

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

Only for sales in a single location code on or after November 1, 2022.
This affidavit will not be accepted unless all areas on all pages are fully and accurately completed.
This form is your receipt when stamped by cashier. *Please type or print.*

Check box if partial sale, indicate % _____ sold.

List percentage of ownership acquired next to each name.

1 Seller/Grantor

Name Scott L. Meacham

2 Buyer/Grantee

Name Teresa E. Meacham

Mailing address 1434 14th St.
City/state/zip Lewiston, ID 83501
Phone (including area code) _____

Mailing address 1434 14th St.
City/state/zip Lewiston, ID 83501
Phone (including area code) (208) 816-6745

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>10040100400100000</u>	<input type="checkbox"/>	<u>\$ 180,700.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>

4 Street address of property 1504 7th St., Clarkston, WA 99403

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 Exhibit A, 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 predominately used for timber (as classified under RCW 84.34 and 84.33) or agriculture (as classified under RCW 84.34.020) and will continue in it's current use? If yes and the transfer involves multiple parcels with different classifications, complete the predominate use calculator (see instructions) Yes No

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

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.

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 _____

7 List all personal property (tangible and intangible) included in selling price.

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

WAC number (section/subsection) 458-61A-202(6)(a)

Reason for exemption
Community Property Agreement - Inheritance

Type of document CPA & Death Certificate
Date of document 2/11/2022 & 11/4/2022

Gross selling price	0.00
*Personal property (deduct)	0.00
Exemption claimed (deduct)	0.00
Taxable selling price	0.00
Excise tax: state	
Less than \$500,000.01 at 1.1%	0.00
From \$500,000.01 to \$1,500,000 at 1.28%	0.00
From \$1,500,000.01 to \$3,000,000 at 2.75%	0.00
Above \$3,000,000 at 3%	0.00
Agricultural and timberland at 1.28%	0.00
Total excise tax: state	0.00
0.0025 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

PAID

DEC - 9 2022

ASOTIN COUNTY
TREASURER

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 agent Teresa Meacham
Name (print) Teresa E. Meacham
Date & city of signing 12/7/2022 at Lewiston, Idaho

Signature of grantee or agent Teresa Meacham
Name (print) Teresa E. Meacham
Date & city of signing 12/7/2022 at Lewiston, Idaho

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

LEGAL DESCRIPTION:

THAT PART OF LOT 4 IN BLOCK "H" OF VINELAND, ACCORDING TO THE OFFICIAL PLAT THEREOF, FILED IN BOOK B OF PLATS AT PAGE(S) 63 OFFICIAL RECORDS OF ASOTIN COUNTY, WASHINGTON MORE PARTICULARLY DESCRIBED AS FOLLOWS: FROM THE STONE MONUMENT AT THE INTERSECTION OF THE CENTERLINES OF HIGHLAND AVENUE AND SEVENTH STREET, SOUTHERLY ALONG THE CENTERLINE OF SOUTH SEVENTH STREET A DISTANCE OF 871.08 FEET; THENCE DEFLECT RIGHT $92^{\circ} 13'$ A DISTANCE OF 25.02 FEET TO THE TRUE PLACE OF BEGINNING; THENCE CONTINUE ON THE LAST ABOVE MENTIONED COURSE A DISTANCE OF 137.48 FEET; THENCE DEFLECT RIGHT $87^{\circ} 47'$ A DISTANCE OF 70 FEET; THENCE DEFLECT RIGHT $92^{\circ} 13'$ A DISTANCE OF 137.48 FEET; THENCE DEFLECT RIGHT $87^{\circ} 47'$ A DISTANCE OF 70 FEET TO TRUE PLACE OF BEGINNING.

SJM JEM

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AFTER RECORDING, RETURN TO:

COMMUNITY PROPERTY AGREEMENT

This agreement is made between Scott L. Meacham ("Husband") and Teresa E. Meacham ("Wife"), husband and wife, who were married on May 11, 1974, in Wallace, Idaho, and who are currently domiciled within the State of Idaho. 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. All real property currently owned or subsequently acquired by husband and/or wife.

B. All tangible personal property and financial assets now owned or hereafter acquired, including without limitation, household items, tools, firearms, vehicles, art objects, ownership and debt interests in business entities, accounts and notes receivable, and all financial accounts of every nature.

Upon execution of this Agreement, the above-described property shall be 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 and/or separate property shall vest in Wife as of the

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moment of Husband's death. If Wife dies and Husband survives her, all of the described community property and or separate 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, Scott L. Meacham and Teresa E. Meacham,
have hereunto set their signatures this 11th day of February, 2022.

Scott L. Meacham

Scott L. Meacham, **Husband**

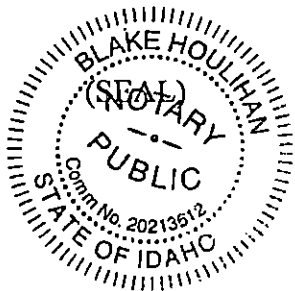
Teresa E. Meacham

Teresa E. Meacham, **Wife**

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

On this day personally appeared before me, Scott L. Meacham and Teresa E. Meacham 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 February, 2022.



Blake Houlihan

Notary Public in and for said State,
residing at or employed in Lewiston.
My Commission Expires: 02/02/2027

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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 VALID AS PROOF OF FACTS OF THE DEATH OF THE DECEASED. (Rev. 07/28/20)

Local Reg. No.

DECEASED TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS	* 1. DECEASED'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) SCOTT L. MEACHAM		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]	
	4a. AGE-Last Birthday 71 (Year)		4b. UNDER 1 YEAR Months: 03 Days: 10 Hours: 19 Minutes: 51	5. DATE OF BIRTH (Mo/Day/Yr) 03/07/1951	
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) LEWISTON, IDAHO		7. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY NEZ PERCE	7c. CITY OR TOWN LEWISTON	
	7d. STREET AND NUMBER 1434 14TH STREET		7e. APT. NO. 83501	7f. ZIP CODE 83501	7g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
MORTICIAN: Complete/Venue and File Within 5 Days of Death	8. MARRIAGE 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 TERESA E. CRANDALL				
	9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) TERESA E. CRANDALL		10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	11a. FATHER'S NAME (First, Middle, Last, Suffix) DAVID W. MEACHAM		11b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO		
	11c. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) DORIS F. HERNDON		11d. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO		
	13a. INFORMANT'S NAME (Type or print) TERESA E. MEACHAM		13b. RELATIONSHIP TO DECEASED SPOUSE	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 1434 14TH STREET LEWISTON, ID 83501	
DISPOSITION Complete/Venue and File Within 5 Days of Death	14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify)		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 MOUNTAIN VIEW FUNERAL HOME 3521 SEVENTH STREET LEWISTON, IDAHO 83501		17. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: GERALD E. BARTLOW		
	17a. LICENSE NUMBER (Of 606/500) 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 type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> PCA <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) LIFE CARE CENTER OF LEWISTON		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE LEWISTON, ID 83501		22. COUNTY OF DEATH NEZ PERCE
PLACE OF DEATH Complete/Venue and File Within 5 Days of Death	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) November 4, 2022		24. TIME OF DEATH (24hr) 20:40	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) November 4, 2022	26. TIME PRONOUNCED DEAD (24hr) 20:40
	27. CAUSE OF DEATH PART I: Enter the chain of events, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator liberation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. DIABETIC ULCER RIGHT HEEL DUE TO (or as a consequence of): METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS INFECTION DUE TO (or as a consequence of): NON-COMPLIANCE TO MEDICAL TREATMENT DUE TO (or as a consequence of):				
	28. IMMEDIATE CAUSE (Final disease or condition resulting in death) DIABETIC ULCER RIGHT HEEL DUE TO (or as a consequence of): METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS INFECTION DUE TO (or as a consequence of): NON-COMPLIANCE TO MEDICAL TREATMENT DUE TO (or as a consequence of):				
	29. UNDERLYING CAUSE (Last disease or injury that initiated the events resulting in death) DIABETIC ULCER RIGHT HEEL DUE TO (or as a consequence of): METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS INFECTION DUE TO (or as a consequence of): NON-COMPLIANCE TO MEDICAL TREATMENT DUE TO (or as a consequence of):				
	PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I. TYPE 2 DIABETES; CEREBRAL VASCULAR ACCIDENT; ADULT FAILURE TO THRIVE				
DATE OF DEATH Complete/Venue and File Within 5 Days of Death	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 within 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 if 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 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 DECEASED OCCUPIED, IF APPLICABLE TRANSPORTATION <input checked="" type="checkbox"/> WAS DECEASED <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) <input type="checkbox"/> INJURY ONLY <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) <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				
CAUSE OF DEATH Complete/Venue and File Within 5 Days of Death	38a. CERTIFIER (Check only one, based on official capacity for this certificate) <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input checked="" 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.		39a. LICENSE NUMBER N-66110		
	38b. 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: CONNIE SPEARS, N.P.		39b. DATE SIGNED 11 / 8 / 2022 MM DD YYYY		
	39c. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) CONNIE SPEARS, 415 SIXTH STREET LEWISTON, ID 83501				
	40a. REGISTRAR'S SIGNATURE James B. Galt		40b. DATE SIGNED 11 / 9 / 2022 MM DD YYYY		
	41. REGISTRAR'S TITLE STATE REGISTRAR				

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 09 2022**

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

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James B. Galt
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



* 0 0 1 7 3 1 2 7 8 *

STATE OF IDAHO County of Lewiston

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

Amber Hudson

Local Vital Statistics Registration Official

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