

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 Brian Behler, PR
Estate of Gerald J. Behler, deceased
Mailing address 2305 E 39th Ave
City/state/zip Spokane WA 99403
Phone (including area code) _____

2 Buyer/Grantee

Name Glendon E. Coffman
Mailing address 419 10th Street
City/state/zip Clarkston, WA 99403
Phone (including area code) _____

3 Send all property tax correspondence to: Same as Buyer/Grantee
Name Glendon E. Coffman

List all real and personal property tax parcel account numbers	Personal property?	Assessed value(\$)
10022300400020000	<input type="checkbox"/>	156,000.00
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

Mailing address 419 10th Street
City/state/zip Clarkston, WA 99403

4 Street address of property 419 10th Street, Clarkston, WA
This property is located in Asotin Clarkston (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):

-The North half of Lot 4 in Block 23 of West of Clarkston, according to the official plat thereof, filed in Book B of Plats at Page(s) 23, 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 84.337 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 [Signature]
Name (print) Brian Behler, PR
Date & city of signing 3.20.23 Clarkston, WA

Signature of grantee or agent [Signature]
Name (print) Glendon E. Coffman
Date & city of signing 3.17.23 Clarkston, WA

Pay in the amount of _____ to the Treasurer of the County of _____

To ask about the availability of this publication or for more information, please call 360-705-6705. Teletype
REV 84 0001a (09/08/22) THIS SPACE TREASURER'S USE ONLY COUNTY TREASURER

DATE 03/20/2023 - RECEIPT No. 55920 - Alliance Title - Clarkston

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

Title Insurance Commitment No: 631186

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 Betty Anne Behler (herein "Decedent"), who died on September 4, 2004, 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):

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Name & relationship Gerald J. Behler, deceased (passed after Betty), spouse
 Address: c/o Brian Behler, PR, 2305 E. 39th Ave, Spokane, WA 99223
 Name & relationship _____
 Address: _____
 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 Gerald J. Behler
 - unmarried, not a registered domestic partner
 - unmarried, a registered domestic partner of _____
2. That on the date of death the Decedent was
 - married to Gerald J. Behler
 - 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.

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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 \$ 335,000.00, including the value of community property of Decedent and Decedent's surviving spouse, if any, of approximately \$ 335,000.00, and including the value of Decedent's separate property, if any, of approximately \$ 0.00 and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ 0.00.

This affidavit is made to induce STEWART 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 20, 2023

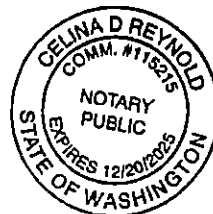
Behler, PR
(Signature)

Estate of Gerald J. Behler, deceased by Brian Behler PR
(Print or type Affiant's full name)

2305 E. 39th Avenue, Spokane, WA 99223
(Full address and telephone number)
509-570-2828

SUBSCRIBED and SWORN TO before me this 20th day of March, 2023

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



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CERTIFICATE OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

DATE FILED BY STATE REGISTRAR

CERTIFICATE OF DEATH

STATE FILE NO.

LOCAL FILE NO.

OCCIDENT	1. DECEASED'S LEGAL NAME (Include AKA's if any) (Print, Middle, Last, Suffix) Elizabeth A. Keller Böhler		2. SEX Female		3. SOCIAL SECURITY NUMBER [REDACTED]	
	4. AGE (Print Month, Day, Year) (Under 1 Day, 1 Day, 1 Year, 2 Years, 3 Years, 4 Years, 5 Years, 6 Years, 7 Years, 8 Years, 9 Years, 10 Years, 11 Years, 12 Years, 13 Years, 14 Years, 15 Years, 16 Years, 17 Years, 18 Years, 19 Years, 20 Years, 21 Years, 22 Years, 23 Years, 24 Years, 25 Years, 26 Years, 27 Years, 28 Years, 29 Years, 30 Years, 31 Years, 32 Years, 33 Years, 34 Years, 35 Years, 36 Years, 37 Years, 38 Years, 39 Years, 40 Years, 41 Years, 42 Years, 43 Years, 44 Years, 45 Years, 46 Years, 47 Years, 48 Years, 49 Years, 50 Years, 51 Years, 52 Years, 53 Years, 54 Years, 55 Years, 56 Years, 57 Years, 58 Years, 59 Years, 60 Years, 61 Years, 62 Years, 63 Years, 64 Years, 65 Years, 66 Years, 67 Years, 68 Years, 69 Years, 70 Years, 71 Years, 72 Years, 73 Years, 74 Years, 75 Years, 76 Years, 77 Years, 78 Years, 79 Years, 80 Years, 81 Years, 82 Years, 83 Years, 84 Years, 85 Years, 86 Years, 87 Years, 88 Years, 89 Years, 90 Years, 91 Years, 92 Years, 93 Years, 94 Years, 95 Years, 96 Years, 97 Years, 98 Years, 99 Years, 100 Years) 69 (over)		5. DATE OF BIRTH (MO/DA/YR) June 8, 1935		6. BIRTH PLACE (City and State; Territory or Foreign Country) Gladstone, ND	
MORTICIAN	7. RESIDENCE - STATE OR FOREIGN COUNTRY (If County) Washington		8. CITY OR TOWN Clarkston, VA		9. ZIP CODE 22043	
	10. STREET AND NUMBER 419 10th Street		11. APPT. NO. OF DEED 99403		12. BIRTH PLACE (State, Territory or Foreign Country) North Dakota	
PARENTS	13. MARRIAGE STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Other (Specify)		14. SURVIVING SPOUSE (Name (If wife, give maiden name)) Joseph A. Böhler			
	15. FATHER'S NAME (Print, Middle, Last, Suffix) Joe Keller Jr.		16. MOTHER'S MAIDEN NAME (Print, Middle, Last, Suffix) Elizabeth Hoffer			
INFORMANT	17. INFORMANT'S NAME (Type of person) Cornel J. Böhler		18. RELATIONSHIP TO DECEASED Husband		19. MAILING ADDRESS (Street and Number, City, State, ZIP Code) 419 10th St, Clarkston, VA 22043	
	20. PLACE OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify)		21. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) Mountain View Crematory, Lewiston, ID 83501		22. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY Mountain View Funeral Home, 3512 7th, Lewiston, ID 83501	
PLACE OF DEATH	23. SIGNATURE OF FUNERAL HOME LICENSEE OR PERSON ACTING AS SUCH [Signature]		24. LICENSE NUMBER (Of license) M-570		25. WAS CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	26. PLACE OF DEATH (If in hospital, name of hospital; if in nursing home, name of nursing home; if in private home, name of home; if in other facility, name of facility) St. Joseph Regional Medical Ctr., Lewiston, ID 83501		27. CAUSE OF DEATH (Part I - 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 septic shock without showing the etiology. DO NOT abbreviate. Cover only one cause of death.) Acute Myocardial Infarction			
DATE OF DEATH	28. DATE OF DEATH (MO/DA/YR) September 4, 2004		29. TIME OF DEATH (MO/DA/YR) 21:30		30. TIME PROHIBITED DEAD (MO/DA/YR) September 4, 2004	
	31. DATE OF DEATH (MO/DA/YR) September 4, 2004		32. TIME OF DEATH (MO/DA/YR) 21:30		33. TIME PROHIBITED DEAD (MO/DA/YR) September 4, 2004	
CAUSE OF DEATH	34. DATE OF INJURY (MO/DA/YR) September 4, 2004		35. TIME OF INJURY 21:30		36. PLACE OF INJURY (Decedent's room, farm, street, construction site, nursing home, restaurant, forest, etc.) Home	
	37. LOCATION OF INJURY (Street and number of location) 419 10th Street, Clarkston, VA 22043		38. TYPE OF INJURY (Accident, Transportation Injury, State the type(s) of vehicle(s) involved (Automobile, pickup, motorcycle, ATV, Marine, etc.) Specify which vehicle decedent occupied, if applicable) Transportation - Motor Vehicle			
CERTIFIER	39. TRANSPORTATION (If decedent was driver) <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		40. WAS DECEDENT WEARING SEAT BELT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41. CHILD SAFETY SEAT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	42. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		43. IF FEMALE (Age 15-54) <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Pregnant but pregnant within 42 days of death		44. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	
CERTIFICATE	45. SIGNATURE OF CERTIFIER [Signature]		46. SIGNATURE OF REGISTRAR [Signature]		47. DATE SIGNED 09-07-2004	
	48. SIGNATURE OF REGISTRAR [Signature]		49. DATE SIGNED 09-07-2004			

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF HEALTH POLICY AND VITAL STATISTICS.

DATE ISSUED: **September 9, 2004**

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

JANE SMITH
STATE REGISTRAR



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STATE OF IDAHO County of Nez Perce

This copy of a death certificate was issued by the District Health Department prior to filing with the Bureau of Health Policy and Vital Statistics.

Paul A. Larson, assistant
Local Vital Statistics Registration Official


001538016

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FILED

NOV 14 2022

TIMOTHY W. FITZGERALD
SPOKANE COUNTY CLERK

 SUPERIOR COURT OF WASHINGTON, COUNTY OF SPOKANE	
ESTATE OF: GERALD J. BEHLER Deceased.	CASE NO. 22-4-02433-32 LETTERS TESTAMENTARY (LTRTS)

I. BASIS

- 1.1 The last will of the decedent(s), late of SPOKANE COUNTY, WASHINGTON was exhibited, proven and recorded in this court on: NOVEMBER 14, 2022
- 1.2 In that will: BRIAN K. BEHLER is named personal representative.
- 1.3 The personal representative has qualified.

II. AUTHORIZATION

THIS CERTIFIES: BRIAN K BEHLER is authorized by this court to execute the will of the above decedent according to law.

TIMOTHY W. FITZGERALD, SPOKANE COUNTY CLERK

Dated: NOVEMBER 14, 2022

By: Silvia Cochrane
Deputy Clerk

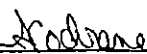
III. CERTIFICATE OF COPY

State of Washington)
County of Spokane)

As clerk of the superior court of this county, I certify that the above is a true and correct copy of the Letters of Testamentary in the above-named case which was entered of record on NOVEMBER 14, 2022.
I further certify that these letters are now in full force and effect.

TIMOTHY W. FITZGERALD, SPOKANE COUNTY CLERK

Dated: NOVEMBER 14, 2022

By: 
Deputy Clerk

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COPY
Original Filed
NOV 14 2022

TIMOTHY W. FITZGERALD
SPOKANE COUNTY CLERK

SUPERIOR COURT, STATE OF WASHINGTON, COUNTY OF SPOKANE

In the Matter of the Estate of)
GERALD J. BEHLER,)
Deceased.)

NO. **22402433-32**

- ORDER:
1. ADMITTING WILL TO PROBATE;
2. DIRECTING ISSUANCE OF LETTERS TESTAMENTARY;
3. WAIVING BOND;
4. ADJUDICATING ESTATE TO BE SOLVENT;
5. DIRECTING ADMINISTRATION WITHOUT COURT INTERVENTION

A Petition praying that a certain document purporting to be the Last Will and Testament of the Decedent be admitted to probate, and that BRIAN K. BEHLER be confirmed as Personal Representative, having come on for hearing and evidence having been received, the Court finds

1. That the facts set out in the Petition are true.
2. That the Decedent died on the 19th day of October, 2022, in Asotin County, Washington. The deceased was a resident of Washington State, leaving property in this State subject to probate. Jurisdiction in Spokane County is appropriate in accordance with RCW 11.96A.040.
3. Decedent executed a Will dated March, 18, 2011. Said document was executed at a time when the Decedent was of legal age and sound mind, and was declared by the Decedent to

ORDER: 1


STAMPER RUDENS, ES.
ATTORNEYS AT LAW
720 WEST BOONE, SUITE 200
SPOKANE, WA 99201
TELEFAX (509) 325-4891
TELEPHONE (509) 325-4800

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be his Will before two or more competent witnesses who attested the Will in Decedent's presence and at his request.

4. BRIAN K. BEHLER is of legal age and competent to serve as Personal Representative, now, therefore, it is

ORDERED, that said Will is admitted to probate as the Will of the Decedent, and that BRIAN K. BEHLER is confirmed as Personal Representative and that Letters of Testamentary be issued to BRIAN K. BEHLER, to serve without bond, upon filing an oath.


IT IS FURTHER ORDERED that the Decedent's Estate is adjudged to be solvent and that the Personal Representative may administer the Estate without the intervention of the Court as provided by the laws of the State of Washington.

DONE IN OPEN COURT this 14 day of November, 2022.

TONY M. RUGEL
JUDGE/COURT COMMISSIONER

Presented by:

STAMPER RUBENS, P.S.

BY: 
ISAAC B. SMITH, WSBA #57524
MICHAEL A. LETO, WSBA #55514
Attorneys for Estate

H:\Clients\Behler, Brian\Behler, Gerald J. - Estate\ORDERWIL.docx

ORDER: 2


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