

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

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 Esther M. Sauder (Deceased)

Mailing address 1229 Bryden Avenue

City/state/zip Lewiston, ID 83501

Phone (including area code) _____

2 Buyer/Grantee

Name Paul D. Sauder and David P. Sauder, Trustees

Paul D. Sauder and Esther M. Sauder Family Trust

Mailing address 1229 Bryden Avenue

City/state/zip Lewiston, ID 83501

Phone (including area code) _____

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>1001110260000</u>	<input type="checkbox"/>	<u>\$ 171,400.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>

4 Street address of property 812 4th 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 26 IN BLOCK 11 OF CLARKSTON, ACCORDING TO THE OFFICIAL PLAT THEREOF, FILED IN BOOK A OF PLATS AT PAGE(S) 18, OFFICIAL RECORDS OF ASOTIN COUNTY, WASHINGTON.

5 12 - Multiple family residence (Residential, multiple)

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.

N/A

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

WAC number (section/subsection) 458-61A-202 6(h)
Reason for exemption _____

Inheritance _____

Type of document Lack of Probate Affidavit

Date of document February 28, 2023

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 \$525,000.01 at 1.1%	0.00
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	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

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 Paul D. Sauder

Name (print) Paul Sauder

Date & city of signing 2/28/2023 at Lewiston, ID

Signature of grantee or agent Paul D. Sauder

Name (print) Paul Sauder

Date & city of signing 2/28/2023 at Lewiston, ID

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.

AFTER RECORDING, RETURN TO:

Paul B. Burris
Creason, Moore, Dokken & Geidl, PLLC
P. O. Drawer 835
Lewiston ID 83501

**AFFIDAVIT OF PAUL D. SAUDER AND DAVID P. SAUDER, CO-TRUSTEES
OF THE PAUL D. SAUDER AND ESTHER M. SAUDER FAMILY TRUST
LACK OF PROBATE – REAL PROPERTY**

Reference Numbers of Related Documents: N/A

Grantor: Sauder, Esther M. (Estate of)

Grantee: Sauder, Paul D. and Sander, David P., Trustees
Paul D. Sauder and Esther M. Sauder Family Trust

Legal Description:

1. Real property located in Asotin County, Washington, described as follows:
LOT 26 IN BLOCK 11 OF CLARKSTON.
2. Additional legal description is included in the Affidavit
3. Assessor's Parcel No. 1001110260000

**AFFIDAVIT OF PAUL D. SAUDER AND
DAVID P. SAUDER, CO-TRUSTEES
OF THE PAUL D. SAUDER AND
ESTHER M. SAUDER FAMILY TRUST
LACK OF PROBATE – REAL PROPERTY - 1**

Creason, Moore, Dokken & Geidl, PLLC
P.O. Drawer 835, Lewiston, ID 83501
(208)743-1516; Fax (208)746-2231

55878

AFTER RECORDING MAIL TO:

Paul B. Burris
P. O. Drawer 835
Lewiston, ID 83501

**AFFIDAVIT OF PAUL D. SAUDER AND DAVID P. SAUDER, CO-TRUSTEES
OF THE PAUL D. SAUDER AND ESTHER M. SAUDER FAMILY TRUST
LACK OF PROBATE – REAL PROPERTY**

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

Paul D. Sauder and David P. Sauder, Trustees of the Paul D. Sauder and Esther M. Sauder Family Trust, depose and say:

Affiants are the Co-Trustees of the Paul D. Sauder and Esther M. Sauder Family Trust created by Paul D. Sauder and Esther M. Sauder by agreement dated August 2, 1989. Esther M. Sauder died on March 27, 2013, at Lewiston, Nez Perce County, Idaho, then being a resident of Lewiston, Nez Perce County, Idaho. A copy of the Certificate of Death is attached hereto.

Affiants have hereinbelow identified each and all of the heirs at law of decedent, including but not limited to his children, adopted children and the issue of any predeceased child or adopted child.

That the heirs of law of decedent are:

NAME AND ADDRESS	RELATIONSHIP
Paul D. Sauder 1229 Bryden Ave. Lewiston, ID 83501	Husband Adult

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LACK OF PROBATE – REAL PROPERTY - 2**

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Carolyn R. Sauder 1128 Burrell Ave. #8 Lewiston, ID 83501	Daughter Adult
Constance M. Sauder 1128 Burrell Ave. #8 Lewiston, ID 83501	Daughter Adult
David P. Sauder 1229 Bryden Ave. Lewiston, ID 83501	Son Adult
Diane K. Bjork 2906 Wetherburn Ct. Woodbridge, VA 22191	Daughter Adult

That affiant's knows of their own knowledge, and so state, that each and all of the obligations against the marital community and against the estate of the 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, state and federal succession taxes upon decedent's estate, if applicable) have been paid in full.

A copy of the decedent's Last Will and Testament dated September 4, 2002, is attached hereto. The Paul D. Sauder and Esther M. Sauder Family Trust is the sole distributor of decedent's estate.

This affidavit is made solely to transfer the Estate's interest in real property commonly referred to as 812 4th Street, Clarkston, County of Asotin, State of Washington, and more particularly described as follows:

PARCEL I:

LOT 26 IN BLOCK 11 OF CLARKSTON, ACCORDING TO THE OFFICIAL PLAT THEREOF, FILED IN BOOK A OF PLATS AT

**AFFIDAVIT OF PAUL D. SAUDER AND
DAVID P. SAUDER, CO-TRUSTEES
OF THE PAUL D. SAUDER AND
ESTHER M. SAUDER FAMILY TRUST
LACK OF PROBATE – REAL PROPERTY - 3**

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PAGE(S) 18, OFFICIAL RECORDS OF ASOTIN COUNTY,
WASHINGTON.

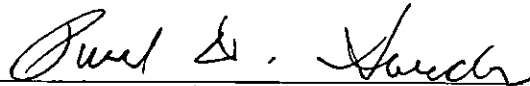
Subject To: This conveyance is subject to covenants, conditions,
restrictions and easements, if any, affecting title, which may appear in the
public record, including those shown on any recorded plat or survey.

Assessor's Parcel No. 1001110260000

Affiants hereby agree to indemnify and hold harmless any person or entity who is
damaged economically as the result of transferring or accepting title in reliance upon the
representations in this document.

DATED This 28th day of February, 2023.

PAUL D. SAUDER AND ESTHER M.
SAUDER FAMILY TRUST

By 
Paul D. Sauder, Co-Trustee

By 
David P. Sauder, Co-Trustee

1229 Bryden Avenue
Lewiston, ID 83501

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OF THE PAUL D. SAUDER AND
ESTHER M. SAUDER FAMILY TRUST
LACK OF PROBATE – REAL PROPERTY - 4**

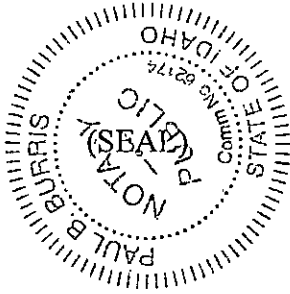
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STATE OF IDAHO)
 : ss.
County of Nez Perce)

On this 28th day of February, 2023, before me, the undersigned, a notary public in and for said state, personally appeared Paul D. Sauder and David P. Sauder, known or identified to me to be the Co-Trustees of the Paul D. Sauder and Esther M. Sauder Family Trust, and the individuals described in and who executed the foregoing instrument and acknowledged that they signed and sealed the same as their own free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN UNDER MY HAND AND OFFICIAL SEAL the day and year in this certificate first above written.



Notary Public in and for said state,
residing at or employed in Lewiston.

My Commission Expires: Sept 4 2025

**AFFIDAVIT OF PAUL D. SAUDER AND
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OF THE PAUL D. SAUDER AND
ESTHER M. SAUDER FAMILY TRUST
LACK OF PROBATE – REAL PROPERTY - 5**

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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
CERTIFICATE OF DEATH

Date Filed MARCH 28, 2013

State File No. 2013-02951

DECEDENT - LEGAL NAME ESTHER MARIE SAUDER			
SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 89 YEARS	DATE OF BIRTH OCTOBER 16, 1923
BIRTHPLACE CROW AGENCY, MONTANA		PLACE OF RESIDENCE LEWISTON, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (if wife, maiden name) PAUL DAVID SAUDER	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME ALFRED HABEGGER			BIRTHPLACE INDIANA
MOTHER - MAIDEN NAME BARBARA HIRSCHY			BIRTHPLACE INDIANA
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE JASON M. HARWICK	
NAME AND ADDRESS OF FUNERAL FACILITY VASSAR-RAWLS FUNERAL HOME, LEWISTON, IDAHO			
DATE OF DEATH MAR. 27, 2013	TIME OF DEATH 5:30 A.M.	CITY, TOWN OR LOCATION OF DEATH LEWISTON, IDAHO	COUNTY OF DEATH NEZ PERCE
CAUSE OF DEATH (underlying cause last) DEMENTIA			Approximate Interval Between Onset and Death
a DUE TO (or as a consequence of)			
b FAILURE TO THRIVE			
c DUE TO (or as a consequence of)			
d DUE TO (or as a consequence of)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above NONE STATED			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL		NAME OF CERTIFIER MICHAEL J. BALDECK, D.O.	TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

Raised Seal

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.

MARCH 28, 2013

DATE ISSUED: _____

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

James B. Aydelotte

JAMES B. AYDELOTTE
STATE REGISTRAR



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