West a distance of 150.0 feet to a point on the West boundary line of said Lot 6; thence South $2^{\circ}13'$ East a distance of 79.9 feet along said West boundary line to the True Place of Beginning.



00023921201803600550060060

I-15 CP
Pgs=6 Fee:\$104.00
DAVID A GITTINS

After recording, return to:

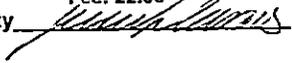
Law Offices of David A. Gittins
P.O. Box 191
Clarkston, WA 99403

<p>Document Title(s) or transactions contained therein:</p> <p>1. Community Property Agreement</p>
<p>Reference Number(s) of Documents assigned or released: (on page ____ of documents (s))</p>
<p>Grantor(s) (Last name first, then first name and initials)</p> <p>1. Daniel, William David 2. Daniel, Anne M.</p> <p><input type="checkbox"/> Additional names on page ____ of document.</p>
<p>Legal Description (abbreviated: i.e. lot, block, plat or section, township, range)</p> <p>Pt. Lot 6, Block "H" of Vineland, according to plat recorded in Book B of Plats, page 63</p> <p><input type="checkbox"/> Additional legal is on page 1-2 of document.</p>
<p>Assessor's Property Tax Parcel/Account Number</p> <p>1-004-01-006-0004-0000</p> <p><input type="checkbox"/> Additional legal is on page ____ of document.</p>

51891

506505

Instrument # 506505

IDAHO COUNTY, IDAHO,
10-31-2016 09:57:56 AM No. of Pages: 5
Recorded for : AITKEN SCHAUBEL PATRICK NEILL
KATHY M. ACKERMAN Fee: 22.00
Ex-Officio Recorder Deputy 

Recorded at request of: Linda M. Schauble
Return to: 165 NE Kamiaken, Suite 210
Pullman, WA 99163

COMMUNITY PROPERTY AGREEMENT

This Agreement is hereby made this 4th day of October, 2016, by and between WILLIAM DAVID DANIEL and ANNE M. DANIEL, husband and wife, who were married on May 3, 1986, in Clarkson, Washington, and who are currently domiciled within the State of Washington. In consideration of their mutual agreements set forth below, the parties agree as follows:

1. **Property Covered:** This agreement shall apply to all real and personal property, wheresoever situated, whether it be Washington, Idaho, or any other State or jurisdiction, now owned or hereafter acquired by Husband and Wife even though some items may have been purchased or acquired by one or the other alone or may be registered in the name of one or the other or both, including but not limited to the following property:

- A. **Residence.** Residence located at 1510 Terrace Court, Clarkston, WA. 99403, more particularly described as follows:

The following described real estate situated in Asotin County, State of Washington, to-wit

The part of Lot 6 of Block "H" of Vineland, according to plat recorded in Book B of plats, page 63, in Asotin County, Washington, more particularly described as follows: from the Southwest corner of Lot 6 of Block "H" of Vineland, said point being on the centerline of the County road; thence North 2 degrees 13' West a distance of 187.9 feet along the West boundary line of said Lot 6 to the True Place of Beginning;

thence South 75 degrees 36' East a distance of 84.1 feet;
thence North 2 degrees 13' West a distance of 33.6 feet;
thence North 75 degrees 36' West a distance of 150.0 feet to
a point on the West boundary line of said Lot 6; thence South
2 degrees 13' East a distance 79.9 feet along said West
boundary line to the True Place of beginning.

- B. Idaho Real Property. Real Property, including structures and improvements located thereon, located at 624 Radar Road, Cottonwood, Idaho 83522, more particularly described as follows:

The following described premises, located in Latah County,
State of Idaho to- wit:

N ½ NW 1/4 NE 1/4 Sec 33 T 32 N RIW

- C. Spokane Property. Real Property located in Spokane County, State of Washington more particularly described as follows:

The following described premises, located in Spokane County
State of Washington, to-wit:

19-29-44 & 30-29-44 PTN OF NE1/4 OF NW1/4 SD SEC 30
AND SE1/4 OF SW1/4 SD SEC 19LYG NLY OF
MILAN-ELK RD AND LYG WLY & SLY OF LN DAF;
COM ATN1/4 COR SD SEC TH SLY ALG N-S CEN LN
SD SEC 30 732.09FT TOINTERSEC WITH N R/W LN SD
RD/ TH S 78DEG 47MIN 44SDS W ALGSD R/W
323.38FT; TH CONT ALG SD R/W S 75DEG 46MIN
44SDS W,233.40FT TO POB OF SD LN DESC; TH N
12DEG 48MIN W. 1206.90FT; TH S 44DEG 03MIN 55SDS
W, 56.59FT; TH S 65DEG 38MIN 30SDS W, 740.50FT TO
INTERSEC WITH N LN SD SEC 30 SD PNT
BEINGTERMINUS SD LN DESC

Parcel No. 49306-9080

D. Other Property. All other real or personal property now owned or hereafter acquired.

The above-referenced property is hereby transmuted into and declared to be the community property of the parties and is referred to in this agreement as the "described community property."

2. ***Vesting at Death of a Spouse***: If Husband dies and Wife survives him, all of the described community property shall vest in Wife as of the moment of Husband's death. If Wife dies and Husband survives her, all of the described community property shall vest in Husband as of the moment of Wife's death.

3. ***Disclaimer***: Upon the death of either spouse, the surviving spouse may disclaim any interest passing under the agreement in whole or in part, or with reference to specific parts, shares or assets thereof, in which event the interest disclaimed shall pass as if the provisions of paragraph 2 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition.

4. ***Automatic Revocation***: The provisions of paragraph 2 shall be automatically revoked:

- (a) Upon the filing by either party of a petition, complaint or other pleading for separation, dissolution, or divorce; or
- (b) Immediately prior to death, if the order of death cannot be ascertained, or if both parties hereto die within ninety (90) days of one another.

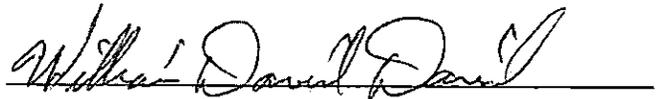
5. ***Optional Revocation by One Party***: If either party becomes incapacitated, the other party shall have the power to terminate the provisions of paragraph 2 and each party designates the other as attorney-in-fact to become effective upon incapacity to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the incapacitated spouse and to the guardian(s), if any, of the person and of the estate of the incapacitated person. For the purposes of this paragraph, a spouse shall be deemed incapacitated if a person duly licensed to practice medicine in the State of Idaho signs a statement declaring that the person is unable to manage his or her own financial affairs.

6. ***Powers of Appointment***: This agreement shall not affect any power of appointment

now held by or hereafter given to Husband or Wife or both of them, nor shall it obligate Husband or Wife or both of them, to exercise any such power of appointment in any way.

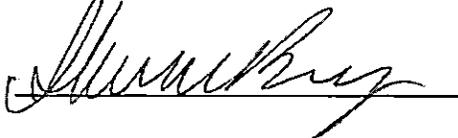
7. **Revocation of Inconsistent Agreements:** To the extent this agreement is inconsistent with any provisions of any community property agreement or other arrangement previously made by the parties that affects the described community property, the terms of this agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

IN WITNESS WHEREOF, the parties, WILLIAM DAVID DANIEL and ANNE M. DANIEL, have hereunto set their signatures this 4th day of October, 2016.


WILLIAM DAVID DANIEL


ANNE M. DANIEL

WITNESSES:





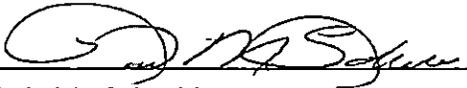
STATE OF WASHINGTON)

: ss.

County of Wenatchee)

On this day personally appeared before me, WILLIAM DAVID DANIEL and ANNE M. DANIEL, husband and wife, to me known to be the individuals described in and who executed the within and foregoing Community Property Agreement, and acknowledged that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

Given under my hand and official seal on this 4 day of October, 2016.

Notary: 

Linda M. Schauble

Notary Public in and for the State of Washington, residing at Spokane, WA 99223

My Commission Expires: 11/17/2018



Asotin County, WA
Darla McKay Auditor

360054

12/03/2018 01:05 PM

After recording return to:

Law Offices of David A. Gittins
P.O. Box 191
Clarkston, WA 99403



I-131 DC
Pgs=3 Fee:\$39.00
DAVID A GITTINS

Document Title(s) or transactions contained therein: Idaho Certificate of Death
Decedent (Last name first, then first name and initials) Daniel, Anne Marie
<input type="checkbox"/> Additional names on page _____ of document.
Date of Birth August 8, 1954
Date of Death February 6, 2018

51891

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

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHALL BE USED AS PRIMARY EVIDENCE OF THIS DEATH UNDER §§ 21014 AND § 21027, IDAHO CODE. Local Reg. No.

DECEDENT	1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix) ANNE MARIE DANIEL		2. SEX FEMALE	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE-Last Birthday 63 (Years)		4b. UNDER 1 YEAR <input type="checkbox"/> 4c. UNDER 1 DAY <input type="checkbox"/> 5. DATE OF BIRTH (Mo/Day/Yr) 08/08/1954	
MORTICIAN: Complete/Verify and File Within 5 Days of Death	7a. RESIDENCE - STATE OR FOREIGN COUNTRY WASHINGTON		7b. COUNTY ASOTIN	
	7c. CITY OR TOWN CLARKSTON		7d. STREET AND NUMBER 1510 TERRACE CT.	
PARENTS	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) WILLIAM D. DANIEL	
	10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11. BIRTHPLACE (State, Territory, or Foreign Country) ENGLAND	
INFORMANT	12a. FATHER'S NAME (First, Middle, Last, Suffix) JOHN R. MAGUIRE		12b. BIRTHPLACE (State, Territory, or Foreign Country) WALES	
	12c. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) EDNA M. WILLS		12d. BIRTHPLACE (State, Territory, or Foreign Country) WALES	
DISPOSITION	13a. INFORMANT'S NAME (Type or print) WILLIAM D. DANIEL		13b. RELATIONSHIP TO DECEDENT HUSBAND	
	13c. MARLING ADDRESS (Street and Number, City, State, Zip Code) 1510 TERRACE CT. CLARKSTON, WA 99403		14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)	
PLACE OF DEATH	15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) MOUNTAIN VIEW CREMATORY 3521 SEVENTH STREET LEWISTON, IDAHO 83501		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY MERCHANT FUNERAL HOME 1000 SEVENTH STREET CLARKSTON, WASHINGTON 99403	
	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: GERALD E. BARTLOW		17b. LICENSE NUMBER (if licensee) MD0771	
DATE OF DEATH	18a. IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <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)		18b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)	
	20. FACILITY NAME (if not facility, give street and number) ST. JOSEPH REGIONAL MEDICAL CTR		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE LEWISTON, ID 83501	
CAUSE OF DEATH	22. DATE OF DEATH (Mo/Day/Yr) (Spell month) February 6, 2018		23. TIME OF DEATH (24hr) 19:50	
	24. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) February 6, 2018		25. TIME PRONOUNCED DEAD (24hr) 19:50	
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	26. IMMEDIATE CAUSE (Final disease or condition resulting in death) PANCREATIC CANCER		27. CAUSE OF DEATH Approximate Time Interval: Onset to Death 1 YEAR	
	28. UNDERLYING CAUSE (Last disease or injury that initiated the events resulting in death) PANCREATIC CANCER		29. MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined	
CERTIFIER	30. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		31. MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined	
	32. DATE OF INJURY (Mo/Day/Yr) (Spell month)		33. TIME OF INJURY (24hr)	
REGISTRAR	34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)		35. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or 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	
REGISTRAR	38a. VIA DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/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"/> ADVANCED PRACTICE REGISTERED NURSE To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated. <input type="checkbox"/> 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. Signature and Title of Certifier: ELECTRONICALLY SIGNED: JAMES VODVARKA, D.O.		39b. LICENSE NUMBER 0-00754	
REGISTRAR	39c. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) JAMES VODVARKA, 415 SIXTH STREET LEWISTON, ID 83501		39c. DATE SIGNED 2 / 8 / 2018 MM DD YYYY	
	40a. REGISTRAR'S SIGNATURE <i>James B. Aydelotte</i>		40b. DATE SIGNED 2 / 9 / 2018 MM DD YYYY	

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: **FEB 09 2018**

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

JAMES B. AYDELOTTE
STATE REGISTRAR

51891

MANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Instrument # 516519
IDAHO COUNTY, IDAHO,
11-21-2018 09:19:46 AM No. of Pages: 2
Recorded for: LAW OFFICE OF DAVID A GITTINS
KATHY M. ACKERMAN
Ex-Officio-Recorder Deputy
MAY 13 2018





000898477

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 Durst

Local Vital Statistics Registration Official

51891