

REAL ESTATE EXCISE TAX AFFIDAVIT

CHAPTER 82.45 RCW – CHAPTER 458-61A WAC

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

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>Estate of Orland C. Stone</u>	BUYER GRANTEE	2 Name <u>Marjorie I. Stone</u>
	Mailing Address <u>1749 Westwood Drive</u>		Mailing Address <u>1749 Westwood Drive</u>
	City/State/Zip <u>Clarkston, WA 99403</u>		City/State/Zip <u>Clarkston, WA 99403</u>
	Phone No. (including area code) _____		Phone No. (including area code) _____
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 _____		1-188-00-014-0000 <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>175,100</u>	

4 Street address of property: 1749 Westwood Drive, Clarkston, Washington

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 14 of Westwood Heights Addition, according to plat recorded in Book D of Plats, page 74, records of Asotin County, Washington.

5 Select Land Use Code(s): 11

Select Land Use Codes _____

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.

None

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

WAC No. (Section/Subsection) 458-61A-202(6)(a)

Reason for exemption _____
Inheritance. See attached death certificate, Instrument No. 360850 and Community Property Agreement, Instrument No. 360851

Type of Document Death Certificate and CPA

Date of Document 2/15/19

Gross Selling Price \$	0.00
*Personal Property (deduct) \$	
Exemption Claimed (deduct) \$	
Taxable Selling Price \$	0.00
Excise Tax : State \$	0.00
<u>0.0025</u> Local \$	0.00
*Delinquent Interest: State \$	
Local \$	
*Delinquent Penalty \$	
Subtotal \$	0.00
*State Technology Fee \$	5.00
*Affidavit Processing Fee \$	
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>Marjorie I. Stone</u>	Signature of Grantee or Grantee's Agent <u>Marjorie I. Stone</u>
Name (print) <u>Marjorie I. Stone</u>	Name (print) <u>Marjorie I. Stone</u>
Date & city of signing: <u>Clarkston, WA February 25, 2019</u>	Date & city of signing: <u>Clarkston, WA February 25, 2019</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)).

CREASON, MOORE,
DOKKEN & GEDL
ELC# 12707

FEB 28 2019

ASOTIN COUNTY
TREASURER

51990

51990

Asotin County, WA
Darla McKay Auditor

360851

02/15/2019 02:04 PM



00024845201903608510030032

I-15 CP

Pgs=3

Fee:\$101.00

CREASON MOORE DOKKEN &

AFTER RECORDING, RETURN TO:

Christopher J. Moore
Creason, Moore, Dokken & Geidl, PLLC
P. O. Drawer 835
Lewiston ID 83501

COMMUNITY PROPERTY AGREEMENT

Reference Numbers of Related Documents: N/A

Grantor: Stone, Orland C.

Grantee: Stone, Marjorie I.

51990

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into by and between ORLAND C. STONE and MARJORIE I. STONE, husband and wife, of Clarkston, Washington, pursuant to the provisions of Section 26.16.120, Revised Code of Washington. That, in consideration of the love and affection that each of said parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted and promised as follows:

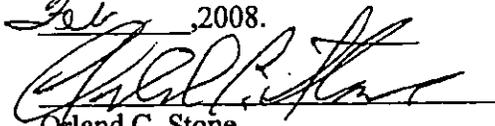
FIRST: That all property of whatsoever nature or description, whether real, personal, or mixed and whosoever situated, now owned or hereafter acquired by them or either of them shall be considered and is hereby declared to be community property.

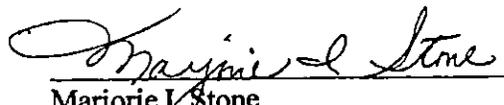
SECOND: That upon the death of either of the parties hereto, title to all Community Property as defined in the preceding paragraph shall immediately vest in fee simple in the survivor.

THIRD: This Agreement shall be automatically revoked upon the filing by either of us of a petition, complain or other pleading for dissolution or legal separation.

FOURTH: If either of us becomes mentally disabled, the other shall have the power unilaterally to revoke this agreement. The revocation shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardians, if any, of the person and of the estate of the disabled spouse. Each of us designates the other as attorney in fact to become effective upon mental disability to agree to the termination. For the purposes of this article, a spouse shall be deemed mentally disabled if a person duly licensed to practice medicine in the State of Washington signs a statement declaring that the named spouse is mentally incapable of managing his or her affairs.

WE have signed this Community Property Agreement on this 13th day of July, 2008.


Orland C. Stone


Marjorie I. Stone

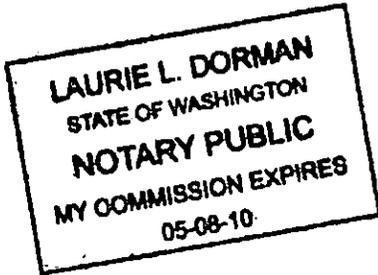
Cour
Aug 1

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STATE OF WASHINGTON
County of Asotin

On this day personally appeared before me ORLAND C. STONE and MARJORIE I. STONE, husband and wife, to me known to be the individuals described in and who executed the within and foregoing instrument and acknowledged that they signed the same as their free and voluntary act and deed for the uses and purposes therein set forth.

GIVEN under my had and official seal this 13 day of Feb., 2008.



Laurie L. Dorman
Notary Public in and for the State of
Washington, residing at Lewiston ID
My commission expires: 5/8/10

Asotin County, WA
Darla McKay Auditor

360850
02/15/2019 02:02 PM



I-131 DC
Pgs=3 Fee:\$38.00
CREASON MOORE DOKKEN &
ATTORNEYS

AFTER RECORDING, RETURN TO:

Christopher J. Moore
Creason, Moore, Dokken & Geidl, PLLC
P. O. Drawer 835
Lewiston ID 83501

CERTIFICATE OF DEATH

Reference Numbers of Related Documents: N/A

Grantor: Stone, Orland C.

Grantee: Public

51990

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 ALLOWED FOR DOCUMENTATION BY THE STATE REGISTER WITH THE DEPARTMENT OF HEALTH AND WELFARE BUREAU OF VITAL RECORDS AND HEALTH STATISTICS. LOCAL REG. NO.

OF DECEASED TYPE OF DEATH PERMANENT BLANKING DO NOT USE FIELD FOR PEN FOR INSTRUCTIONS SEE BACKGROUND PARENTS DECEASED DISPOSITION PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH REGISTRAR	1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix) ORLAND C. STONE	2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]	
	4a. AGE-Last Birthday 81 (Years)	4b. NUMBER YEAR (CC UNDER 1 DAY) Months: Days: Years:	4. DATE OF BIRTH (Mo/Day/Yr) 02/17/1937	6. BIRTHPLACE (City and State, Territory, or Foreign Country) BEAUCHARD, IDAHO
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY WASHINGTON	7b. COUNTY ASOTIN	7c. CITY OR TOWN CLARKSTON	
	7d. STREET AND NUMBER 4749 WESTWOOD DR.	7e. APPT. NO. 99403	7f. ZIP CODE 99403	
	8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but Annulled <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unwed		9. SURVIVING SPOUSE'S NAME (if wife, give maiden name) MARJORIE SOMMERFELD	
	10. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11a. FATHER'S NAME (First, Middle, Last, Suffix) OLE CHRISTOPHER STONE	11b. BIRTHPLACE (State, Territory, or Foreign Country) NORWAY	
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) IRENO OZELDA DENEALT	12b. BIRTHPLACE (State, Territory, or Foreign Country) MINNESOTA		
	13a. INFORMANT'S NAME (Type or print) MARJORIE STONE	13b. RELATIONSHIP TO DECEDENT WIFE	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 1749 WESTWOOD DR. CLARKSTON, WA 99403	
	14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)	15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, or other place) MOUNTAIN VIEW CREMATORY 3621 SEVENTH STREET LEWISTON, IDAHO 83501	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY MOUNTAIN VIEW FUNERAL HOME 3521 SEVENTH STREET LEWISTON, IDAHO 83501	
	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: GERALD E. BARTLOW		17b. LICENSE NUMBER (Of licensee) M0771	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19a. IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <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) ST. JOSEPH REGIONAL MEDICAL CTR		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE LEWISTON, ID 83501	22. COUNTY OF DEATH NEZ PERCE	
23. DATE OF DEATH (Mo/Day/Yr) (Spell month) February 1, 2019	24. TIME OF DEATH (24hr) 04:30	25. DATE PROLONGER DEAD (Mo/Day/Yr) (Spell month) February 1, 2019	26. TIME PROLONGER DEAD (24hr) 04:30	
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 ventilator dislodgment without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) PERITONITIS DUE TO (or as a consequence of): MYELODYSPLASIA DUE TO (or as a consequence of): RENAL FAILURE - PRERENAL DUE TO (or as a consequence of): PART II. Enter other medical conditions contributing to death but not resulting in the underlying cause given in Part I. COMFORT CARE				
28. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		29. IF FEMALE (Aged 10-34): <input type="checkbox"/> Not pregnant within past year <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"/> Pregnant within the past year <input type="checkbox"/> Unknown if pregnant within the past year		
30. DATE OF INJURY (Mo/Day/Yr) (Spell month)		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"/> Could not be determined		
32. LOCATION OF INJURY: State _____ City/Town of County _____ Zip Code _____ Street and Number of Location _____ Apartment Number _____		33. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
34. PLACE OF INJURY (Decedent's home, tent, street, construction site, nursing home, restaurant, farm, etc.)				
35. 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				
36. CERTIFIER (Check only one, based on official capacity for this certificate) <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE On the basis of my knowledge, death occurred at the time, date, and place, and due to the general 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.		37. WHAT SAFETY DEVICES 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		
38a. CERTIFIER SIGNATURE ELECTRONICALLY SIGNED: DONALD E. GARRISON, D.O.		38b. LICENSE NUMBER 0-01124		
38c. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) DONALD E. GARRISON, 415 SIXTH STREET LEWISTON, ID 83501		39c. DATE SIGNED 2 / 1 / 2019 MM DD YYYY		
40a. REGISTRAR'S SIGNATURE James B. Galtte		40b. DATE SIGNED 2 / 5 / 2019 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.

FEB 05 2019

DATE ISSUED:

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

James B. Galtte

JAMES B. AYDELOTTE
STATE REGISTRAR

51990



NO ALTERATION OR FRAUD IN THIS CERTIFICATE



* 001064666 *

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

51990