

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 Duane I Dennis

Mailing address PO Box 434

City/state/zip Joseph OR 97846

Phone (including area code) _____

2 Buyer/Grantee

Name McKarcher Living Trust dated 4/28/2003

Mailing address 1895 Cherry Street

City/state/zip Clarkston WA 99403

Phone (including area code) _____

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

Name McKarcher Living Trust dated 4/28/2003

Mailing address 1895 Cherry Street

City/state/zip Clarkston WA 99403

List all real and personal property tax parcel account numbers	Personal property?	Assessed value(s)
12940000700000000	<input type="checkbox"/>	99,400.00
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

4 Street address of property 1307 Toby Lane, 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).

-See Attached Exhibit "A"

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 predominato 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: Duane I Dennis

Name (print) Duane I Dennis

Date & city of signing 3/29/23 Clarkston

Signature of grantee or agent: [Signature]

Name (print) McKarcher Living Trust dated 4/28/2003

Date & city of signing 3/29/23 Clarkston

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	249,000.00
*Personal property (deduct)	0.00
Exemption claimed (deduct)	0.00
Taxable selling price	249,000.00
Excise tax: state	2,739.00
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	2,739.00
Local	622.50
*Delinquent interest: state	0.00
Local	0.00
*Delinquent penalty	0.00
Subtotal	3,361.50
*State technology fee	5.00
Affidavit processing fee	0.00
Total due	3,366.50

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

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Part of this second receipt is a sales tax form which is to be filed by you with the county assessor on or before the 15th day of the month following the month in which the sale occurred.

To ask about the availability of this publication, or if you are visually impaired, please call 360-705-6705. Teletype

[Handwritten initials]

File No. 633199

Exhibit 'A'

Lot 7 of Toby Addition according to plat recorded July 27, 1994 in Book E of Plats, page 94, records of Asotin County, Washington, EXCEPTING THEREFROM a parcel of land located in the Southwest Quarter of Section 33, Township 11 North, Range 46, East of the Willamette Meridian, Asotin County, Washington, and further described as follows: Beginning at the Southwest corner of Lot 8 of the Toby Addition to Asotin County; thence South $71^{\circ}23'$ West a distance of 4.50 feet along the South line of Lot 7; thence North $19^{\circ}39'30''$ West a distance of 110.02 feet to the North line of Lot 7; thence North $71^{\circ}23'$ East a distance of 6.50 feet along the North line of Lot 7 to the Northwest corner of Lot 8; thence South $18^{\circ}37'$ East a distance of 110.00 feet to the Point of Beginning. .

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

Title Insurance Commitment No: 633199

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 Carman R. Dennis(herein "Decedent"), who died on December 14, 2022 , in the County of Spokane, State of Washington, 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 _____
Address: _____

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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 Duane I. Dennis.
 unmarried, not a registered domestic partner
 unmarried, a registered domestic partner of _____.
2. That on the date of death the Decedent was
 married to Duane I. Dennis.
 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. _____

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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 \$ 249,000⁰⁰, 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 \$ 249,000⁰⁰.

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 29, 2023

Duane I. Dennis
(Signature)

Duane I. Dennis
(Print or type Affiant's full name)

PO Box 434, Joseph, OR 97846
(Full address and telephone number)

SUBSCRIBED and SWORN TO before me this 29 day of March, 2023

Kelsey E. Geringer
Notary Public in and for the State of
Washington, residing at Clarkston, WA



STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-064733

LOCAL FILE NUMBER: 5810

DATE ISSUED: 12/21/2022
FEE NUMBER:

FIRST AND MIDDLE NAME(S): CARMAN R
LAST NAME(S): DENNIS

COUNTY OF DEATH: SPOKANE
DATE OF DEATH: DECEMBER 14, 2022
HOUR OF DEATH: 08:17 PM
SEX: FEMALE AGE: 73 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: JUNE 26, 1949
BIRTHPLACE: POMEROY, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: DUANE DENNIS

OCCUPATION: GRAIN INSPECTOR
INDUSTRY: AGRICULTURE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: DUANE DENNIS
RELATIONSHIP: SPOUSE
ADDRESS: 1307 TOBY LN CLARKSTON, WA 99403

CAUSE OF DEATH:
A. ACUTE HYPOXIC AND HYPERCARBIC RESPIRATORY FAILURE
INTERVAL: DAYS
B. MULTIFOCAL ISCHEMIC STROKES
INTERVAL: DAYS
C. TYPE B AORTIC DISSECTION
INTERVAL: DAYS
D. [REDACTED]
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: MULTICARE DEACONESS HOSPITAL
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99204

RESIDENCE STREET: 1307 TOBY LN
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 3 YEARS

FATHER: ROY SANDERS
MOTHER: BARBARA NEWHOUSE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNTAIN VIEW FUNERAL HOME

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: DECEMBER 20, 2022

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME

ADDRESS: 3521 7TH STREET
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
FUNERAL DIRECTOR: GERALD E. BARTLOW

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: BENJAMIN ARTHURS, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 400 E FIFTH AVENUE
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99202
DATE SIGNED: DECEMBER 19, 2022

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: BENJAMIN ARTHURS, PHYSICIAN

LOCAL DEPUTY REGISTRAR: SHANTEL ZETTLER
DATE RECEIVED: DECEMBER 20, 2022

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Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47614
Olympia, WA 98504-7614
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

Required Information must match current information on record.

Record Type: Birth Death Marriage Dissolution (Divorce)

1. Name on Record: 2. Date of Event: 3. Place of Event:
 First Middle Last MM/DD/YYYY (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 Person on Record: Self Guardian Informant Hospital
 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 foregoing 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

- 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.
- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

Child under 18

Adult (18 years or older)

- 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.

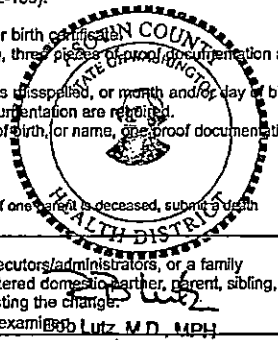
*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

Death Certificates

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

Marriage/Dissolution (Divorce) Certificates

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



Health Officer
 DEC 21 2022

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