

REAL ESTATE EXCISE TAX AFFIDAVIT
CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

This form is your receipt when stamped by cashier.

THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED
Only for sales in a single location code on or after January 1, 2020.

Check box if the sale occurred in more than one location code.

PLEASE TYPE OR PRINT

Check box if partial sale, indicate % sold. List percentage of ownership acquired next to each name.

1 SELLER GRANTOR	Name <u>Minerva Proferes</u>	2 BUYER GRANTEE	Name <u>Diane Neilsen 100%</u>	
	Mailing Address <u>1575 Hillcrest Way</u>		Mailing Address <u>1575 Hillcrest Way</u>	
	City/State/Zip <u>Clarkston Wa. 99403</u>		City/State/Zip <u>Clarkston WA. 99403</u>	
	Phone No. (including area code) <u>(775) 741-0060</u>		Phone No. (including area code) <u>(775) 741-0060</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		List assessed value(s)
	Name <u>Diane Neilsen</u>	<u>104125040010001</u> <input checked="" type="checkbox"/>		<u>137.400</u>
	Mailing Address <u>1575 Hillcrest Way</u>		<input type="checkbox"/>	<u>0.00</u>
	City/State/Zip <u>Clarkston WA. 99403</u>		<input type="checkbox"/>	<u>0.00</u>
	Phone No. (including area code) <u>(775) 741-0060</u>		<input type="checkbox"/>	<u>0.00</u>

4 Street address of property: 1575 Hillcrest Way
This property is located in Asotin 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 more space is needed, you may attach a separate sheet to each page of the affidavit)
See Attached.

5 Select Land Use Code(s):
18 - All other residential not elsewhere coded
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)? YES NO
Is this property predominantly used for timber (as classified under RCW 84.34 and 84.33) or agriculture (as classified under RCW 84.34.020)? See ETA 3215 YES NO

6 YES NO
Is this property designated as forest land per chapter 84.33 RCW? YES NO
Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW? YES NO
Is this property receiving special valuation as historical property per chapter 84.26 RCW? 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 RCW 84.34.103). 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) NEW OWNER(S) SIGNATURE
PRINT NAME Diane Neilsen
[Signature]

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) 458-61A-202(A)(B) (C) (F)
Reason for exemption Inheritance or devise NON-PROBATED WILL

Type of Document GENERAL WARRANTY DEED
Deed of Personal Representative
Date of Document 11/15/2020

Gross Selling Price \$	<u>0.00</u>
Personal Property (deduct) \$	<u>0.00</u>
Exemption Claimed (deduct) \$	<u>0.00</u>
Taxable Selling Price \$	<u>0.00</u>
Excise Tax: State	
Less than \$500,000.01 at 1.1% \$	<u>0.00</u>
From \$500,000.01 to \$1,500,000 at 1.28% \$	<u>0.00</u>
From \$1,500,000.01 to \$3,000,000 at 2.75% \$	<u>0.00</u>
Above \$3,000,000 at 3.0% \$	<u>0.00</u>
Agricultural and timberland at 1.28% \$	<u>0.00</u>
Total Excise Tax: State \$	<u>0.00</u>
<u>0.0025</u> Local \$	<u>0.00</u>
Delinquent Interest: State \$	<u>0.00</u>
Local \$	<u>0.00</u>
Delinquent Penalty \$	<u>0.00</u>
Subtotal \$	<u>0.00</u>
*State/Technology Fee \$	<u>5.00</u>
*Affidavit Processing Fee \$	<u>5.00</u>
Total Due \$	<u>10.00</u>

PAID
DEC 14 2020

ASOTIN COUNTY
TREASURER

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 <u>[Signature]</u>	Signature of Grantee or Grantee's Agent <u>[Signature]</u>
Name (print) <u>Diane Neilsen</u>	Name (print) <u>Diane Neilsen</u>
Date & city of signing <u>11-15-2020</u>	Date & city of signing <u>11-15-2020</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)).

M90 - 610.00

053771

Beginning at the Northeast corner of Lot 4, Block "H-1" of the Clarkston Heights, said point being a concrete monument of the center line of the county road, thence Southerly along the east boundaryline of said Lot 4 a distance of 375.1 feet; thence deflect right 85 degrees 11' a distance of 196.8 feet; thence deflect right 94 degrees 49' a distance of 513.6 feet to a point on the center line of county road; thence deflect right 121 degrees 53' a distance of 230.9 feet along the center line of county road to the PLACE OF BEGINNING. Containing Two acres, more or less.

Parcel #1-041-25-004-0001

Return Address:

Diane Neilsen
1575 Hillcrest Way
Clarkston WA 99403



I-127 LOP
Pgs=3 Fee:\$105.50
DIANE NEILSEN

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Diane R. Neilsen, being first duly sworn
Name of Affiant

deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real

property described below, and is Daughter
Relationship to decedent

of Minerva J. Proferes, who died on June 18, 2020
Decedent/Grantor *Date*

at Clarkston Asotin WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Beginning at the Northeast corner of Lot 4, Block "H-1" of Clarkston Heights, said point ~~beginning~~ being a concrete monument on the center line of County road, thence southerly along the east boundary line of said Lot 4 a distance of 375.1 ft. thence deflect right 85 degrees 11' a distance of 196.8 ft; thence deflect right 94 degrees 49' a distance of 513.6 ft to a point on the center line of county road; thence deflect right 121 degrees 53' a distance of 230.9 ft. along the center line of County road to the PLACE OF BEGINNING. Containing two acres, more or less.

Assessor's Property Tax Parcel/Account Number: 1-041-25-004-0001-0000
(Attach full legal description of the property)

Decedent left no Last Will and Testament.

Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"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)

Dated: 9/3/2020

Diane Rae Neilson

Affiant's full name

(775) 741-0060

Telephone number

1575 Hillcrest way

Clarkston WA. 99403

City

Street
State

Zip Code

Diane Rae Neilson
Signature

09/03/20
Date

State of Idaho County of Nez Perce

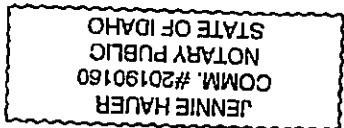
I know or have satisfactory evidence that Diane R Neilson
(name of person)

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: 9, 8, 2020

[Signature]
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Lewiston Idaho

Notary Public in and for the State of ID

My appointment expires: 1/28/2021

Diane Rae Neilson, 60, Daughter
1575 Hillcrest way Clarkston WA 99403
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 9/3/2020

Diane Rae Neilson

Affiant's full name

(775) 741-0060

Telephone number

1575 Hillcrest way

Clarkston ^{Street} WA. 99403

City

State

Zip Code

Diane Rae Neilson
Signature

09/08/20
Date

State of Idaho County of Nez Perce

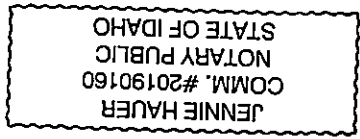
I know or have satisfactory evidence that Diane R Neilson
(name of person)

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: 9.8.2020

[Signature]
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Lewiston Idaho

Notary Public in and for the State of Id

My appointment expires: 1/28/2025

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-028114

DATE ISSUED: 06/23/2020
FEE NUMBER:

FIRST AND MIDDLE NAME(S): MINERVA JOSEPHINE
LAST NAME(S): PROFERES

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: JUNE 18, 2020
HOUR OF DEATH: 05:15 PM
SEX: FEMALE AGE: 88 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1575 HILLCREST WAY
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

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

RESIDENCE STREET: 1575 HILLCREST WAY
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 60 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: EAGLE POINT, OR

FATHER: JOHN WESTLEY LOWMAN
MOTHER: MAGDALENE IONA LEIBERT

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: VALLEY CREMATORY

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: JUNE 24, 2020

INFORMANT: DIANE R NEILSON
RELATIONSHIP: DAUGHTER
ADDRESS: 1575 HILLCREST WAY, CLARKSTON, WASHINGTON 99403

FUNERAL FACILITY: VASSAR-RAWLS FUNERAL HOME

ADDRESS: 920 21ST AVENUE
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
FUNERAL DIRECTOR: DENNIS W. HASTINGS

CAUSE OF DEATH:
A: PERIPHERAL VASCULAR DISEASE WITH WOUND FORMATION
INTERVAL: YEARS
B: TYPE 2 DIABETES MELLITUS
INTERVAL: YEARS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: FAILURE TO THRIVE, AGE;
RECENT DISTAL FEMUR FRACTURE

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

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

CERTIFIER NAME: TAMARA BRUNS, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 222 SOUTHWAY, SUITE A
CITY, STATE, ZIP: LEWISTON, ID 83501
DATE SIGNED: JUNE 22, 2020

LOCATION OF INJURY:
CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NJA
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: JUNE 22, 2020



Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
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
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Required information must match current information on record

Required

Record Type: Birth Death Marriage Dissolution (Divorce)

1. Name on Record: First Middle Last 2. Date of Event: MM/DD/YYYY 3. Place of Event: (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 Self Guardian Informant Hospital
Person on Record: Parent(s) Funeral Director Other (specify)

7. Return Mailing Address: PO Box or Street Address City State Zip

Telephone Number: () Email Address: [REDACTED]

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
8.	9.
10.	11. [REDACTED]
12.	13.
14.	15.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct

16a. Signature: 16b. Signature of 2nd parent (if required):

Printed name: Date: Printed name: Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

- Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:
- Birth/Marriage/Divorce record
 - Military record (DD-214)
 - School transcripts
 - Social Security Numident Report
 - Certificate of Naturalization
 - Hospital/medical record
 - Passport
 - Green/Permanent Resident card (I-551)

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
- Documentary proof must be five or more years old or established within five years of birth

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required

Adult (18 years or older)

- Only the adult can change his or her birth certificate
- If the first or middle name is missing, three pieces of documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof 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.

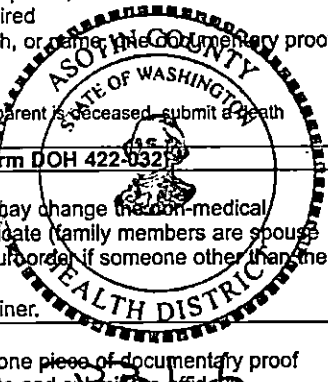
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a 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 documentary proof
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit



DOH 422-034 January 2015

Bob Lutz, M.D., MPH
Health Officer

JUN 23 2020



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.



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