

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

Form 84 0001a

Only for sales in a single location code on or after February 1, 2023.  
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 D. STEVE KRAUSE  
LORI KRAUSE  
Mailing address 402 6TH ST  
City/state/zip CLARKSTON, WA 99403  
Phone (including area code) \_\_\_\_\_

**2 Buyer/Grantee**

Name LORI A Krause  
Mailing address 402 6TH ST.  
City/state/zip Clarkston WA 99403  
Phone (including area code) 509-758-0569

**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  
L-001-43-014-0000  Personal property?  Assessed value(s) (37,100)

**4 Street address of property** 402 6TH ST, CLARKSTON  
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 ATTACHED

**5 Land use code** 11

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)(i)

Reason for exemption INHERITANCE, NON-PROBATED WILL

Type of document LACK OF PROBATE AFFIDAVIT  
Date of document 2-14-23

Gross selling price	_____
*Personal property (deduct)	_____
Exemption claimed (deduct)	_____
Taxable selling price	_____
Excise tax: state	_____
Less than \$525,000.01 at 1.1%	_____
From \$525,000.01 to \$1,525,000 at 1.28%	_____
From \$1,525,000.01 to \$3,025,000 at 2.75%	_____
Above \$3,025,000 at 3%	_____
Agricultural and timberland at 1.28%	_____
Total excise tax: state	_____
Local	_____
*Delinquent interest: state	_____
Local	_____
*Delinquent penalty	_____
Subtotal	_____
*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 agent Lori A Krause Signature of grantee or agent Lori A Krause  
Name (print) LORI A Krause Name (print) LORI A. Krause  
Date & city of signing 2-14-23 Asotin Date & city of signing 2-14-23 Asotin

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.

REV 84 0001a ((01/17/23)) THIS SPACE IS TREASURER'S USE ONLY COUNTY TREASURER

CASH \$10.00 L FEB 14 2023 # 55859  
ASOTIN COUNTY TREASURER Print on legal size paper. Page 1 of 6

all of the following  
described real property situate in the City of Clarkston, County  
of Asotin, State of Washington, to wit:

Lots 13 and 14 of Block 43 of Clarkston according to  
plat recorded in Book B of Plats, page 19, in Asotin  
County, Washington.

TOGETHER WITH ALL AND SINGULAR the tenements,  
hereditaments and appurtenances thereunto belonging, or in anywise  
appertaining, and the reversion and reversions, remainder and  
remainders, rents, issues and profits thereof.

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Return Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee LORI ANN KRAUSE, being first duly sworn  
Name of Affiant

deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real  
property described below, and is Wife  
Relationship to decedent

of Danny Steven Krause, who died on 11-13-2022  
Decedent/Grantor Date

at Clarkston Asotin WA,  
City County State

#### REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:  
see attached

Assessor's Property Tax Parcel/Account Number: 1-001-43-014-0000  
(Attach full legal description of the property)

- Decedent left no Last Will and Testament.
- Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of  
predeceased child or adopted child, parents, brothers and sisters of the decedent.  
Affiant hereby identifies all heirs at law of the decedent: (use additional pages if  
necessary)

(Page 1 of \_\_\_\_\_)

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

Dated: 2-14-2023

Lori Ann Krause  
Affiant's full name

509-758-0569  
Telephone number

402 6<sup>th</sup> ST.  
Clarkston WA 99403  
City State Zip Code

Lori A Krause 2-14-2023  
Signature Date

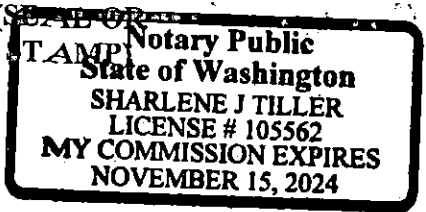
State of Washington County of Asotin

I know or have satisfactory evidence that Lori A. Krause  
(name of person)

is the person who appeared before me, and said person acknowledged that ~~he~~/she signed this affidavit and acknowledged it to be ~~his~~/her free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 2/14/23

Sharlene J. Tiller  
Signature of Notary Public



Residing at: Asotin

Notary Public in and for the State of WA.

My appointment expires: 11-15-24

all of the following  
described real property situate in the City of Clarkston, County  
of Asotin, State of Washington, to wit:

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STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-057591

DATE ISSUED: 11/15/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): DANNY STEVEN  
LAST NAME(S): KRAUSE

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: NOVEMBER 13, 2022  
HOUR OF DEATH: 06:51 PM  
SEX: MALE AGE: 72 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

BIRTH DATE: JUNE 09, 1950  
BIRTHPLACE: CLARKSTON, WA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: LORI ANN WHITELEY

OCCUPATION: MACHINIST  
INDUSTRY: FABRICATION  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: NO

INFORMANT: LORI KRAUSE  
RELATIONSHIP: SPOUSE  
ADDRESS: 402 6TH ST. CLARKSTON, WASHINGTON 99403

CAUSE OF DEATH:  
A: ASPIRATION PNEUMONIA  
INTERVAL: 12 HRS  
B: SEVERE OROPHARYNGEAL DYSPHAGIA  
INTERVAL: 12 HOURS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: DEMENTIA

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

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: TRI-STATE MEMORIAL HOSPITAL, INC.  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 402 6TH ST  
CITY, STATE, ZIP: CLARKSTON, WA 99403-1812  
INSIDE CITY LIMITS: YES COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 36 YEARS

FATHER: BRUNO KRAUSE  
MOTHER: OLIVE ELLIOTT

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

CITY, STATE: LEWISTON, IDAHO  
DISPOSITION DATE: NOVEMBER 15, 2022

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME

ADDRESS: 3521 7TH STREET  
CITY, STATE, ZIP: LEWISTON, IDAHO 83501  
FUNERAL DIRECTOR: GERALD E. BARTLOW

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: NO  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: LEIF P. KANOOTH, DO  
TITLE: DO  
CERTIFIER ADDRESS: 1221 HIGHLAND AVE  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403  
DATE SIGNED: NOVEMBER 14, 2022

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

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON  
DATE RECEIVED: NOVEMBER 14, 2022

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# Affidavit for Correction

Mail to: Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
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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**Required information must match current information on record**

**Required**

Record Type:  Birth  Death  Marriage  Dissolution (Divorce)

1. Name on Record: First Middle Last      2. Date of Event: MM/DD/YYYY      3. Place of Event: (City or County)

4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)      5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)  
First Middle Last/Maiden      First Middle Last/Maiden

6. Name of Person Requesting Correction: Relationship to  Self  Guardian  Informant  Hospital  
Person on Record:  Parent(s)  Funeral Director  Other (specify) \_\_\_\_\_

7. Return Mailing Address: PO Box or Street Address      City      State      Zip

Telephone Number: ( )      Email Address:

**Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:**

The record currently shows:	The true fact is:
8.	9.
10.	11.
12.	13.

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

14a. Signature:      14b. Signature of 2<sup>nd</sup> parent (if required):

Printed name:      Date:      Printed name:      Date:

**INSTRUCTIONS – go to [www.doh.wa.gov](http://www.doh.wa.gov) for more information**

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Copy of Passport / Enhanced ID
- Green/Permanent Resident card (I-551)

**You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.**

**Birth Certificates**

- Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
- The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
- Proof documentation must be five or more years old or established within five years of birth.
- This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

**Child under 18**

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, a court order is required to change the last name.
- No proof is required to change the first or middle name.\*
- To correct parent's information, one proof documentation is required.
- To correct the sex of the child, one proof documentation from a medical provider is required.

**Adult (18 years or older)**

- Only the adult can change his or her birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

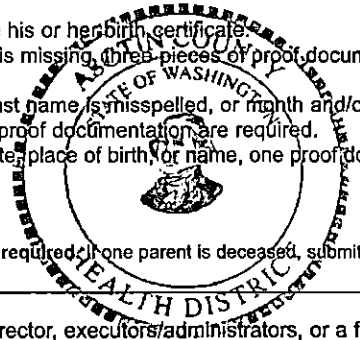
\*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

**Death Certificates**

- Only the informant may change the non-medical information without proof documentation. The funeral director, executor/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

**Marriage/Dissolution (Divorce) Certificates**

- Personal facts (minor spelling changes in name, date or place of birth, or residence) may be changed by the person with one piece of proof documentation.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



BOD LUTZ, M.D., MPH

NOV 15 2022

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