

**REAL ESTATE EXCISE TAX AFFIDAVIT**

CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

**THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED**

Only for sales in a single location made on or after January 1, 2020.

This form is your receipt  
when stamped by cashier.

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.

PLEASE TYPE OR PRINT

|  |  |  |   |
|--|--|--|---|
| <b>1</b><br>SELLER<br>GRANTOR  | Name <u>Patricia R. Johnson</u>              | <b>2</b><br>BUYER<br>GRANTEE   | Name <u>Joel Pals</u>                     |
|  | Mailing Address <u>1736 Pointe Woodworth</u> |  | Mailing Address <u>Melinda Pals</u>       |
|  | City/State/Zip <u>Tacoma, WA 98422 Dr NE</u> |  | City/State/Zip <u>1560 7th Avenue</u>     |
|  | Phone No. (including area code)              |  | City/State/Zip <u>Clarkston, WA 99403</u> |
| <b>3</b> Send all property tax correspondence to: <input type="checkbox"/> Same as Buyer/Grantee |  | List all real and personal property tax parcel<br>account numbers - check box if personal property |   |
| Name <u>Joel and Melinda Pals</u>  |  | List assessed value(s)   |   |
| Mailing Address <u>1560 7th Avenue</u>   |  | <u>1104000290000000</u> <input type="checkbox"/> <u>223,500.00</u>                                 |   |
| City/State/Zip <u>Clarkston, WA 99403</u>  |  | <u>1162000010000000</u> <input type="checkbox"/> <u>30,000.00</u>                                  |   |
| Phone No. (including area code)  |  | <input type="checkbox"/> <u>0.00</u>   |   |
| <input type="checkbox"/> <u>0.00</u>   |  |  |   |

**4** Street address of property: 1560 7th Ave, Clarkston

This property is located in Asotin

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)?

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

**6** YES NO

Is this property designated as forest land per chapter 84.33 RCW?

Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW?

Is this property receiving special valuation as historical property per chapter 84.26 RCW?

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) \_\_\_\_\_

Reason for exemption \_\_\_\_\_

Type of Document Statutory Warranty Deed

Date of Document 12/15/2022

|   |            |
|---|------------|
| Gross Selling Price \$                      | 366,900.00 |
| Personal Property (deduct) \$               | 0.00       |
| Exemption Claimed (deduct) \$               | 0.00       |
| Taxable Selling Price \$                    | 366,900.00 |
| Excise Tax: State                           |            |
| Less than \$500,000.01 at 1.1%              | 4,035.90   |
| 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%                   | 0.00       |
| Agricultural and timberland at 1.28%        | 0.00       |
| Total Excise Tax: State \$                  | 4,035.90   |
| Local \$                                    | 0.007825   |
| Delinquent Interest: State \$               | 0.00       |
| Local \$                                    | 0.00       |
| Delinquent Penalty \$                       | 0.00       |
| Subtotal \$                                 | 4,035.90   |
| *State Technology Fee \$                    | 5.00       |
| *Affidavit Processing Fee \$                | 0.00       |
| Total Due \$                                | 4,040.90   |

917.25

4953.15

4958.15

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 Patricia R. Johnson Signature of Grantee or Grantee's Agent Joel Pals

Name (print) Patricia R. Johnson Name (print) Joel Pals

Date & city of signing 12/19/2022 Clarkston Date & city of signing 12/19/2022 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)).

**EXHIBIT "A"**

626466

Parcel 1

Lot 29 of Rankin Hill First Addition, according to the official plat thereof, filed in Book D of Plats at Page(s) 16, Official records of Asotin County, Washington

Parcel 2

Lot 1 of Highline Terrace Addition according to plat recorded in Book D of Plats, page 47, in Asotin County, Washington

55743

**CERTIFICATION OF VITAL RECORD**

**STATE OF IDAHO**  
IDAHO DEPARTMENT OF HEALTH AND WELFARE  
CENTER FOR VITAL STATISTICS AND HEALTH POLICY

State of Idaho  
**CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_  
Local Reg. No. 2-167

ONLY A COPY OF THIS DOCUMENT CERTIFIED BY THE STATE REGISTRAR, WITH THE SIGNATURE OF A HEALTH CARE PROVIDER, SHALL BE USED FOR FEDERAL PURPOSES.

|                   |   |  |  |                                  |                                  |
|-------------------|---|--|--|----------------------------------|----------------------------------|
| <b>DECEDENT</b>   | DECEDENT - NAME FIRST MIDDLE LAST SEX   | LEE GORDON JOHNSON, JR. Male           |  | DATE OF DEATH (Month, Day, Year) | April 28, 2001                   |
|                   | SOCIAL SECURITY NUMBER  | AGE - LAST BIRTHDAY (Month, Day, Year) | UNDER 1 YEAR (Month, Day, Year)  | UNDER 1 DAY (Month, Day, Year)   | DATE OF BIRTH (Month, Day, Year) |
|                   | WAS DECEDENT BORN IN U.S. (ARMED FORCES?)   | PLACE OF DEATH (Check only one)        | OTHER  |                                  |                                  |
|                   | FACILITY NAME AND ADDRESS (If not a residence, give name of place, street and number) |  | CITY, TOWN OR LOCATION OF DEATH  |                                  | COUNTY OF DEATH                  |
| <b>PARENTS</b>    | FATHER - NAME   |  | PLACE OF BIRTH   | MOTHER - FULL MAIDEN NAME        | PLACE OF BIRTH                   |
|                   | INFORMANT   |  | MARRIAGE LICENSE (Month and number of days from nearest City or Town, State, ZIP Code) |                                  |                                  |
|                   | DISPOSITION   |  | MANNER OF DEATH (Check One)  |                                  |                                  |
|                   | CAUSE OF DEATH  |  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH   |                                  |                                  |
| <b>CERTIFIER</b>  | METHODOLOGY OF DEATH  |  | MANNER OF DEATH (Check One)  |                                  |                                  |
|                   | IMMEDIATE CAUSE (Final disease or condition resulting in death)                       |  | MANNER OF DEATH (Check One)  |                                  |                                  |
|                   | UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST    |  | MANNER OF DEATH (Check One)  |                                  |                                  |
|                   | SIGNATURE AND TITLE OF CERTIFIER  |  | LICENSE NUMBER   |                                  |                                  |
| <b>REGISTERAR</b> | DATE OF INJURY (Mo., Day, Yr.)  |  | HOUR OF INJURY   |                                  |                                  |
|                   | INJURY AT WORK?   |  | PLACE OF INJURY - All forms, etc., given injury, other building, etc. (Specify)        |                                  |                                  |
|                   | CORONER'S ACTION  |  | CORONER'S SIGNATURE  |                                  |                                  |
|                   | SIGNATURE AND TITLE OF REGISTERAR   |  | DATE SIGNED (Month, Day, Year)   |                                  |                                  |

VITAL STATISTICS COPY

At a minimum, complete items 1; 3; 6a, b, c, d; 20a; 21a, b; 22; and 29a for the 24 Hour Report & Authorization For Final Disposition  
This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO CENTER FOR VITAL STATISTICS AND HEALTH POLICY.

DATE ISSUED: April 30, 2001

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

*Jane S. Smith*  
JANE S. SMITH  
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

-55743

000917423

STATE OF IDAHO County of Nez Perce

This copy of a death certificate was issued by  
the District Health Department prior to filing  
with the Idaho Bureau of Vital Records.

*Arthur A. Bardwell*

Local Vital Statistics Registration Official

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