

**REAL ESTATE EXCISE TAX AFFIDAVIT**

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

CHAPTER 82.45 RCW – CHAPTER 458-61A WAC

**THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED**

(See back of last page for instructions)

Check box if partial sale of property

If multiple owners, list percentage of ownership next to name.

SELLER GRANTOR	1 Name <u>Beverly M. Manus</u>	BUYER GRANTEE	2 Name <u>Leif Claassen</u>
	Mailing Address <u>1655 6th Avenue</u>		<u>Rikki Claassen</u>
	City/State/Zip <u>Clarkston WA 99403</u>		Mailing Address <u>1855 Solar Hills Drive</u>
	Phone No. (including area code) _____		City/State/Zip <u>Clarkston WA 99403</u>
3 Send all property tax correspondence to: <input checked="" type="checkbox"/> Same as Buyer/Grantee		List all real and personal property tax parcel account numbers – check box if personal property	
Name <u>Leif Claassen Rikki Claassen</u>		<u>12630000200000000</u> <input type="checkbox"/>	
Mailing Address <u>1855 Solar Hills Drive</u>		<input type="checkbox"/>	
City/State/Zip <u>Clarkston WA 99403</u>		<input type="checkbox"/>	
Phone No. (including area code) _____		<input type="checkbox"/>	
		List assessed value(s) <u>175,000.00</u>	

4 Street address of property: 1855 Solar Hills Drive, Clarkston, WA

This property is located in  unincorporated Asotin County OR within  city of Unincorp

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.

Lot 2 in Block One of Solar Hills Addition according to the official plat thereof, filed in Book E of Plats at Page(s) 67, records of Asotin County, Washington.

5 Select Land Use Code(s):  
11 Household, single family units

enter any additional codes: \_\_\_\_\_

(See back of last page for instructions)

	YES	NO
Was the seller receiving a property tax exemption or deferral under chapters 84.36, 84.37, or 84.38 RCW (nonprofit organization, senior citizen, or disabled person, homeowner with limited income)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	YES	NO
Is this property designated as forest land per chapter 84.33 RCW?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is this property receiving special valuation as historical property per chapter 84.26 RCW?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 RCW 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 _____	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) does not wish to continue, all additional tax calculated pursuant to chapter 84.26 RCW, shall be due and payable by the seller or transferor at the time of sale.	
(3) OWNER(S) SIGNATURE	
PRINT NAME	

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If claiming an exemption, list WAC number and reason for exemption:

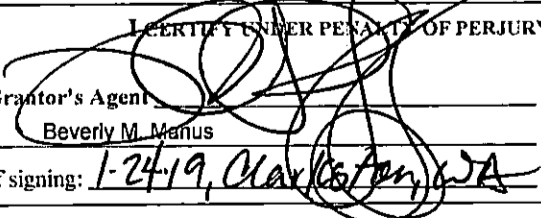

WAC No. (Section/Subsection) \_\_\_\_\_

Reason for exemption \_\_\_\_\_

Type of Document	<u>Statutory Warranty Deed (SWD)</u>	
Date of Document	<u>01/21/19</u>	
Gross Selling Price	\$	<u>205,000.00</u>
*Personal Property (deduct)	\$	<u>0.00</u>
Exemption Claimed (deduct)	\$	<u>0.00</u>
Taxable Selling Price	\$	<u>205,000.00</u>
Excise Tax : State	\$	<u>2,624.00</u>
Local	\$	<u>512.50</u>
*Delinquent Interest: State	\$	<u>0.00</u>
Local	\$	<u>0.00</u>
*Delinquent Penalty	\$	<u>0.00</u>
Subtotal	\$	<u>3,136.50</u>
*State Technology Fee	\$	<u>5.00</u> <u>5.00</u>
*Affidavit Processing Fee	\$	<u>0.00</u>
Total Due	\$	<u>3,141.50</u>

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

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

Signature of Grantor or Grantor's Agent 	Signature of Grantee or Grantee's Agent 
Name (print) <u>Beverly M. Manus</u>	Name (print) <u>Leif Claassen</u>
Date & city of signing: <u>1-24-19, Clarkston, WA</u>	Date & city of signing: <u>1-24-19, Clarkston, WA</u>

Perjury: Perjury is a class C felony which is punishable by imprisonment in the state correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars (\$5,000.00), or by both imprisonment and fine (RCW 9A.20.020 (1C)).

Return Address  
Beverly M. Manus

Please print or type information

Document Title(s) (or transactions contained therein):

1. Affidavit (Lack of Probate)
- 2.
- 3.
- 4.

Grantor(s) (Last name first, then first name and initials):

1. Manus, Gary S.
  - 2.
  - 3.
  - 4.
- Additional names on page \_\_\_ of document.

Grantee(s) (Last name first, then first name and initials):

1. To The Public
  - 2.
  - 3.
  - 4.
- Additional names on page \_\_\_ of document.

Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.)

- Additional legal is on page \_\_\_ of document.

Reference Number(s) of Documents assigned or released:

- Additional numbers on page \_\_\_ of document.

Assessor's Property Tax Parcel/Account Number

- Property Tax Parcel ID is not yet assigned  
 Additional parcel numbers on page \_\_\_ of document

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

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## AFFIDAVIT (LACK OF PROBATE)

Beverly M. Manus, being first duly sworn, deposes and says:

The undersigned affiant is the rightful heir to the real property described below, and is spouse  
 (relationship to decedent) of Gary S. Manus (decedent), who died on (date)  
December 6, 2018, at

Lewiston Nez Perce Idaho  
City County State

\*\*\* A CERTIFIED COPY OF THE DEATH CERTIFICATE MUST BE PRESENTED. PLEASE NOTE: A copy may be used for recording at the discretion of the county.

### REGARDING DISPOSITION OF REAL PROPERTY:

Attach the full legal description of the property with county and parcel number being transferred which is located at a commonly recognized address of: \_\_\_\_\_  
Street  
 \_\_\_\_\_  
City State Zip Code

- Decedent left no Last Will and Testament and/or Community Property Agreement; OR Decedent left a Community Property Agreement in favor of surviving spouse (A COPY OF WHICH IS ATTACHED for review), or has been recorded under \_\_\_\_\_ County recording number \_\_\_\_\_; OR
- Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked (A COPY OF WHICH IS ATTACHED for review)

“Heirs at law” includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

Beverly M. Manus, spouse  
1655 6th Ave., Clarkston, WA 99403  
Full name, age, relationship, address  
Michelle L. Manus, daughter  
Clarkston, WA  
Full name, age, relationship, address  
Kimberly R. Manus, daughter  
Clarkston, WA  
Full name, age, relationship, address

\_\_\_\_\_  
Full name, age, relationship, address

(Continued on next page)

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Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: January 24, 2019  
Beverly M. Manus

Affiant's full name  
509-751-8722  
Telephone number

1655 Wts Ave.  
Clarkston City WA State 99403 Zip Code

Beverly M. Manus  
Signature

January 24, 2019  
Date

State of Washington County of Asotin

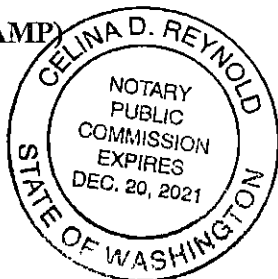
I know or have satisfactory evidence that Beverly M. Manus  
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 01, 24, 2019

[Signature]  
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Lewisston, ID

Notary Public in and for the State of WA

My appointment expires: 12/20/21

For tax assistance call (360) 534-1503, option 2. To request this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711.

REV 84 0017 (5/16/16)

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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 A COPY OF THIS CERTIFICATE, FORWARDED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER §30-2114 AND §30-2124, IDAHO CODE.

Local Reg. No.

Form containing fields for Decedent (GARY S. MANUS), Parents (ELIGA MANUS, RUTH MARTIN), Informant (BEVERLY MANUS), Disposition (MOUNTAIN VIEW CREMATORY), Cause of Death (CONGESTIVE HEART FAILURE), and Registrar (JOSHUA T. HALL).

Vertical text on the left side of the form: TYPE OR PRINT IN PERMANENT BLACK INK... MORTICIAN: Complete/Verify and File Within 5 Days of Death... CERTIFIER: Complete Within 72 Hours of Death...



DATE ISSUED: DEC 12 2018

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

Signature of James B. Aydelotte, State Registrar

JAMES B. AYDELOTTE
STATE REGISTRAR

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF IDAHO      County of Lewiston

This copy of a death certificate was issued by the District Health Department on behalf of the the Bureau of Vital Records and Health Statistics.

*Pauline Dubost*

Local Vital Statistics Registration Official

151912

LAST WILL AND TESTAMENT

OF  
GARY S. MANUS

BE IT KNOWN that I, Mary S. Manus, a resident of Asotin,  
Washington, County of Asotin, in the State of  
Washington, being of sound mind, do make and declare this to be my Last Will  
and Testament expressly revoking all my prior Wills and Codicils at any time made.

I. PERSONAL REPRESENTATIVE:

I appoint Beverly M. Manus of Asotin, Washington  
as Personal Representative of this my Last Will and Testament and provide if  
this Personal Representative is unable or unwilling to serve then I appoint coexecutors Michelle  
Manus and Kimberly Manus of Lewiston, Idaho  
as alternate Personal Representative. My Personal Representative shall be authorized to carry out all  
provisions of this Will and pay my just debts, obligations and funeral expenses. I further provide my  
Personal Representative shall not be required to post surety bond in this or any other jurisdiction, and  
direct that no expert appraisal be made of my estate unless required by law. If either of my  
daughters as named in my will is unable or unwilling  
to do so to act, the other shall act as sole executor of  
my estate. If both of them shall be unable or un-  
willing to do so to act, I appoint La Dena Davidson  
of Spokane, Washington as my executor.

II. GUARDIAN: NONE

In the event I shall die as the sole parent of minor children, then I appoint N/A  
as Guardian of said minor children. If this named  
Guardian is unable or unwilling to serve, then I appoint N/A  
as alternate Guardian.

Mary S. Manus  
Testator's Initials

Page 1 of 3.

Execute and attest before a notary.

Caution: Louisiana residents should consult an attorney before preparing a will.

This product does not constitute the rendering of legal advice or services. This product is intended for informational use only and is not a substitute for legal advice. State laws vary, so consult an attorney on all legal matters. This product was not prepared by a person licensed to practice law in this state.

K107-1A  
AQHH

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III. BEQUESTS:

I direct that after payment of all my just debts, my property be bequeathed in the manner following: to my spouse Beverly M. Manus the entirety of my estate. If she should predecease me then I direct the entirety of my estate be divided equally between my daughters Michelle J. Manus, born October 18, 1969 and Kimberly R. Manus, born September 16, 1976 and no other, ~~except~~ <sup>that</sup> direct descendants by birth or adoption. If there should be a total failure in that the named beneficiaries named herein predecease me then I direct that my estate be divided between my niece and nephews.

Gary D Manus  
Testator's Initials



IN WITNESS WHEREOF, I have hereunto set my hand this 11TH day of December, 2000 (year), to this my Last Will and Testament.

Gary S Manus  
Testator Signature

IV. WITNESSED:

The testator has signed this will at the end and on each other separate page, and has declared or signified in our presence that it is his/her last will and testament, and in the presence of the testator and each other we have hereunto subscribed our names this \_\_\_\_\_ day of \_\_\_\_\_ (year).

Charlotte K. Hart  
Witness Signature

1002 Cedar Ave, Burston Id. 83501  
Address

Kelly C. Van Buren  
Witness Signature

137N Tammany Crk. Rd. Lewiston, Id 83501  
Address

Vonda Campbell  
Witness Signature

3334 Bryden Crk. Lewiston, Id 83501  
Address

ACKNOWLEDGMENT

State of Washington }  
County of Asotin }

We, Charlotte K. Hart, Kelly Van Buren,  
Vonda Campbell, and Gary S. Manus

the testator and the witnesses, respectively, whose names are signed to the attached and foregoing instrument, were sworn and declared to the undersigned that the testator signed the instrument as his/her Last Will and Testament and that each of the witnesses, in the presence of the testator and each other, signed the will as witnesses.

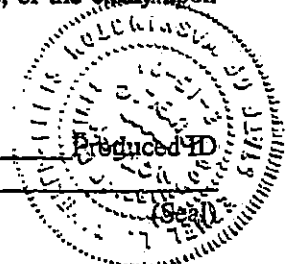
Testator: Gary S Manus

Witness: Charlotte K. Hart  
Witness: Kelly C. Van Buren  
Witness: Vonda Campbell

On December 11, 2000 before me, Ethel L. Kimbler-Ellis  
appeared Gary S. Manus  
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity, upon behalf of which the person(s) acted, executed the instrument.  
WITNESS my hand and official seal.

Signature Ethel L Kimbler-Ellis

Affiant X Known Produced ID  
Type of ID \_\_\_\_\_



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