

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

Only for sales in a single location code on or after January 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.
1 Seller/Grantor
Name Nellie K. Orr

List percentage of ownership acquired next to each name.
2 Buyer/Grantee
Name Trudi Jo Knopes

Mailing address 1020 13th Street
City/state/zip Clarkston, WA 99403
Phone (including area code) _____

Mailing address 1103 16th St
City/state/zip Clarkston WA 99403
Phone (including area code) _____

3 Send all property tax correspondence to: Same as Buyer/Grantee
Name Trudi Jo Knopes

List all real and personal property tax parcel account numbers	Personal property?	Assessed value(s)
<u>1-212-00-007-0000-0000</u>	<input type="checkbox"/>	<u>\$ 84,450.00</u>
	<input type="checkbox"/>	<u>\$ 0.00</u>
	<input type="checkbox"/>	<u>\$ 0.00</u>

Mailing address _____
City/state/zip _____

4 Street address of property 1103 16th Street, 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).

Lot 7 of Lakeview Addition, according to the official plat thereof, filed in Book E of Plats at Page(s) 21 Official Records of Asotin County, Washington.

5 11.- Household, single, family units
Enter any additional codes _____
(see back of last page for instructions)

7 List all personal property (tangible and intangible) included in selling price.
1. Buyer/Grantor _____
2. Buyer/Grantee _____

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

If claiming an exemption, list WAC number and reason for exemption.
WAC number (section/subsection) _____
Reason for exemption Forest land - 84.38

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	Statutory Warranty Deed	Assessed
Date of document	<u>01/27/2023</u>	
Gross selling price	<u>128,000.00</u>	
*Personal property (deduct)	<u>0.00</u>	
Exemption claimed (deduct)	<u>0.00</u>	
Taxable selling price	<u>128,000.00</u>	

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.

Excise tax rate	Amount
Up to \$525,000.01 at 1.1%	<u>1,408.00</u>
From \$525,000.01 to \$1,525,000 at 1.28%	<u>0.00</u>
From \$1,525,000.01 to \$3,025,000 at 2.75%	<u>0.00</u>
Above \$3,025,000 at 3%	<u>0.00</u>
Agricultural and timberland at 1.28%	<u>0.00</u>
Total excise tax: state	<u>1,408.00</u>
Local	<u>320.00</u>
Delinquent Interest: state	<u>0.00</u>
Local	<u>0.00</u>
*Delinquent penalty	<u>0.00</u>
Subtotal	<u>1,728.00</u>
*State technology fee	<u>5.00</u>
Affidavit processing fee	<u>0.00</u>
Total due	<u>1,733.00</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 _____

A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX
*SEE INSTRUCTIONS

8 CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT
Signature of grantor or agent Nellie K. Orr
Name (print) Nellie K. Orr
Date & city of signing 01/30/2023, Clarkston, WA

Signature of grantee or agent Trudi Jo Knopes
Name (print) Trudi Jo Knopes
Date & city of signing 01/31/2023, Clarkston, WA

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 (12/1/22) THIS SPACE TREASURER'S USE ONLY COUNTY TREASURER _____
DATE 02/01/2023 - RECEIPT No. 55823 - Alliance Title - Clarkston

Total excise tax: state 1,408.00 Print on legal size paper.
Local 320.00
Delinquent Interest: state 0.00
Local 0.00

Return Address
735 5th Street
Clarkston, WA 99403

Please print or type information

<p>Document Title(s) (or transactions contained therein):</p> <p>1. Lack of Probate Affidavit</p> <p>2.</p> <p>3.</p> <p>4.</p>
<p>Grantor(s) (Last name first, then first name and initials):</p> <p>1. Orr, Milton D.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p><input type="checkbox"/> Additional names on page __ of document.</p>
<p>Grantee(s) (Last name first, then first name and initials):</p> <p>1. To the public</p> <p>2.</p> <p>3.</p> <p>4.</p> <p><input type="checkbox"/> Additional names on page __ of document.</p>
<p>Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.)</p> <p><input type="checkbox"/> Additional legal is on page __ of document.</p>
<p>Reference Number(s) of Documents assigned or released:</p> <p><input type="checkbox"/> Additional numbers on page __ of document.</p>
<p>Assessor's Property Tax Parcel/Account Number</p> <p><input type="checkbox"/> Property Tax Parcel ID is not yet assigned</p> <p><input type="checkbox"/> Additional parcel numbers on page __ of document</p>
<p>The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.</p>
<p style="text-align: right; font-size: 2em;">55 823</p>



State of Washington
Department of Revenue
Special Programs Division
Miscellaneous Tax
PO Box 47477
Olympia WA 98504-7477

AFFIDAVIT (LACK OF PROBATE)

Nellie K. Orr, being first duly sworn, deposes and says:
The undersigned affiant is the rightful heir to the real property described below, and is Spouse
(relationship to decedent) of Milton D. Orr (decedent), who died on (date)
April 7, 2016, at
Clarkston Asotin WA
City County State

*** A CERTIFIED COPY OF THE DEATH CERTIFICATE MUST BE PRESENTED. PLEASE NOTE: A copy may be used for recording at the discretion of the county.

REGARDING DISPOSITION OF REAL PROPERTY:

Attach the full legal description of the property with county and parcel number being transferred which is located at a commonly recognized address of: _____

Street

City State Zip Code

AFFIDAVIT (LACK OF PROBATE)

Decedent left no Last Will and Testament and/or Community Property Agreement; OR Decedent left a Community Property Agreement in favor of surviving spouse (A COPY OF WHICH IS ATTACHED for review), or has been recorded under _____ County recording number _____; OR

Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked (A COPY OF WHICH IS ATTACHED for review)

"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)

Nellie K. Orr, spouse
1020 13th Street, Clarkston, WA 99403
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

(Continued on next page)

REV 84 0017 (5/16/16)

50823

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: February 1, 2023
Affiant's full name Nellie K. Orr

Telephone number 509-758-4101

1020 13th Street, Clarkston, WA 99403
Street

Clarkston City WA State 99403 Zip Code

Signature [Handwritten Signature] Date 02-01-2023

State of WA County of Asotin

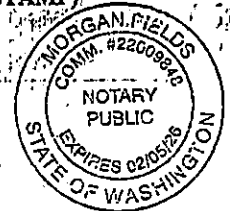
I know or have satisfactory evidence that Nellie K. Orr (name of person)

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: 02/01/2023

Signature of Notary Public

(SEAL OR STAMP)



Residing at: Lewiston, ID

Notary Public in and for the State of WA Zip Code

My appointment expires: 2/5/2026
02-01-2023

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Cover sheet for Death Cert.
to be record -

(Smalley Dr.)
Yellie Orr

Asotin County, WA 360995
Daria McKay Auditor 03/04/2019 10:30 AM

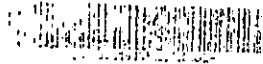


1-131 DC
Form 3 Fee: \$12.00

Cover sheet for Death Cert.
to be record -

(Smalley Dr.)
Yellie Orr

Asotin County, WA 360995
Daria McKay Auditor 03/04/2019 10:30 AM



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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-915816

DATE RECEIVED: 04/05/2016

FEE NUMBER: 000244433

GIVEN NAME: MILTON DEWAYNE
LAST NAME: OOK

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: APRIL 01, 2016
HOUR OF DEATH: 01:30 A.M.
SEX: MALE
AGE: 87 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]
HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: FEBRUARY 26, 1929
BIRTHPLACE: MISSOULA, MONTANA
MARITAL STATUS: MARRIED
SPOUSE: SHOOKY HOGGELS

OCCUPATION: AIR FORCE
INDUSTRY: U.S. MILITARY
EDUCATION: HIGH SCHOOL GRADUATE OR EQV COMPLETED
US ARMY: FORECAST YES

REPORTANT: NEEL OOK
RELATIONSHIP: SON
ADDRESS: 814 E WELLESLEY, SPOKANE WA, 99207

CAUSE OF DEATH:
A. END STAGE CHRONIC OBSTRUCTIVE PULMONARY DISEASE
INTERVAL: YEAR
B. PNEUMONIA
INTERVAL: 1 WEEK
C. INTERVAL:
D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

INJURY INFORMATION:

DATE OF INJURY:
HOUR OF INJURY:
PLACE OF INJURY:
LOCATION OF INJURY:

STATISTICAL INFORMATION:
CITY, STATE, ZIP:
COUNTRY:
DESCRIPTIVE AND INJURY OCCURRENCE:

STATUS OF DECEASED, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

IDENTIFICATION INFORMATION:
IDENTIFICATION NUMBER:
DATE OF IDENTIFICATION:

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

RESIDENCE STREET: 1010 19TH ST
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
INSIDE CITY LIMITS: YES
COUNTY: ASOTIN
TERRITORIAL RESERVATIONS: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 45 YEARS

FATHER/PARENT: MERLE MILTON OOK
MOTHER/PARENT: BELLE C COOK

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY
CITY, STATE, ZIP: LEWISTON, ID
DISPOSITION DATE: APRIL 04, 2016

FEDERAL FACILITY: MERCHANT RICHARDSON CROWN FEDERAL HOMES LLC
ADDRESS: PO. BOX 187
CITY, STATE, ZIP: CLARKSTON WA 99403
FEDERAL STRUCTURE: RICHARD LASSTIGS

CERTIFICATE OF DEATH

DATE RECEIVED: 04/05/2016

MANNER OF DEATH: NATURAL
ANTHROPY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH: NOT APPLICABLE
TOBACCO USE CONTRIBUTES TO DEATH: PROBABLY
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: SOLANTA OLSON MD
TITLE: PHYSICIAN
ADDRESS: 1821 HIGHLAND
CITY, STATE, ZIP: CLARKSTON WA 99403
DATE RECEIVED: APRIL 01, 2016

CASE REFERRED TO ME/CORRECTOR: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
SOLANTA OLSON MD

LOCAL DEPUTY REGISTRAR:
SHOOKY HOGGELS
DATE RECEIVED: APRIL 05, 2016



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Affidavit for Correction

(10) Health

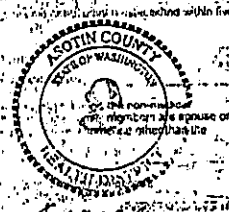
Complete in ink, and do not alter.
STATE OFFICE USE ONLY

Center for Health Statistics
PO Box 41214
Spokane, WA 99208-0214
509.325.4600
www.cshs.wa.gov

1. Name of the person being corrected: _____
2. Date of birth: _____
3. Sex: _____
4. Race: _____
5. Ethnicity: _____
6. Place of Birth: _____

7. Social Security Number: _____
8. Signature of the person being corrected: _____
9. Signature of the affiant: _____
10. Date: _____

When the person must show the name
of the person being corrected on the
birth certificate, the person must
provide a secondary proof
of identity, such as a driver's
license, passport, or other
documentary proof.



Joel McCullough
Joel McCullough, M.D., MPH, MS
Health Officer

APR 05 2016
AA0024458

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