

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 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.

List percentage of ownership acquired next to each name.

1 Seller/Grantor

Name Vincent C. Lopardo

Mailing address PO Box 1562

City/state/zip Clarkston WA 99403

Phone (including area code) _____

3 Send all property tax correspondence to: Same as Buyer/Grantee

Name Anthony C. Bennett Halley R. Bennett

Mailing address 2756 Rainier Street

City/state/zip Clarkston WA 99403

4 Street address of property 2756 Rainier Street, Clarkston, WA

This property is located in Asotin Unincorp (for unincorporated locations please select your county) X

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 6 in Block One of Blocks One and Two of Tumbleweed Terrace Addition according to the official plat thereof, filed in Book D of Plats at _____
-Page(s) 27, records of Asotin County, Washington

5 Land use code 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 _____

8 I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature of grantor or agent Vincent C. Lopardo by _____

Name (print) Vincent C. Lopardo _____

Date & city of signing 3/30/23, Clarkston, WA

2 Buyer/Grantee

Name Anthony C. Bennett

Halley R. Bennett

Mailing address 2756 Rainier Street

City/state/zip Clarkston WA 99403

Phone (including area code) _____

List all real and personal property tax parcel account numbers 11400100600000000

Personal property?

Assessed value(s) 157,300.00

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) _____
Reason for exemption _____

Type of document Statutory Warranty Deed (SWD)

Date of document 03/28/23

Gross selling price	347,000.00
*Personal property (deduct)	0.00
Exemption claimed (deduct)	0.00
Taxable selling price	347,000.00
Excise tax: state	
Less than \$525,000.01 at 1.1%	3,817.00
From \$525,000.01 to \$1,525,000 at 1.28%	0.00
From \$1,525,000.01 to \$3,025,000 at 2.75%	0.00
Above \$3,025,000 at 3%	0.00
Agricultural and timberland at 1.28%	0.00
Total excise tax: state	3,817.00
Local	867.50
*Delinquent interest: state	0.00
Local	0.00
*Delinquent penalty	0.00
Subtotal	4,684.50
*State technology fee	5.00
Affidavit processing fee	0.00
Total due	4,689.50

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

*SEE INSTRUCTIONS

Permit the record to be used by the assessor for his or her duties, or for any other purpose, without the need for a separate release of this information.

To ask about the availability of this publication in any alternate format, including large print, please call 360-705-6705. Teletype

**LACK OF PROBATE AFFIDAVIT
STATE OF WASHINGTON
FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, OR JOINT TENANCY PROPERTY**

Title Insurance Commitment No: 633335

STATE OF Washington)
) SS:
COUNTY OF Asotin)

(herein, "Affiant"), being first duly sworn, on oath deposes and says:

That Affiant is (check one):

- the lawful surviving spouse of the Decedent
- Surviving child of the Decedent
- Registered domestic partner of the Decedent
- One of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on _____ [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington,
- other (identify): _____

All with respect to the estate of Naida Mary Lopardo (herein "Decedent"), who died on July 22, 2016 , in the County of Nez Perce , State of Idaho then being a resident of the City of Clarkston , County of Asotin , State of Washington . (A copy of the death certificate is attached hereto.)

That Affiant has herein below identified each and all of the heirs at law and next of kin of decedent, including but not limited to children, adopted children, the issue of any predeceased child or adopted child (if decedent left no surviving children, then Affiant has listed below all of the surviving parents, brothers and sisters of decedent), spouse, registered domestic partner, and **including all parties who would have been heirs at law if the decedent had not been married or a registered domestic partner on the date of death:**

That the heirs at law and next of kin of the decedent are (list all parties, using the reverse side or attaching a list if necessary):

Name & relationship Vincent C. Lopardo, spouse
Address: _____
Name & relationship Pamela Lopardo, daughter
Address: 1231 Boston St Clarkston WA 99403
Name & relationship _____
Address: _____
Name & relationship _____
Address: _____

That among items of real property owned by the Decedent at the time of death was real estate located in
Asotin County, Washington, and described in the above referenced Title Insurance Commitment.

As to the Decedent, said real estate was [check one]

- Community property
 Separate property
 Joint tenancy property

CHECK ALL BOXES WHICH APPLY IN EACH SECTION:

1. That on the date the real property was purchased the Decedent was:
 married to Vincent C. Lopardo.
 unmarried, not a registered domestic partner
 unmarried, a registered domestic partner of _____.
2. That on the date of death the Decedent was
 married to Vincent C. Lopardo.
 unmarried, not a registered domestic partner
 unmarried, a registered domestic partner of _____.
3. That the decedent left a Will, a copy of which is attached hereto.
 That the decedent left no Will.
 That the decedent executed a Community Property Agreement. It was recorded under _____
County recording number _____. (if unrecorded, attach a copy)

4. That the decedent's estate is not being probated.
 That the decedent's estate is subject to probate proceedings in _____ County, State of _____, under Probate No. _____
5. That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.
 That State and/or Federal succession or inheritance taxes in the amount of \$ _____ have been paid. Copies of the release/discharge are attached hereto.
 That State and/or Federal succession or inheritance taxes are due, but have not been paid.
6. That the decedent has not received assistance from the State of Washington for medical care.
 That the decedent has received assistance from the State of Washington for medical care.
 That the State of Washington has been fully reimbursed for assistance for medical care.

That, with respect to the property, if any, owned by the Decedent in joint tenancy as described above, at all times from the time of the execution of the instrument by which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the above described joint tenancy property was held in joint tenancy, and that the interest of no one or more of said joint tenants has ever been conveyed, encumbered or otherwise separated from the interest of the other joint tenant(s), either voluntarily or involuntarily, whether by specific act or by operation of law; and that said joint tenancy continued in full force until the death of the Decedent with respect to the interest of the Decedent and, if there are two or more surviving joint tenants, including the Affiant, the joint tenancy continues with respect to the interests of the said surviving joint tenants.

That Affiant knows of the Affiant's own knowledge, and so states, that each and all of the obligations against the estate of said 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; and state and federal succession taxes upon Decedent's estate, if applicable) have been paid in full, except as follows (use reverse side or attach a list if necessary): _____

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ _____, including the value of community property of Decedent and Decedent's surviving spouse, if any, of approximately \$ _____, and including the value of Decedent's separate property, if any, of approximately \$ _____, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ _____.

This affidavit is made to induce CHICAGO TITLE INSURANCE COMPANY (the Company) to insure real property covered by the Company's order number set forth above, in which Decedent held an interest at the time of the Decedent's death. Affiant urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein. The Affiant, for the Affiant and for the Affiant's heirs, executors and administrators, covenants to indemnify said Company or any other person, including a purchaser of said real estate, for any loss arising from reliance on any misstatement of fact herein.

DATED: March 30, 2023

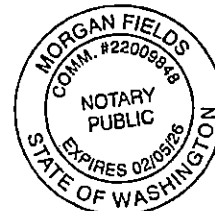
Vincent C. Lopardo by Pamela Lopardo
(Signature)

Vincent C. Lopardo by Pamela Lopardo, Attorney-in-Fact
(Print or type Affiant's full name)

(Full address and telephone number)

SUBSCRIBED and SWORN TO before me this 30th day of March, 2023

[Signature]
Notary Public in and for the State of
Washington, residing at Lewiston, ID



55961

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

DECEASED 1. DECEASED'S LEGAL NAME (Include MA, MRS, MISS, LADY, LAST, SUFFIX) NAIDA MARY LOPARDO		2. SEX FEMALE		3. SOCIAL SECURITY NUMBER [REDACTED]	
4. AGE (and birthday) (Specify ALL YEAR, MO, and DAY) & DATE OF BIRTH (M/D/Y) 87 (Years) 10/04/1938		6. BIRTHPLACE (City and State, Territory, or Foreign Country) COPENHAGEN, NEW YORK			
7A. RESIDENCE - STATE OR FOREIGN COUNTRY WASHINGTON		7B. COUNTY ASTON		7C. CITY OR TOWN CLARKSTON	
7D. STREET AND NUMBER 2756 RAINIER ST.		7E. ZIP CODE 98403		7F. BLOCK CITY LIMITS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE (NAME (If wife, give maiden name)) VINCENT LOPARDO			
10. DECEASED'S FATHER'S NAME (First, Middle, Last, Suffix) EDWARD JAMES McDONALD		11. BIRTHPLACE (State, Territory, or Foreign Country) NEW YORK			
10. DECEASED'S MOTHER'S NAME (First, Middle, Last, Suffix) NEVA LORTIE		11. BIRTHPLACE (State, Territory, or Foreign Country) NEW YORK			
12. DECEASED'S NAME (Type or part) VINCENT LOPARDO		13. RELATIONSHIP TO DECEASED HUSBAND		14. MAILING ADDRESS (Street, P.O. Number, City, State, ZIP Code) 2756 RAINIER ST. CLARKSTON, WA 98403	
15. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify)		16. PLACE OF DISPOSITION (Name and address of cemetery, funeral home, or other place) MOUNTAIN VIEW CREMATORY 3527 SEVENTH STREET LEWISTON, IDAHO 83501		17. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY MERCHANT FUNERAL HOME 1000 SEVENTH STREET CLARKSTON, WASHINGTON 98403	
18. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: GERALD E. BARTLOW		19. LICENSE NUMBER (of funeral home) M0771		20. WAS CORNER CONTACTED (Due to cause of death) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. TIME OF DEATH OCCURRED IN A HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient		22. PLACE OF DEATH (If not a hospital) <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> Home <input type="checkbox"/> Nursing home <input type="checkbox"/> Other (Specify)			
23. FACILITY NAME (If not body, give street and number) WEDGEWOOD TERRACE		24. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE LEWISTON, ID 83501		25. COUNTY OF DEATH BLaine	
26. DATE OF DEATH (M/D/Y) (Specify month) July 22, 2016		27. TIME OF DEATH (Specify) 21:15		28. DATE BECAME DEAD (M/D/Y) (Specify month) July 22, 2016	
29. CAUSE OF DEATH PART 1. Enter the IMMEDIATE , INTERMEDIATE , UNDERLYING , or FINAL cause of death. Do NOT enter traumatic events such as cardiac arrest, respiratory arrest, or convulsion (unless noted elsewhere) that are secondary to the primary cause on a line. IMMEDIATE CAUSE (Final stage of disease) END STAGES OF PARKINSON'S DISEASE DUE TO (or as a consequence of) DUE TO (or as a consequence of)		Approximate Time Interval (Oral to Death) HOURS			
30. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide		32. MANNER OF DEATH <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined	
33. DATE OF INJURY (M/D/Y) (Specify month) [REDACTED]		34. TIME OF INJURY (Specify) [REDACTED]		35. PLACE OF INJURY (Decedent's home, farm, store, construction site, working hours, restaurant, boat, etc.) [REDACTED]	
36. LOCATION OF BURIAL Street and Number or Location [REDACTED]		37. DID INSURANCE OCCUR (If transportation injury, state the TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) AND SPECIFY WHICH VEHICLE DECEASED OCCUPIED, if applicable) [REDACTED]			
38. TRANSPORTATION MODE <input checked="" type="checkbox"/> Decedent <input type="checkbox"/> Driver <input type="checkbox"/> Passenger		39. WHAT SAFETY DEVICES AND DECEASED'S OCCUPATION <input type="checkbox"/> Seat belt <input type="checkbox"/> Oxygen <input type="checkbox"/> Air bag <input type="checkbox"/> Other			
40. CERTIFIER (Check only one, based on official capacity for the certificate) <input checked="" type="checkbox"/> Physician <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Advanced Practice Registered Nurse		41. ICD CODE NUMBER 7 J 27 J 2016			
42. REGISTRAR'S SIGNATURE James B. Gaillette		43. DATE SIGNED 7 J 27 J 2016			

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: JUL 28 2016

JAMES B. AYDELOTTE
STATE REGISTRAR



5596d

000738038

STATE OF IDAHO County of Lewiston

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

Pauline Durst

Local Vital Statistics Registration Official

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