

Real Estate Excise Tax Affidavit (RCW 82.45 WAC 458-61A)

Only for sales in a single location code on or after January 1, 2020.
This affidavit will not be accepted unless all areas on all pages are fully completed.
This form is your receipt when stamped by cashier. *Please type or print.*

Check box if the sale occurred in more than one location code. Check box if partial sale, indicate % _____ sold.
List percentage of ownership acquired next to each name.

1 Seller/Grantor
Name Donna M. Thomason
Mailing address 1311 14th Street
City/state/zip Clarkston, WA 99403
Phone (including area code) _____

2 Buyer/Grantee
Name Donna M. Thomason
Mailing address 1311 14th Street
City/state/zip Clarkston, WA 99403
Phone (including area code) 509-758-3850

3 Send all property tax correspondence to: Same as Buyer/Grantee
Name _____
Mailing address _____
City/state/zip _____

List all real and personal property tax parcel account numbers	Personal property?	Assessed value(s)
<u>1-231-00-001-0000</u>	<input type="checkbox"/>	<u>\$ 122,100.00</u>
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

4 Street address of property 1311 14th St. Clarkston, Washington
This property is located in Asotin County (for unincorporated locations please select your 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 you need more space, attach a separate sheet to each page of the affidavit).
See legal description attached hereto.

5 11 - Household, single family units
Enter any additional codes _____
(see back of last page for instructions)
Was the seller receiving a property tax exemption or deferral under RCW 84.36, 84.37, or 84.38 (nonprofit org., senior citizen or disabled person, homeowner with limited income)? Yes No
Is this property predominantly used for timber (as classified under RCW 84.84 and 84.33) or agriculture (as classified under RCW 84.34.020)? See ETA 3215. Yes No
If yes, complete the predominate use calculator (see instructions for section 5).

7 List all personal property (tangible and intangible) included in selling price.
N/A
If claiming an exemption, list WAC number and reason for exemption.
WAC number (section/subsection) WAC 458-61A-202(6)(i)
Reason for exemption
Transfer of Community Property Interest to a surviving spouse.

6 Is this property designated as forest land per RCW 84.33? Yes No
Is this property classified as current use (open space, farm and agricultural, or timber) land per RCW 84.34? Yes No
Is this property receiving special valuation as historical property per RCW 84.26? Yes No

Type of document Affidavit-Lack of Probate & Correcting Legal Desc.
Date of document November 10, 2022

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 84.34.108). Prior to signing (3) below, you may contact your local county assessor for more information.

Gross selling price	<u>0.00</u>
*Personal property (deduct)	<u>0.00</u>
Exemption claimed (deduct)	<u>0.00</u>
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%	<u>0.00</u>
Agricultural and timberland at 1.28%	<u>0.00</u>
Total excise tax: state	<u>0.00</u>
0.0025 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>

This land: does does not qualify for continuance.

Deputy assessor signature _____ 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) doesn't wish to continue, all additional tax calculated pursuant to RCW 84.26, shall be due and payable by the seller or transferor at the time of sale.

(3) NEW OWNER(S) SIGNATURE
Signature _____ Signature _____
Print name _____ Print name _____

8 I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT
Signature of grantor or agent Donna M. Thomason Signature of grantee or agent Donna M. Thomason
Name (print) Donna M. Thomason Name (print) Donna M. Thomason
Date & city of signing 12/2/22 Lewiston Date & city of signing 12/2/22 Lewiston

Perjury in the second degree is a class C felony which is punishable by confinement in a state correctional institution for a maximum term of five years, or by a fine in an amount fixed by the court of not more than \$10,000, or by both such confinement and fine (RCW 9A.72.030 and RCW 9A.20.021(1)(c)).
To ask about the availability of this publication in an alternate format for the visually impaired, please call 360-705-6705. Teletype (TTY) users may use the WA Relay Service by calling 711.

EXHIBIT A

Real property located in Asotin County, Washington, described as follows:

Parcel 1:

Lot 1 of DE' ARLEY ESTATES ADDITION according to plat recorded in Book E of Plats, page 40, in Asotin County, Washington.

APN: 1-231-00-001-0000

65724

AFTER RECORDING, RETURN TO:

Paul B. Burris
Creason, Moore, Dokken & Geidl, PLLC
P. O. Drawer 835
Lewiston ID 83501

**AFFIDAVIT OF DONNA M. THOMASON
LACK OF PROBATE – REAL PROPERTY**

Reference Numbers of Related Documents: N/A

Grantor: Donna M. Thomason

Grantee: Donna M. Thomason

Legal Description:

Real property located in Asotin County, Washington, described as follows:

Lot 1 of DE'ARLEY ESTATES ADDITION according to plat recorded in Book
E of Plats, page 40, in Asotin County, Washington.

2.. Assessor's Parcel No. 1-231-00-001-0000

**AFFIDAVIT OF DONNA M. THOMASON
LACK OF PROBATE – REAL PROPERTY - 1**

Creason, Moore, Dokken & Geidl, PLLC
P.O. Drawer 835, Lewiston, ID 83501
(208)743-1516; Fax (208)746-2231

55724

AFTER RECORDING MAIL TO:

Paul B. Burris
P. O. Drawer 835
Lewiston, ID 83501

**AFFIDAVIT OF DONNA M. THOMASON
LACK OF PROBATE - REAL PROPERTY**

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

Donna M. Thomason, being first duly sworn, deposes and says:

Affiant is the lawful surviving spouse of Wayne Albert Thomason, who died on October 10, 2007, at Spokane, Washington, then being a resident of Clarkston, Asotin County, Washington. A copy of the Certificate of Death is attached hereto.

Affiant has hereinbelow identified each and all of the heirs at law of decedent, including but not limited to her children, adopted children and the issue of any predeceased child or adopted child.

**AFFIDAVIT OF DONNA M. THOMASON
LACK OF PROBATE - REAL PROPERTY - 2**

**Creason, Moore, Dokken & Geidl, PLLC
P.O. Drawer 835, Lewiston, ID 83501
(208)743-1516; Fax (208)746-2231**

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That the heirs of law of decedent are:

NAME AND ADDRESS	RELATIONSHIP
Donna M. Thomason 1311 14 th St. Clarkston, WA 99403	Spouse
Sandra Hoff 3428 15 th St. #24 Lewiston, ID 83501	Daughter
Karen Thomason 220 SE Kamiaken #403 Pullman, WA 99163	Daughter

That affiant knows of her own knowledge, and so states, that each and all of the obligations against the marital community and against the estate of the decedent (including but not limited to: all the debts of decedent, all of the expenses of decedent's last illness, funeral and burial, promissory notes, installment contracts and mortgages, state and federal succession taxes upon decedent's estate, if applicable) have been paid in full.

The decedent died intestate. Affiant is the sole distributee of decedent's estate.

This affidavit is made solely to transfer the Estate's interest in the following real property commonly referred to as 1311 14th Street, Clarkston, County of Asotin, State of Washington, to-wit:

Lot 1 of DE'ARLEY ESTATES ADDITION according to plat recorded in Book E of Plats, page 40, in Asotin County, Washington.

APN: 1-231-00-001-0000

Affiant hereby agrees to indemnify and hold harmless any person or entity who is damaged economically as the result of transferring or accepting title in reliance upon the representations in this document.

**AFFIDAVIT OF DONNA M. THOMASON
LACK OF PROBATE – REAL PROPERTY - 3**

**Creason, Moore, Dokken & Geidl, PLLC
P.O. Drawer 835, Lewiston, ID 83501
(208)743-1516; Fax (208)746-2231**

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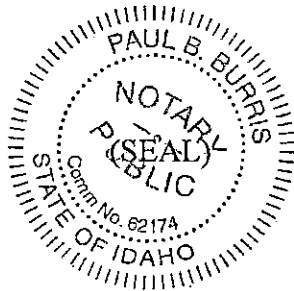
DATED This 10th day of November, 2022.

Donna M Thomason
Donna M. Thomason
1311 14th St.
Clarkston, WA 99402

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

On this 10th day of November, 2022, before me, the undersigned, a notary public in and for said state, personally appeared Donna M. Thomason, known or identified to me to be the individual described in and who executed the foregoing instrument and acknowledged that she signed and sealed the same as her own free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN UNDER MY HAND AND OFFICIAL SEAL the day and year in this certificate first above written.



Paul B Burris
Notary Public in and for said state,
residing at or employed in Lewiston.
My Commission Expires: Sept 4 2025

AFFIDAVIT OF DONNA M. THOMASON
LACK OF PROBATE – REAL PROPERTY - 4

Creason, Moore, Dokken & Geidl, PLLC
P.O. Drawer 835, Lewiston, ID 83501
(208)743-1516; Fax (208)746-2231

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2007-007890

DATE ISSUED: 10/19/2007

FEE NUMBER: 0003205061

GIVEN NAMES: WAYNE ALBERT
LAST NAME: THOMASON

COUNTY OF DEATH: SPOKANE
DATE OF DEATH: OCTOBER 10, 2007
HOUR OF DEATH: 11:45 P.M.
SEX: MALE
AGE: 76 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SACRED HEART MEDICAL CENTER
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99201

RESIDENCE STREET: 1311 14TH ST
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99405
INSIDE CITY LIMITS? YES
COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 10 YEARS

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

FATHER: BYRON MILTON THOMASON
MOTHER: GEORGIA PAULINE STARCHER

BIRTHDATE: OCTOBER 22, 1930
BIRTHPLACE: LUCILE, IDAHO CNTY, IDAHO

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: NORMAL HILL CEMETERY
CITY, STATE: LEWISTON, ID
DISPOSITION DATE: OCTOBER 17, 2007

MARITAL STATUS: MARRIED
SPOUSE: DONNA TODISH

FUNERAL FACILITY: MALCOM'S BROWER-WANN CHAPEL
ADDRESS: 1711 18TH ST / PO BOX 797
CITY, STATE, ZIP: LEWISTON ID 83501
FUNERAL DIRECTOR: RONALD C STOSE

OCCUPATION: MANAGEMENT
INDUSTRY: BULLET MANUFACTURING
EDUCATION: 9-12TH GRADE, NO DIPLOMA
US ARMED FORCES? YES

INFORMANT: DONNA THOMASON
RELATIONSHIP: WIFE
ADDRESS: 1311 14TH ST, CLARKSTON, WASHINGTON, 99403

- CAUSE OF DEATH:
- A. CARDIOGENIC SHOCK
INTERVAL: NOT STATED
 - B. ACUTE MYOCARDIAL INFARCTION
INTERVAL: NOT STATED
 - C. CRITICAL CORONARY ARTERY DISEASE
INTERVAL: NOT STATED
 - D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NO
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

LOCATION OF INJURY:

CERTIFIER NAME: ERIC C ORME MD
TITLE: PHYSICIAN

CITY, STATE, ZIP:
COUNTY:

ADDRESS: 122 W 7TH AV, SUITE 310
CITY, STATE, ZIP: SPOKANE WA 99204
DATE SIGNED: OCTOBER 17, 2007

DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

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

ITEM(S) AMENDED: NONE
NUMBER(S): NONE
DATE(S): NONE



LOCAL DEPUTY REGISTRAR:
PEGGY J WETMORE
DATE RECEIVED: OCTOBER 17, 2007

55724

DOH-01-003 (5/99)

Affidavit for Correction

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

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

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)		5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)

The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) Telephone Number:

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

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:	Certificate of Naturalization	Medical Record	School Record
	Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Insurance Records	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Records	Passport	

Birth Certificates:

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

SPOKANE REGIONAL HEALTH DISTRICT

OCT 19 2007



Peggy J. Wetmore
PEGGY J. WETMORE
CHIEF DEPUTY REGISTRAR

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