

REAL ESTATE EXCISE TAX AFFIDAVIT
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
Only for sales in a single location code on or after January 1, 2020.

Check box if the sale occurred in more than one location code.

PLEASE TYPE OR PRINT

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

SELLER GRANTOR	1 Name <u>Estate of Carol A. Wilson</u>	BUYER GRANTEE	2 Name <u>Rodney C. Wilson</u>
	Mailing Address <u>1852 14th Street</u>		Mailing Address <u>1852 14th Street</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 _____		1-125-00-012-0000 <input type="checkbox"/>	List assessed value(s) <u>\$224,000</u>
Mailing Address _____		1-125-00-013-0000 <input type="checkbox"/>	<u>\$38,600</u>
City/State/Zip _____		<input type="checkbox"/>	_____
Phone No. (including area code) _____		<input type="checkbox"/>	_____

4 Street address of property: 1852 14th Street, Clarkston, Washington
This property is located in Select Location
 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)
See 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)? YES NO
Is this property predominantly used for timber (as classified under RCW 84.34 and 84.33) or agriculture (as classified under RCW 84.34.020)? See ETA 3215 YES NO

6 YES NO
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 84.33.140 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) NEW 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 _____
Transfer is to a spouse pursuant to Community Property after death of a spouse.
Type of Document Affidavit of Survivorship
Date of Document 12-18-19

Gross Selling Price \$	_____
*Personal Property (deduct) \$	_____
Exemption Claimed (deduct) \$	_____
Taxable Selling Price \$	<u>0.00</u>
Excise Tax: State	
Less than \$500,000.01 at 1.1% \$	<u>0.00</u>
From \$500,000.01 to \$1,500,000 at 1.28% \$	<u>0.00</u>
From \$1,500,000.01 to \$3,000,000 at 2.75% \$	<u>0.00</u>
Above \$3,000,000 at 3.0% \$	<u>0.00</u>
Agricultural and timberland at 1.28% \$	<u>0.00</u>
Total Excise Tax: State \$	<u>0.00</u>
<u>0.0000</u> Local \$	<u>0.00</u>
*Delinquent Interest: State \$	<u>0.00</u>
Local \$	<u>0.00</u>
*Delinquent Penalty \$	<u>0.00</u>
Subtotal \$	<u>0.00</u>
*State Technology Fee \$	<u>5.00</u>
*Affidavit Processing Fee \$	<u>5.00</u>
Total Due \$	<u>10.00</u>

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 Rodney C. Wilson Signature of Grantee or Grantee's Agent Rodney C. Wilson
Name (print) Rodney C. Wilson Name (print) Rodney C. Wilson
Date & city of signing 12-17-19 CLARKSTON, WA Date & city of signing 12-17-19 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)).
REV 84 0001a (12/6/19) THIS SPACE - TREASURER'S USE ONLY COUNTY TREASURER

Rodney C. Wilson ASOTIN COUNTY

052811

EXHIBIT A

Property 1:

Lot 12 of Valleyview Addition according to plat recorded in Book D of Plats, Page 8, in the Asotin County, Washington

Parcel No.:1-125-00-012-0000

Property 2:

Lot 13 of Valleyview Addition, according to plat recorded in Book D of Plats, page 8, in Asotin County, Washington.

SUBJECT TO: Pipeline Easement, including the terms and conditions thereof, granted to The Washington Water Power Company, under Instrument No. 78189, recorded July 18, 1961, records of Asotin County, Washington.

SUBJECT TO: Amended Protective Covenants for Valleyview Addition recorded May 8, 1972, as Asotin County Auditor's Instrument No. 112535.

SUBJECT TO: All rights of way for public utilities and public roads as the same now exist over and across the herein described property.

EXCEPTING A portion of land located in Lot 13 of the Valley View Addition to the County of Asotin, Washington, as shown by map on file in Book "D", Page 8, Records of Asotin County, Washington, in Section 32, Township 11 North, Range 46 East, W.M., Asotin County, Washington, and more particularly described as follows:

Beginning at the Northwest Corner of said Lot 13; thence South $26^{\circ}34'57''$ West along the West line of said Lot 13 a distance of 152.10 feet to the Southwest corner of said Lot 13; thence South $89^{\circ}58'00''$ East along the South line of said Lot 13 a distance of 45.01 feet; thence North $19^{\circ}15'43''$ East a distance of 134.87 feet to the North line of said Lot 13, said point also being the south right of way line of 14th Street and a point on a curve being concave to the Northeast, having a radius of 150.00 feet and a central angle of $8^{\circ}51'01''$; thence Westerly along the arc of said curve a distance of 23.17 feet to the Point of Beginning. Said portion of land containing 4614 square feet more or less.

Parcel No.:1-125-00-013-0000

52811

AFTER RECORDING, RETURN TO:

I-15 CP
Pgs=4 Fee:\$106.50
RODNEY C. WILSON

COMMUNITY PROPERTY AGREEMENT

This agreement is made between Rodney C. Wilson ("Husband") and Carol A. Wilson ("Wife"), husband and wife, who were married on June 14, 1969, in Clarkston, Washington, and who are currently domiciled within the State of Washington. In consideration of their mutual promises and covenants set forth below, the parties agree as follows:

1. **Property Covered:** This agreement shall apply to the following described property 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:

A. **Residence.** Real property located with a commonly known street address of 1852 14th Street, Clarkston, in Asotin County, Washington, and more particularly described as follows:

Lot 12 of Valleyview Addition according to plat recorded in Book D of Plats, page 8, in Asotin County, Washington.

Assessor's Tax Parcel No. 1-125-00-012-0000

B. Real property located in Asotin County, Washington, and more particularly described as follows:

Lot 13 of Valleyview Addition, according to plat recorded in Book D of Plats, page 8, in Asotin County, Washington.

SUBJECT TO: Pipeline Easement, including the terms and conditions thereof, granted to The Washington Water Power Company, under Instrument No. 78189, recorded July 18, 1961, records of Asotin County, Washington.

SUBJECT TO: Amended Protective Covenants for Valleyview Addition recorded May 8, 1972, as Asotin County Auditor's Instrument No. 112535.

SUBJECT TO: All rights of way for public utilities and public roads as the same now exist over and across the herein described property.

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Beginning at the Northwest Corner of said Lot 13; thence South 26°34'57" West along the West line of said Lot 13 a distance of 152.10 feet to the Southwest corner of said Lot 13; thence South 89°58'00" East along the South line of said Lot 13 a distance of 45.01 feet; thence North 19°15'43" East a distance of 134.87 feet to the North line of said Lot 13, said point also being the south right of way line of 14th Street and a point on a curve being concave to the Northeast, having a radius of 150.00 feet and a central angle of 8°51'01"; thence Westerly along the arc of said curve a distance of 23.17 feet to the Point of Beginning. Said portion of land containing 4614 square feet more or less.

Assessor's Tax Parcel No. 1-125-00-013-0000

C. All personal property now owned or hereafter acquired.

The above-described 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 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, Rodney C. Wilson and Carol A. Wilson, have hereunto set their signatures this 11th day of June, 2004.

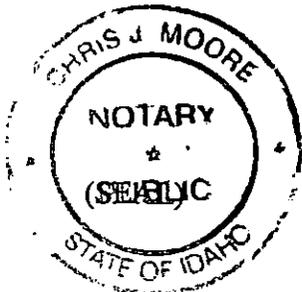
Rodney C. Wilson
Rodney C. Wilson, **Husband**

Carol A. Wilson
Carol A. Wilson, **Wife**

STATE OF IDAHO)
 : ss.
County of Nez Perce)

On this day personally appeared before me, Rodney C. Wilson and Carol A. Wilson, 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 11th day of June, 2004.



Chris Moore
Notary Public in and for said State,
residing at or employed in Lewiston.
My Commission Expires: 11-17-2007

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 certificate certified by the State Registrar with the Department of Health and Welfare
Medical fees shall be used for other fees indicated by this death certificate (local and state laws apply)

Local Reg. No.

DECEDENT TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. FOR INSTRUCTIONS SEE HANDBOOKS	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) CAROL ANN WILSON		2. SEX FEMALE	3. SOCIAL SECURITY NUMBER 61204		
	4a. AGE Last Birthday 70		4b. UNDER 1 YEAR: <input type="checkbox"/> MONTHS, <input type="checkbox"/> DAYS, <input type="checkbox"/> HOURS, <input type="checkbox"/> MINUTES			
	5. DATE OF BIRTH (Mo/Day/Yr) 11/14/1949		6. BIRTHPLACE (City and State, Territory, or Foreign Country) LEWISTON, IDAHO			
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY WASHINGTON		7b. COUNTY ASOTIN	7c. CITY OR TOWN CLARKSTON		
	7d. STREET AND NUMBER 1852 14TH STREET		7e. APT. NO.	7f. ZIP CODE 99403	7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
MORTICIAN: Complete/Verify and File Within 5 Days of Death	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) RODNEY CLYDE WILSON			
	10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11a. FATHER'S NAME (First, Middle, Last, Suffix) HUGO OLBERDING			
	11b. BIRTHPLACE (State, Territory, or Foreign Country) MINNESOTA		12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) ERMA WORMS			
INFORMANT DISPOSITION	13a. INFORMANT'S NAME (Type or print) RODNEY WILSON		13b. RELATIONSHIP TO DECEDENT SPOUSE	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 1852 14TH STREET CLARKSTON, WA 99403		
	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) YATES CREMATORY 744 NORTH FOURTH STREET, COEUR D'ALENE, IDAHO 83814		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY YATES FUNERAL HOME 744 NORTH FOURTH STREET COEUR D'ALENE, IDAHO 83814	
PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: ELD J. YATES		17b. LICENSE NUMBER (Of licensee) M-0832	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	19a. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOB		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <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) KOOTENAI HEALTH		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE COEUR D'ALENE, ID 83814		22. COUNTY OF DEATH KOOTENAI	
23. DATE OF DEATH (Mo/Day/Yr) (Spell month) November 7, 2019		24. TIME OF DEATH (24hr) 15:51	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) November 7, 2019		26. TIME PRONOUNCED DEAD (24hr) 15:51	
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	PART I. Enter the chain of events - diseases, injuries, or complications - that directly led to the death. DO NOT abbreviate. Enter only one cause for a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) KLBSIELLA PNEUMONIA SEPSIS DUE TO (or as a consequence of): ACUTE MYOCARDIAL INFARCTION		APPROXIMATE TIME INTERVAL PRIOR TO DEATH DAYS DAYS			
	PART II. Enter other significant conditions contributory to death but not resulting in the underlying cause given in Part I.		27a. WAS AN AUTOPSY PERFORMED? <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 with 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 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)		33. TIME OF INJURY (24hr)	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 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 TRANSPORTATION: 38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Injured only <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____ 38b. 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			
CERTIFIER IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE	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.		39b. LICENSE NUMBER M-46627			
	39c. DATE SIGNED 11 / 14 / 2019 MM DD YYYY		39d. SIGNATURE KEVIN M. KAVANAUGH, M.D.			
REGISTRAR	40a. REGISTRAR'S SIGNATURE <i>James B. Aydelotte</i>		40b. DATE SIGNED 11 / 14 / 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.

DATE ISSUED: **NOV 14 2019**

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

52811



09/20/93

09/20/93



* 0 0 1 2 2 7 3 7 2 *

11893

STATE OF IDAHO County of Kootenai

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

Local Vital Statistics Registration Official