

# Real Estate Excise Tax Affidavit (RCW 82.45 WAC 458-81A)

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 Estate of Gary Lee Sule, deceased  
By: Kerstin M. Schuler, PR  
Mailing address: 1020 Grandview Ave  
City/state/zip: Pittsborough, PA 15211  
Phone (including area code):

**2 Buyer/Grantee**

Name: Shanna K. Decker  
Mailing address: 1394 Chestnut Street  
City/state/zip: Clarkston WA 99403  
Phone (including area code):

**3** Send all property tax correspondence to:  Same as Buyer/Grantee  
Name: Shanna K. Decker

List all real and personal property parcel account numbers	Personal property?	Assessed value(s)
10042302400030000	<input type="checkbox"/>	235,650.00
	<input type="checkbox"/>	
	<input type="checkbox"/>	

Mailing address: 1394 Chestnut Street  
City/state/zip: Clarkston WA 99403

**4** Street address of property: 1394 Chestnut Street, Clarkston, WA 99403  
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 South 130 feet of the South half of Lot 24 in Block H H of Vineland, according to the official plat thereof, filed in Book A of Plats at Page(s) 20 Official Records of Asotin County, Washington EXCEPTING THEREFROM any portion lying within 14th Street and Chestnut Street adjacent thereto.

**5** Land use code: 11 Household, single family units  
Enter any additional codes (see back of last page for instructions)

**7** List all personal property (tangible and intangible) included in selling price.

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

If claiming an exemption, list WAC number and reason for exemption.  
WAC number (section/subsection):  
Reason for exemption:

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

Type of document: Personal Representative's Deed (PRD)  
Date of document: 05/09/23

**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

Gross selling price	295,000.00
*Personal property (deduct)	0.00
Exemption claimed (deduct)	0.00
Taxable selling price	295,000.00
Excise tax: state	
Less than \$525,000.01 at 1.1%	3,245.00
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	3,245.00
Local	737.50
*Delinquent interest: state	0.00
Local	0.00
*Delinquent penalty	0.00
Subtotal	3,982.50
*State technology fee	5.00
Affidavit processing fee	0.00
Total due	3,987.50

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: Estate of Gary Lee Sule, deceased  
Name (print): Estate of Gary Lee Sule, deceased  
Date & city of signing: 5/10/23, Clarkston, WA

Signature of grantee or agent: Shanna K. Decker  
Name (print): Shanna K. Decker  
Date & city of signing: 5/10/23, Clarkston, WA

Perjury in the second degree is a class C felony which is punishable by confinement in the state prison for 2 to 5 years or by a fine of up to \$10,000.

To ask about the availability of this publication, or for more information, please call 360-705-6705. Teletype.

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

Title Insurance Commitment No: 634270

Commonwealth of Pennsylvania  
STATE OF Washington )  
COUNTY OF Allegheny )  
Asotin )

SS:

(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): \_\_\_\_\_ Administratrix of the Estate of Gary Lee Sule

All with respect to the estate of Gary Lee Sule (herein "Decedent"), who died on April 21, 2007, in the County of Asotin, State of Washington, then being a resident of the City of Clarkston, County of Asotin, State of \_\_\_\_\_, (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 Robert J. Sule, Brother Gary Sule deceased  
 Address: 1700 Shore Road, Linwood NJ 08221, clo Robert Sule  
 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:**

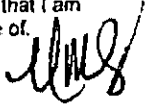
1. That on the date the real property was purchased the Decedent was:
  - married to Debbie June Sule Gary Sule
  - unmarried, not a registered domestic partner
  - unmarried, a registered domestic partner of \_\_\_\_\_
2. That on the date of death the Decedent was
  - married to Gary Sule
  - unmarried, 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.

5.  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.

None that I am aware of. 

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): \_\_\_\_\_

The property at 1394 Chestnut Street is the main estate asset. Any debts or claims against the estate cannot be paid until the estate account receives proceeds from the sale of this property.

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That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ 150,000, including the value of community property of Decedent and Decedent's surviving spouse, if any, of approximately \$ N/A, and including the value of Decedent's separate property, if any, of approximately \$ N/A, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ N/A.

This affidavit is made to induce Alliance 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: May 11, 2023  
Kerstin M. Schuler  
(Signature)  
Kerstin M. Schuler  
(Print or type Affiant's full name)  
1020 Grandview Avenue, Pittsburgh PA 15211  
(Full address and telephone number)

SUBSCRIBED and SWORN TO before me this 11 day of May, 2023  
Linsey Pastorok  
Notary Public in and for the State of  
Washington, residing at Allegheny County  
Pennsylvania

Commonwealth of Pennsylvania - Notary Seal  
Linsey Pastorok, Notary Public  
Allegheny County  
My commission expires September 10, 2023  
Commission number 1293202  
Member, Pennsylvania Association of Notaries

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**STATE OF WASHINGTON  
DEPARTMENT OF HEALTH**

Part 1 completed by Funeral Director

Part 2 completed by Certifier

1. Legal Name (Include AKA's / First Middle LAST Suffix) <b>DEBORAH JUNE SULE AKA: DEBBIE J. SULE</b>		2. Death Date <b>April 21, 2007</b>	
3. Sex (M/F) <b>Female</b>	4a. Age - Last Birthday <b>60</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes
7. Birthdate <b>June 2, 1946</b>		8a. Birthplace (City, Town, or County) <b>Lewiston</b>	8b. (State or Foreign Country) <b>Idaho</b>
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify <b>No</b>		11. Decedent's Race(s) <b>White</b>	12. Was Decedent ever in U.S. Armed Forces? <b>No</b>
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>1394 Chestnut Street</b>		13b. City or Town <b>Clarkston</b>	
13c. Residence: County <b>Asotin</b>	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country <b>Washington</b>	13f. Zip Code + 4 <b>99403</b>
14. Estimated length of time at residence. <b>10 years</b>		15. Marital Status at Time of Death <b>Married</b>	16. Surviving Spouse's Name (Give name prior to first marriage) <b>Gary Lee Sule</b>
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIREE)) <b>Beautician</b>		18. Kind of Business/Industry (Do not use Company Name) <b>Hair Styling</b>	
19. Father's Name (First, Middle, Last, Suffix) <b>Curtis Elijah Hall</b>		20. Mother's Name Before First Marriage (First, Middle, Last) <b>Josephia Abdulla Yochum</b>	
21. Informant's Name <b>Gary L. Sule</b>	22. Relationship to Decedent <b>Husband</b>	23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>1394 Chestnut Street, Clarkston, Washington 99403</b>	
24. Place of Death, if Death Occurred in a Hospital: Place of Death, if Death Occurred Somewhere Other than a Hospital <b>Decedent's home</b>			
25. Facility Name (if not a facility, give number & street or location) <b>1394 Chestnut Street</b>		26a. City, Town, or Location of Death <b>Clarkston</b>	26b. State <b>WA</b>
28. Method of Disposition <b>Removal/Burial</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Normal Hill Cemetery</b>	
30. Location-City/Town, and State <b>Lewiston, Idaho</b>		32. Date of Disposition <b>April 22, 2007</b>	
31. Name and Complete Address of Funeral Facility <b>Vassar-Rawls Funeral Home, 920-21st Avenue, Lewiston, Idaho 83501</b>			
33. Funeral Director Signature 			
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. <b>Congestive Heart Failure</b> Due to (or as a consequence of) Interval between Onset & Death Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. <b>Diabetes Mellitus</b> Due to (or as a consequence of) Interval between Onset & Death c. _____ Due to (or as a consequence of) Interval between Onset & Death d. _____ Due to (or as a consequence of) Interval between Onset & Death			
35. Other significant conditions contributing to death but not resulting in the underlying cause given above		36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending	39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk		45. Location of Injury: Number & Street Apt No City or Town County State Zip Code + 4	
46. Describe how injury occurred		47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician 		48b. Medical Examiner/Coroner	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Gregory J. Buratto, M.D., 307 St. John's Way, Lewiston, Idaho 83501</b>		50. Hour of Death (24hrs) <b>Approx. 2200</b>	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)		52. Date Signed (mm/dd/yyyy) <b>4/25/07</b>	
53. Title of Certifier <b>Medical Doctor</b>	54. License Number <b>M-331</b>	55. ME/Coroner File Number	56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature 		58. Date Received (mm/dd/yyyy) <b>APR 25 2007</b>	
59. Amendments			

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# Affidavit for Correction

Center for Health Statistics  
P.O. Box 9708  
Olympia, WA 98507-8708  
(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
Use the section below for requesting any changes on the record:				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution				
1. Name on record:		2. Date of Event:	3. Place of Event: (City or County)	
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)		5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)		
The Record is Incorrect or Incomplete as follows:				
6. The Record now shows:		7. The True fact is:		
8.		9.		
10.		11.		
12.		13.		
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)				Telephone Number:
I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.				
15. Signature:		16. Date:	17. Address:	

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:	Certificate of Naturalization	Medical Record	School Record
	Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Insurance Records	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Records	Passport	

### Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
  - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
  - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
  - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)

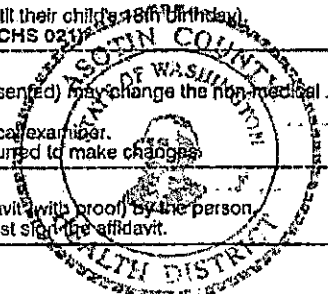
### Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

### Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit with proof by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)



*C. Splitters, M.D.*  
C. Splitters, M.D.  
Health Officer

APR 25 2007

NN01227261

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FILED

SEP 14 2022

MCKENZIE A. CAMPBELL  
COUNTY CLERK  
ASOTIN COUNTY, WA

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SUPERIOR COURT FOR ASOTIN COUNTY

In re: the Estate of:	)	CASE NO. <u>22-4-00099-02</u>
GARY LEE SULE,	)	LETTERS OF ADMINISTRATION
Deceased.	)	

RISLEY LAW OFFICE, PLLC  
Clarkston, Washington

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WHEREAS, heretofore KERSTIN M. SCHULER was duly appointed administratrix of the estate of GARY LEE SULE, deceased, conditioned upon said KERSTIN M. SCHULER filing her oath herein.

NOW, THEREFORE, KNOW ALL MEN BY THESE PRESENTS, that said KERSTIN M. SCHULER has duly qualified as such administratrix and is authorized to administer upon said estate according to law.

WITNESS my hand and seal of this Court affixed this 14<sup>th</sup> day of Sept., 2022.

Clerk of said Superior Court

*S. Berger*  
Deputy



LETTERS OF ADMINISTRATION -1

Risley Law Office, PLLC  
P. O. Box 609

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CERTIFICATE

STATE OF WASHINGTON            )  
  ) ss.  
County of \*\*                    )

I, \_\_\_\_\_, Clerk of the Superior Court of said County and State do hereby certify that the above and foregoing is a true and correct copy of the Letters of Administration in the above-entitled cause and were on the \_\_\_ day of September, 2022, duly entered of record.

I further certify that said Letters are now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Superior Court this \_\_\_ day of \_\_\_\_\_, 20\*\*.

\_\_\_\_\_  
Clerk of said Superior Court

\_\_\_\_\_  
Deputy

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