

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

Only for sales in a single location code on or after March 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 Ronald C. Broemeling, deceased
Mailing address 610 11th St
City/state/zip Clarkston, WA 99403
Phone (including area code) N/A

2 Buyer/Grantee

Name Patrick A. Broemeling as Administrator of the Estate of Leola I. Broemeling, deceased
Mailing address 1101 8th St
City/state/zip Clarkston, WA 99403
Phone (including area code) (206) 778-1619

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>1-002-13-008-0002-0000</u>	<input type="checkbox"/>	<u>\$ 181,100.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>

4 Street address of property 610 11th St, Clarkston, WA 99403

This property is located in Clarkston (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).

The North Half (N 1/2) of Lot Eight (8) and the South Twenty (20) feet of Lot Seven (7) of Block Thirteen (13) WEST of CLARKSTON, Asotin County, Washington, according to the recorded plat thereof.

5 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 _____

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) WAC 458-61A-202(6)(h)
Reason for exemption

Transfer by inheritance of community property interest to surviving spouse.

Type of document Lack of Probate Affidavit
Date of document 03/06/2023

Gross selling price	<u>181,100.00</u>
*Personal property (deduct)	<u>0.00</u>
Exemption claimed (deduct)	<u>181,100.00</u>
Taxable selling price	<u>0.00</u>
Excise tax: state	
Less than \$525,000.01 at 1.1%	<u>0.00</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>0.00</u>
0.0025 Local	<u>0.00</u>
*Delinquent interest: state	<u>0.00</u>
Local	<u>0.00</u>
*Delinquent penalty	<u>0.00</u>
Subtotal	<u>0.00</u>
*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 Ronald C. Broemeling
Name (print) Patrick A. Broemeling, Admin. of Surviving Spouse's Estate
Date & city of signing 03/ 6 /2023, Clarkston, WA

Signature of grantee or agent Patrick A. Broemeling
Name (print) Patrick A. Broemeling, Administrator
Date & city of signing 03/ 6 /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.

3. Ronald C. Broemeling died intestate. A certified copy of his death certificate is attached as **Exhibit A**. The real property described below was community property owned jointly by Ronald C. Broemeling and his surviving spouse, Leola I. Broemeling. Pursuant to RCW 11.04.015(1)(a), the Estate of Leola I. Broemeling is the lawful surviving heir and owner of the following-described real property:

The North Half (N ½) of Lot Eight (8) and the South Twenty (20) feet of Lot Seven (7) of Block Thirteen (13) WEST of CLARKSTON, Asotin County, Washington, according to the recorded plat thereof.

Tax Parcel No. 1-002-13-008-0002-0000

more commonly known as 610 11th St, Clarkston, WA 99403.

5. This Affidavit is made solely to induce the title insurance company to insure title to real property in which decedent held an interest at the time of his death, and to comply with the provisions of WAC 458-61A-202(6)(h).

DATED this 6th day of March, 2023.

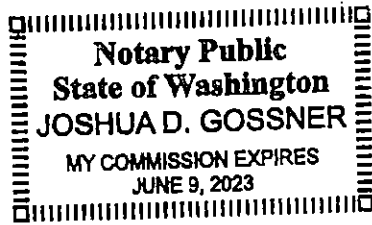
ESTATE OF LEOLA I. BROEMELING

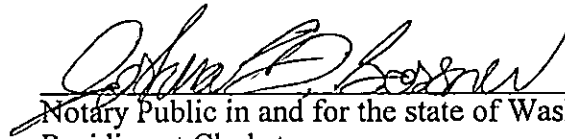
By: Patrick A. Broemeling
PATRICK A. BROEMELING, Administrator

STATE OF WASHINGTON)
) : ss.
County of Asotin)

On this 6th day of March, 2023, before me personally appeared Patrick A. Broemeling, to me known to be the Administrator of the Estate of Leola I. Broemeling, and acknowledged the within and foregoing instrument to be the free and voluntary act and deed of said entity, for the uses and purposes therein mentioned, and on oath stated that he or she was authorized to execute said instrument.

In Witness Whereof I have hereunto set my hand and affixed my official seal the day and year first above written.




Notary Public in and for the state of Washington
Residing at Clarkston
My appointment expires June 9, 2023

STATE OF WASHINGTON DEPARTMENT OF HEALTH



Local File Number 1143 Washington State Certificate of Death State File Number 2014 41303

1. Legal Name (Include AKA's if any) First Middle LAST Ronald Clement Broemeling			2. Death Date Jan. 29, 2014		
3. Sex (MF) Male	4a. Age - Last Birthday 80	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Asotin
7. Birthdate Aug. 23, 1933	8a. Birthplace (City, Town, or County) Provost	8b. (State or Foreign Country) Alberta, Canada		9. Decedent's Education High School Diploma	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? Yes
13a. Residence: Number and Street (e.g. 624 SE 5th St.) (Include Apt. No.) 610 11th St.				13b. City or Town Clarkston	
13c. Residence: County Asotin		13d. Tribal Reservation Name (if applicable) N/A	13e. State or Foreign Country Washington	13f. Zip Code + 4 99403	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 48 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Leola Irene Haley	
17. Usual Occupation (Indicate type of work done during most of working life. Do not use company name.) Salesman			18. Kind of Business/Industry (Do not use company name.) Carpet & Furniture		
19. Father's Name (First, Middle, Last, Suffix) Frank J. Broemeling			20. Mother's Name Before First Marriage (First, Middle, Last) Bonnie Ryan		
21. Informant's Name Leola Broemeling		22. Relationship to Decedent Spouse		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 610 11th St. Clarkston, WA 99403	
24. Place of Death, if Death Occurred in a Hospital: Long term care facility					
25. Facility Name (if not a facility, give number & street or location) Prestige Care and Rehabilitation			26a. City, Town, or Location of Death Clarkston		26b. State WA
			27. Zip Code 99403		
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Mountain View Crematory		30. Location-City/Town, and State Lewiston, Idaho	
31. Name and Complete Address of Funeral Facility Merchant Funeral Home 1000 7th St. Clarkston, WA 99403				32. Date of Disposition January 30, 2014	
33. Funeral Director Signature X <i>Jenny Bartlett</i>					

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

(IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. *Pancreatic carcinoma* Interval between Onset & Death **7 months**
Due to (or as a consequence of) → b. *Diabetes* Interval between Onset & Death
Due to (or as a consequence of) → c. *HTN* Interval between Onset & Death
Due to (or as a consequence of) → d. *Spontaneous* Interval between Onset & Death

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: *Chronic kidney disease*

36. Autopsy? Yes No

37. Were autopsy findings available to complete the Cause of Death? Yes No Unk

38. Manner of Death
 Natural Homicide
 Accident Undetermined
 Suicide Pending

39. If female
 Not pregnant within past year Not pregnant, but pregnant within 42 days before death
 Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death
 Unknown if pregnant within the past year

41. Date of Injury (mm/dd/yyyy) _____ 42. Hour of Injury (24hrs) _____ 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) _____ 44. Injury at Work? Yes No Unk

45. Location of Injury: Number & Street: _____ Apt. No.: _____
 City or Town: _____ County: _____ State: _____ Zip Code + 4: _____

46. Describe how Injury occurred: *Went to work*

47. If transportation injury, specify:
 Driver/Operator Pedestrian
 Passenger Other (Specify) _____

48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.
Warren L. Ellison

48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)
Dr. Warren L. Ellison 1207 Evergreen Ct. Clarkston, WA 99403

50. Hour of Death (24hrs)
0835

51. Name and Title of Attending Physician if other than Certifier (Type or Print) _____ 52. Date Signed (mm/dd/yyyy)
01 29 2014

53. Title of Certifier
MD

54. License Number
MD00073004

55. ME/Coroner File Number _____ 56. Was case referred to ME/Coroner?
 Yes No

57. Registrar Signature: *Jenny Bartlett* 58. Date Received (mm/dd/yyyy)
JAN 30 2014

59. Amendments _____

EXHIBIT A

DOH/CHS 003 March 2012
55-888
DOH 422-131 (6/22)

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 2nd parent (if required):
 Printed name: Date: Printed name: Date:

INSTRUCTIONS – go to 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

1. 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.
2. 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.
3. Proof documentation must be five or more years old or established within five years of birth.
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage from 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 their own 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

1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/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.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. 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.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58A RCW, and at the direction of Katherine Hutchinson, PhD, MSPH, Deputy State Registrar.

Katherine Hutchinson

ISSUED
FEB 03 2023
 55888

 0 6 3 0 1 0 7 4

Certificate not valid unless the Seal of the State of Washington changes color when heat applied.