

# 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 Jerome J. Kazda, deceased

**2 Buyer/Grantee**

Name Patricia A. Kazda

Mailing address 2530 Valleyview Dr

Mailing address 2530 Valleyview Dr

City/state/zip Clarkston, WA 99403

City/state/zip Clarkston, WA 99403

Phone (including area code) N/A

Phone (including area code) (509) 758-5104

**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>1-041-02-011-0004-0000</u>	<input type="checkbox"/>	<u>\$ 442,300.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>

**4 Street address of property** 2530 Valleyview Dr, 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).

Please see attached Exhibit A.

**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 \_\_\_\_\_

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

Signature of grantor or agent Patricia A. Kazda

Signature of grantee or agent Patricia A. Kazda

Name (print) Patricia A. Kazda, Surviving Spouse

Name (print) Patricia A. Kazda

Date & city of signing 05/23/2023, Clarkston, WA

Date & city of signing 05/23/2023, 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.

J. KAZDA  
CL# 5541 +

MAY 25 2023  
ASOTIN COUNTY  
TREASURER

56090

EXHIBIT A

Legal Description

That part of Lot 11 of Block "C-1" of Clarkston Heights, Asotin County, Washington, more particularly described as follows: Beginning at the most Northerly corner of Lot 13 of Block 1 of Valleyview Terrace Addition; thence S.44°57'W. along the Northwesterly lot line of said Lot 13 a distance of 219.72 feet to a point on the Easterly right-of-way of Valleyview Drive (extended); thence N.58°51'W. along said right-of-way line a distance of 8.60 feet to a point of curve; thence around a curve to the right with a radius of 346.57 feet for a distance of 102.02 feet; thence N.44°57'E. a distance of 217.32 feet; thence S.52°19'E. a distance of 110.45 feet to the place of beginning.

SUBJECT TO a 5 foot utility easement over and across the Southwesterly line of the above described tract (that portion adjacent to the right-of-way line of Valleyview Drive extended).

Bearings are based on the recorded plat of Block 1 of Valleyview Terrace Addition.

SUBJECT TO easements as set forth in First American Title Commitment #12905.

SUBJECT TO Protective Covenants recorded under Asotin County Auditor's File #161630 and as amended by Instrument #166117.

more commonly known as 2530 Valleyview Dr, Clarkston, WA 99403.

Property Tax Parcel No. 1-041-02-011-0004-0000

56090

After recording return to:

Lucy L. Dukes  
843 Seventh Street, P. O. Box 191  
Clarkston, WA 99403

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Grantor: Jerome J. Kazda, deceased  
Grantee: Patricia A. Kazda, surviving spouse  
Legal: Part of Lot 11, Block "C-1", Clarkston Heights, Asotin County, Washington  
Parcel No. 1-041-02-011-0004-0000

**AFFIDAVIT**  
(Lack of Probate)

STATE OF WASHINGTON     )  
  : ss.  
County of Asotin             )

Patricia A. Kazda, being first duly sworn, on oath, deposes and says:

1. Jerome J. Kazda died on the 6<sup>th</sup> day of April, 2023, in Asotin County, Washington, then being a resident of Clarkston, Washington, and the owner of property located in the County of Asotin, State of Washington. At the time of Jerome J. Kazda's death, he was married to me, Patricia A. Kazda.

2. That the heir at law of decedent is as follows:

<u>Name and Address</u>	<u>Relationship</u>	<u>Age</u>
Patricia A. Kazda 2530 Valleyview Dr Clarkston, WA 99403	Surviving Spouse	L

Affidavit (Lack of Probate)

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3. Jerome J. Kazda signed his Last Will and Testament on June 13, 1967, in which he left everything to me, his wife, Patricia A. Kazda, if I survived him, which I did. Jerome J. Kazda and Patricia A. Kazda also executed an Agreement as to Status of Community Property dated July 27, 1976, and recorded July 27, 1976 under Asotin County Auditor's Instrument No. 128901, under which all of our property was community property. A certified copy of Jerome J. Kazda's death certificate is attached as **Exhibit A**, a copy of his Last Will and Testament is attached as **Exhibit B**, and a copy of the Agreement as to Status of Community Property is attached as **Exhibit C**.

4. I, Patricia A. Kazda, as beneficiary under the Will and as the surviving spouse under the Agreement as to Status of Community Property, am the lawful surviving heir and owner of the following-described real property which was given to me as a bequest under Jerome J. Kazda's Last Will and Testament and which was our community property:

That part of Lot 11 of Block "C-1" of Clarkston Heights, Asotin County, Washington, more particularly described as follows:  
Beginning at the most Northerly corner of Lot 13 of Block 1 of Valleyview Terrace Addition; thence S.44°57'W. along the Northwesterly lot line of said Lot 13 a distance of 219.72 feet to a point on the Easterly right-of-way of Valleyview Drive (extended); thence N.58°51'W. along said right-of-way line a distance of 8.60 feet to a point of curve; thence around a curve to the right with a radius of 346.57 feet for a distance of 102.02 feet; thence N.44°57'E. a distance of 217.32 feet; thence S.52°19'E. a distance of 110.45 feet to the place of beginning.

SUBJECT TO a 5 foot utility easement over and across the Southwesterly line of the above described tract (that portion adjacent to the right-of-way line of Valleyview Drive extended).

Bearings are based on the recorded plat of Block 1 of Valleyview Terrace Addition.

SUBJECT TO easements as set forth in First American Title Commitment #12905.

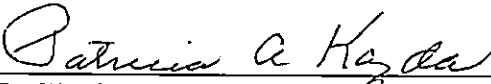
SUBJECT TO Protective Covenants recorded under Asotin County Auditor's File #161630 and as amended by Instrument #166117.

more commonly known as 2530 Valleyview Dr, Clarkston, WA 99403.

Property Tax Parcel No. 1-041-02-011-0004-0000

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)(i) and (a).

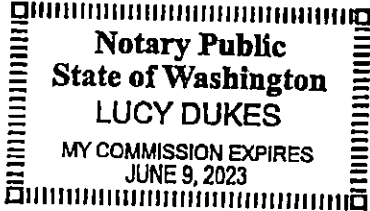
Dated this 23<sup>rd</sup> day of May, 2023.


  
PATRICIA A. KAZDA

STATE OF WASHINGTON )  
 ) :ss  
County of Asotin )

On this day personally appeared before me Patricia A. Kazda, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal this 23<sup>rd</sup> day of May, 2023.



  
Notary Public for Washington  
Residing at Clarkston  
My appointment expires June 9, 2023

# 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

ONLY COPY OF THIS CERTIFICATE CONTROLLED BY THE STATE REGISTER AND THE BUREAU OF HEALTH AND WELFARE  
ISSUED HEREIN IS VALID AS PERMITTED BY THE BUREAU OF HEALTH AND WELFARE AND THE STATE REGISTER

Local Reg. No. \_\_\_\_\_

<b>DECEDENT</b>	* 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) <b>JEROME JOHN KAZDA</b>		2. SEX <b>MALE</b>	3. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>
TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN.  FOR INSTRUCTIONS SEE HANDBOOKS	4a. AGE Last Birthday <b>97</b> (Years)		4b. UNDER 1 YEAR Months: _____ Days: _____	
	4c. UNDER 1 DAY Hours: _____ Minutes: _____		5. DATE OF BIRTH (Mo/Day/Yr) <b>12/28/1925</b>	
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) <b>LEWISTON, IDAHO</b>			
MORTICIAN: Completely Verify and File Within 5 Days of Death	7a. RESIDENCE - STATE OR FOREIGN COUNTRY: <b>WASHINGTON</b>		7b. COUNTY: <b>ASOTIN</b>	
	7c. STREET AND NUMBER <b>2530 VALLEYVIEW DRIVE</b>		7d. CITY OR TOWN <b>CLARKSTON</b>	
	7e. APT. NO. _____		7f. ZIP CODE <b>99403</b>	
PARENTS	8. MARRIAGE STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) <b>PATRICIA ANN MAREK</b>	
	10a. EVER IN U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11a. FATHER'S NAME (First, Middle, Last, Suffix) <b>RUDOLPH ANTON KAZDA</b>	
	11b. BIRTHPLACE (State, Territory, or Foreign Country) <b>BOHEMIA</b>		12a. BIRTHPLACE (State, Territory, or Foreign Country) <b>BOHEMIA</b>	
INFORMANT	13a. INFORMANT'S NAME (Type or print) <b>PATRICIA A. KAZDA</b>		13b. RELATIONSHIP TO DECEDENT <b>WIFE</b>	
	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>2530 VALLEYVIEW DRIVE, CLARKSTON, WA 99403</b>			
	14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify) _____			
DISPOSITION	15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) <b>VALLEY CREMATORY 920 21ST AVENUE LEWISTON, IDAHO 83501</b>		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY <b>VASSAR-RAWLS FUNERAL HOME 920 21ST AVENUE LEWISTON, IDAHO 83501</b>	
	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <b>ELECTRONICALLY FILED: DENNIS W. HASTINGS</b>		17b. LICENSE NUMBER (Of license) <b>M0791</b>	
	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
PLACE OF DEATH	19a. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify) _____			
	19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify) _____			
	20. FACILITY NAME (If not facility, give street and number) <b>LEWISTON NORTH OF CASCADE</b>		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE <b>LEWISTON, ID 83501</b>	
DATE OF DEATH	22. COUNTY OF DEATH <b>NEZ PERCE</b>		23. DATE OF DEATH (Mo/Day/Yr) (Spell month) <b>April 6, 2023</b>	
	24. TIME OF DEATH (24hr) <b>17:50</b>		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) <b>April 6, 2023</b>	
	26. TIME PRONOUNCED DEAD (24hr) <b>17:50</b>		27. CAUSE OF DEATH	
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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. <b>CEREBRAL INFARCT AFFECTING NON-DOMINANT LEFT SIDE</b> DUE TO (or as a consequence of): <b>ATHEROSCLEROTIC HEART DISEASE</b> DUE TO (or as a consequence of): <b>CHRONIC KIDNEY DISEASE</b> DUE TO (or as a consequence of): <b>HYPERTENSION</b>			
	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I. <b>HYPERLIPIDEMIA; PROSTATE CANCER; GERD</b>			
	28. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
ITEMS 29-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	29. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		30. IF FEMALE (Aged 10-54): <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 1 to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year	
	31. 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		32. DATE OF INJURY (Mo/Day/Yr) (Spell month)	
	33. TIME OF INJURY (24hr)		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	
CERTIFIER	35. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		36. LOCATION OF INJURY State: _____ City/Town or County: _____ Zip Code: _____	
	37. DESCRIBE HOW INJURY OCCURRED, IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable			
	TRANSPORTATION INJURY ONLY: 38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Goal ball <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown			
IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE	39a. CERTIFIER (Check only one, based on official capacity for this certificate) <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input checked="" type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE - To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated.		39b. LICENSE NUMBER <b>N-66110</b>	
	39c. DATE SIGNED <b>4 / 9 / 2023</b> MM DD YYYY		Signature and Title of Certifier: <b>ELECTRONICALLY SIGNED: CONNIE SPEARS, N.P.</b>	
	39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) <b>CONNIE SPEARS, 415 SIXTH STREET, LEWISTON, ID 83501</b>		40a. REGISTRAR'S SIGNATURE <i>James B. Aydelotte</i>	
REGISTRAR	40b. DATE SIGNED <b>4 / 11 / 2023</b> MM DD YYYY		40c. DATE SIGNED <b>4 / 11 / 2023</b> MM DD YYYY	

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.

56090

DATE ISSUED: **APR 11 2023**

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

*James B. Aydelotte*  
**JAMES B. AYDELLOTTE**  
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



This certified copy of an Idaho death record was issued by Public Health – Idaho North Central District on behalf of the State of Idaho/Bureau of Vital Records and Health Statistics.

*Chad Hudson*

Local Registrar



\* 0 0 1 8 0 6 7 9 8 \*

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# Agreement as to Status of Community Property

## After Death of One of the Spouses

RECORDED July 27, 1976 AT 4:05 P.M.  
REQUEST OF Jerome J. Kazda  
L. Doris Smith, ASOTIN COUNTY AUDITOR

### Know All Men by These Presents:

That this agreement, made and entered into this 27th day of July, 1976,  
by and between Jerome J. Kazda  
and Patricia A. Kazda, husband and wife,  
of Asotin County, State of Washington, WITNESSETH:

That, in consideration of the love and affection that each of said parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted, and promised:

I.

That all property of whatsoever nature or description whether real, personal or mixed and where-soever situated now owned or hereafter acquired by them or either of them shall be considered and is hereby declared to be community property.

II.

That upon the death of either of the aforementioned parties title to all community property as herein defined shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF, the said Jerome J. Kazda  
and Patricia A. Kazda have hereunto set their hands  
and seals this 27th day of July 1976.

Jerome J. Kazda (SEAL)  
Patricia A. Kazda (SEAL)

STATE OF WASHINGTON,  
County of Asotin } SS.

This is to certify that on this 27th day of July, 1976 before me  
Richard C. Jones a Notary Public in and for the State of Washington

and personally came Jerome J. Kazda  
and Patricia A. Kazda husband and wife, to me known to be the individuals  
described in and who executed the within instrument, and acknowledged to me that they signed  
and sealed the same as their free and voluntary act and deed for the uses and purposes therein  
mentioned.  
WITNESS my hand and official seal the day and year in this certificate first above written.

Richard C. Jones

Notary Public in and for the State of Washington residing at Clarkston, Wa 99403

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