## Revenue

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

Only for sales in a single location code on or after January 1, 2023.

- •• • -	iai sale, indicate '	% sold.		t percentage of ownership acquired next t	catil name.	
			<b>Z</b> Buyer/Grantee Name David Paul Graves and Analiza	Racanos Grave	AC	
ame <u>M. Joyce Bla</u>	ake			Name David Paul Graves and Analiza	Dasanes Grave	
ailing address <u> </u>	0 Box 200	5	1	Mailing address 1338 65 St		
ty/state/zip	ackston. 1	DA 99403		City/state/zip Clanluton U	A 9940	)-3
one (including are			F	Phone (including area code)		
Send all property	tax corresponde	nce to: X Same as Buye za Basanes Graves	er/Grantee	List all real and personal property tax parcel account numbers 10010201500010000	Personal property?	Assessed value(s) 65,100.00
			·		_ H -	
ailing address	338 64 St					
ty/state/zip						
Street address of	property 907	3rd Street, Clarkston, Wa		(for unincorporated locations please		untv) X
nis property is loca T	ited inAsot		larkston	(for unincorporated locations please  parcel, are part of a boundary line adjust		
he South 35 feet o	of Lot 14 and the	North 25 feet of Lot 15 in solin County, Washingto	1 Block 2 of Cla	rkston, according to the official plat thereof	, med in Book	
Land use code <u>1</u>	1 Household	single family units		7 List all personal property (tangible and	l intangible) in	cluded in sellin
nter any additional	l codes			price.		
ee back of last pag	ge for instructions	s)				
/as the seller receiv nder RCW 84.36, 8 tizen or disabled p	ving a property to 14.37, or 84.38 (n person, homeowr	ax exemption or deferra conprofit org., senior ner with limited income)	i ? □ Yes ☑ No	If claiming an exemption, list WAC numb WAC number (section/subsection)	er and reason	for exemption.
this property predo	ominately used for	r timber (as classified liture (as classified under		Reason for exemption		_
CW 84.34.020) and	will continue in it	's current use? If yes and	•			
		with different classificati	ons, Organia No.			
		ator (see Instructions) est land per RCW 84.33?		Type of document Statutory Warranty De	ed (SWD)	
		use (open space, farm		Date of document <u>0<del>0/01/23</del></u> 5 31	<del>~~~</del>	420,000,00
id agricultural, or i	timber) land per	RCW 84.34?	☐ Yes 🖾 No	Gross selling		120,000.00
		uation as historical	☐ Yes ☒ No	*Personal property (de		0.00
operty per RCW 8		in about the days	L Yes LA No	Exemption claimed (de		
any answers are you		EST LAND OR CURRENT	USE)	Taxable selling		120,000.00
EW OWNER(S): To	continue the cur	rrent designation as fore	st land	Excise tax: stat		1,320.00
or classification as current use (open space, farm and agriculture, or			ture, or or must then	Less than \$525,000.01 at		0.00
wher) land, you m	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			From \$525,000.01 to \$1,525,000 at 1		0.00
mber) land, you metermine if the lan						
mber) land, you m etermine if the lan y signing below. If ontinue the design	the land no longe nation or classific	ation, it will be removed	and the	From \$1,525,000.01 to \$3,025,000 at 2		0.00
mber) land, you metermine if the land y signing below. If continue the design or ad	the land no long nation or classification aditional taxes wi	ation, it will be removed ill be due and payable by	and the the seller	Above \$3,025,000	at 3%	0.00
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REV 84 0001a (09/08/22)

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JIJN - 2 2023

ASOTIN COUNTY TREASURER

ATEC CX# 46896

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

Title Insurance Commitment No: 637979

STATE OF Washington	)	SS:		
COUNTY OF Asotin	)	35.		
(herein, "Affiant"), being first d	uly sworn,	on oath deposes and say	/s:	
That Affiant is (check one):				
the lawful surviving spo	use of the	Decedent		
Surviving child of the D	ecedent			
Registered domestic par	tner of the	Decedent		
One of the joint tenants	named in 1	that certain instrument cr	reating a joint tenancy with a	right of
survivorship identified	in that cert	tain deed recorded on	[mm/dd/yyyy],	, under
Recording No.		, in	County, Washington,	
other (identify:) All with respect to the estate of	Earl	W. Blake	(herein "Decedent"), who	died on
7/6/2015, in the Cour	nty of Ne	22 Perce State of	of Idaho th	en being a
7/6/20/5, in the Courresident of the City of	165lo	Count	y of Asotin	, State of
Washington. (A copy	of the de	ath certificate is attach	ed hereto.)	
	in below ic nited to ch no surviv f decedent	dentified each and all of nildren, adopted children ing children, then Affia (), spouse, registered do	f the heirs at law and next of n, the issue of any predeceas ant has listed below all of the mestic partner, and includin	sed child or e surviving <i>ig all parties</i>
That the heirs at law attaching a list if necessary):	and next o	of kin of the decedent a	re (list all parties, using the	reverse side or
LACK OF PROBATE AFFIDAVIT – STAT (COMMUNITY PROPERTY, SEPARATE P	E OF WASHIN	NGTON (5/08) DINT TENANCY PROPERTY)		PAGE 1 OF 4 56 11

Name & relationship M. Toyce Blake
Address: Sauge - PO Box 2005, Clarks ton, WA 99403
Name & relationship
Address:
Name & relationship
Address:
Name & relationshipAddress:
Address.
That among items of real property owned by the Decedent at the time of death was real estate located in
Asotiv 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 M. Joyce Blake
unmarried, not a registered domestic partner
unmarried, a registered domestic partner of
2. That on the date of death the Decedent was
married to M. Joyce Blake.
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 reverse was a Community Property Agreement. It was recorded under (if unrecorded, attach a copy)
County recording number (y am coorasa, amasir a copy)
4. That the decedent's estate is not being probated.

!	That the decedent's estate is subject to probate proceedings in of, under Probate No	County, State
5.	That the estate of the decedent is exempt from State and/or Federal succestaxes.	ssion or inheritance
ı	That State and/or Federal succession or inheritance taxes in the amount of have been paid. Copies of the release/discharge are atta.  That State and/or Federal succession or inheritance taxes are due, but have	iched hereto.
6.	That the decedent has not received assistance from the State of Washington That the decedent has received assistance from the State of Washington for That the State of Washington has been fully reimbursed for assistance for	or medical care.
That	t, with respect to the property, if any, owned by the Decedent in joint tenancy	as described above, at all
	s from the time of the execution of the instrument by which the joint tenancy v	
the l	Decedent, each of the joint tenants recognized that the above described joint ten	ancy property was held in
	t tenancy, and that the interest of no one or more of said joint tenants has ever be	
or o	therwise separated from the interest of the other joint tenant(s), either voluntarily	y or involuntarily, whether
	pecific act or by operation of law; and that said joint tenancy continued in full t	
Dec	edent with respect to the interest of the Decedent and, if there are two or mo	re surviving joint tenants,
incl	uding the Affiant, the joint tenancy continues with respect to the interests o	f the said surviving joint
tena	ints.	
agai	That Affiant knows of the Affiant's own knowledge, and so states, that each inst the estate of said Decedent (including, but not limited to: all the debts of de	
	Decedent's last illness, funeral and burial; promissory notes; installment contract	
	federal succession taxes upon Decedent's estate, if applicable) have been paid	
	e reverse side or attach a list if necessary):	
	<u> </u>	
	·	

approximately \$	That the value of the Decedent's estate at date of death, including all real and personal property, was
including the value of Decedent's separate property, if any, of approximately \$	approximately \$, including the value of community property of
and including the full value of .all other property, if any, held by the Decedent in joint tenancy of approximately \$\frac{120,000.00}{200.00}\$.  This affidavit is made to induce Alkung Like	
This affidavit is made to induce Alliane 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 315t 20 23  **Touce Blake** (Print type Affiant's full name)  FO Ext 2005  (Full address and telephone number)  Clark Stra, with 99403  SUBSCRIBED and SWORN TO before me this 31 day of May 20 23  Nothry Public fin and for the State of Washington, residing at Clark Item, with 99403	including the value of Decedent's separate property, if any, of approximately \$
This affidavit is made to induce Alkang item.  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 315t  20 23  A Joyce Blake  (Print of type Affiant's full name)  PO Box 2005  (Full address and telephone number)  Clark Strin, WA 97403  SUBSCRIBED and SWORN To before me this 3i day of May 20 23  Nothry Public mand for the State of Washington, residing at Clark Info. WA 99403	
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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 315t	Company) to insure real property covered by the Company's order number set forth above, in which Decedent
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including a purchaser of said real estate, for any loss arising from reliance on any misstatement of fact herein.  DATED: May 315+ , 20 33  A	
DATED: May 315+  A May 315+  (Signature)  M. Jouce Blake  (Printer type Affiant's full name)  FO Box 2005  (Full address and telephone number)  Clark STM, WA 99403  SUBSCRIBED and SWORN TO before me this 31 day of May, 2023  Notary Public for and for the State of Washington, residing at Clark ton, WA 99403  Washington, residing at Clark ton, WA 99403	
(Signature)  M. Jouce Blake (Print or type Affiant's full name)  PO Box 2005  (Full address and telephone number)  Cark SITA, WA 99403  SUBSCRIBED and SWORN To before me this 31 day of May, 2023  Notary Public for and for the State of Washington, residing at Condition, WA 99403  Washington, residing at Condition, WA 99403  ROTARY  PUBLIC SO THE STATE OF	including a purchaser of said real estate, for any loss arising from reliance on any misstatement of fact herein.
(Signature)  M. JOUCE Blake (Print br type Affiant's full name)  PO BOX 2005  (Full address and telephone number)  CAYKSTEN, WA 99403  SUBSCRIBED and SWORN To before me this 31 day of May, 2023  Notary Public fin and for the State of Washington, residing at Condition, WA 99403  Washington, residing at Condition, WA 99403  Washington of the State of Washington of the Washington of the State of Washington of the Washington of the Washington of the Was	DATED: May 315+ ,20 23
FO Box 2005  (Full address and telephone number)  Clark STM, WA 99403  SUBSCRIBED and SWORN TO before me this 31 day of May, 20 23  Notary Public in and for the State of Washington, residing at Clark Ten, WA 99403  Washington, residing at Clark Ten, WA 99403  Washington, residing at Clark Ten, WA 99403	
FO Box 2005  (Full address and telephone number)  Clark STM, WA 99403  SUBSCRIBED and SWORN TO before me this 31 day of May, 20 23  Notary Public in and for the State of Washington, residing at Clark Ten, WA 99403  Washington, residing at Clark Ten, WA 99403  Washington, residing at Clark Ten, WA 99403	(Signature)
SUBSCRIBED and SWORN To before me this 31 day of May, 20 23  Notary Public An and for the State of Washington, residing at Cloud 17th, WA 99403  Washington, residing at Cloud 17th, WA 99403  Washington at Cloud 17th, WA 99403	M. JOYCE DIAKE (Print or type Affiant's full name)
SUBSCRIBED and SWORN To before me this 31 day of May, 20 23  Notary Public An and for the State of Washington, residing at Cloud 17th, WA 99403  Washington, residing at Cloud 17th, WA 99403  Washington at Cloud 17th, WA 99403	PO Box 2005
Washington, residing at Claratten, WA 99403	(Full address and telephone number) (ICVKSIC) WA 99403
Washington, residing at Claratten, WA 99403	SUBSCRIBED and SWORN TO before me this 31 day of May, 20,23
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IDAHO DEPARTMENT OF HEALTH AND WELFARE BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

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FATHER-NAME		The state of the s	BIRTHPLACE	
FRED BLAKE		And the state of t	UNKNOWN	
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/ ELLA MAE THORESON	PANEPAL SERVICE LICENSEE		Main Militaria. No. 1	
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MOUNTAIN VIEW FUNERAL HO				NTY OF DEATH
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH but not reculting in the underlying	couse given above		WAS AN AUTOPSY PERFORMED?
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This is a frue and correct reproduction of the document officially registered and placed/ on file with the JDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS....

ANY ALTERATION OF ERASURE VOIDS THIS CERTIFICATE

MAY 18, 2022 DATE ISSUED:

JAMES B. AYDELÖTTE STATE REGISTRAR

