

REAL ESTATE EXCISE TAX AFFIDAVIT

CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

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.

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

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

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

1 SELLER GRANTOR	Name <u>Cynthia L. Prater, aka Cynthia Louise Prater (Estate of)</u>	2 BUYER GRANTEE	Name <u>Steven Bruce Prater, a widow, and as surviving spouse of Cynthia L. Prater</u>
	Mailing Address <u>2663 27th Street</u>		Mailing Address <u>2663 27th Street</u>
	City/State/Zip <u>Clarkston, WA 99403</u>		City/State/Zip <u>Clarkston, WA 99403</u>
	Phone No. (including area code)		Phone No. (including area code)
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	List assessed value(s)	
	Mailing Address	1-709-00-002-0000-0000 <input type="checkbox"/>	190,800.00
	City/State/Zip	<input type="checkbox"/>	0.00
	Phone No. (including area code)	<input type="checkbox"/>	0.00
4 Street address of property: <u>2663 27th Street, Clarkston, WA</u>			

This property is located in Clarkston

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 Exhibit A attached hereto.

5	Select Land Use Code(s): <u>11 - Household, single family units</u> enter any additional codes: _____ (See back of last page for instructions)	7	List all personal property (tangible and intangible) included in selling price. <u>None</u>
	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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO		If claiming an exemption, list WAC number and reason for exemption: WAC No. (Section/Subsection) <u>458-61A-202(6)(i)</u>
	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 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Reason for exemption <u>Transfer by Lack of Probate Affidavit from deceased spouse to surviving spouse</u>
6	Is this property designated as forest land per chapter 84.33 RCW? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Type of Document <u>Affidavit and Quitclaim Deed LIMITED WARRANTY DEED</u>	Date of Document <u>11/3/20</u>
	Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Gross Selling Price \$ <u>0.00</u>	
	Is this property receiving special valuation as historical property per chapter 84.26 RCW? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Personal Property (deduct) \$ <u>0.00</u>	
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 <input type="checkbox"/> does <input type="checkbox"/> does not qualify for continuance.		Exemption Claimed (deduct) \$ <u>0.00</u>	
(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.		Taxable Selling Price \$ <u>0.00</u>	
(3) NEW OWNER(S) SIGNATURE		Excise Tax: State	
DEPUTY ASSESSOR _____ DATE _____	Less than \$500,000.01 at 1.1% \$ <u>0.00</u>		0200
PAID NOV - 9 2020		From \$500,000.01 to \$1,500,000 at 1.28% \$ <u>0.00</u>	
ASOTIN COUNTY TREASURER		From \$1,500,000.01 to \$3,000,000 at 2.75% \$ <u>0.00</u>	
A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX *SEE INSTRUCTIONS		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>	
		0.0025 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>	
		Processing Fee \$ <u>5.00</u>	
		Total Due \$ <u>10.00</u>	

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

Signature of Grantor or Grantor's Agent [Signature] Name (print) Steven Bruce Prater
Date & city of signing Lewiston, ID November 3, 2020

Signature of Grantee or Grantee's Agent [Signature] Name (print) Steven Bruce Prater
Date & city of signing Lewiston, ID November 3, 2020

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)).

CREASONS, MOORE,
DORRICK & GIBBL

CU# 13413 R

053674

EXHIBIT A

Real property commonly referred to as 2663 27th Street, Clarkston, Asotin County, Washington, and more particularly described as follows:

Lot 2 of Re-Plat of Lot 1 of Preston Addition, according to the official plat thereof, recorded November 26, 2007, as Instrument No. 303001, Official Records of Asotin County, Washington.

Tax Parcel No. 1-709-00-002-0000-0000.

53674

AFTER RECORDING, RETURN TO:

Paul O. Merrill
Creason, Moore, Dokken & Geidl, PLLC
P. O. Drawer 835
Lewiston ID 83501

**AFFIDAVIT OF STEVEN BRUCE PRATER
LACK OF PROBATE - REAL PROPERTY**

Reference Numbers of Related Documents: N/A

Grantor: Prater, Cynthia L, also known as Prater, Cynthia Louise (Estate of)

Grantee: Prater, Steven Bruce

Legal Description:

1. Real property located in Asotin County, Washington, described as follows:

Lot 2 of Re-Plat of Lot 1 of Preston Addition, according to the official plat thereof, recorded November 26, 2007, as Instrument No. 303001.
2. Additional legal description is included on page 4 of the Affidavit.
3. Assessor's Parcel No. 1-709-00-002-0000-0000

**AFFIDAVIT OF STEVEN BRUCE PRATER
LACK OF PROBATE - REAL PROPERTY - 1**

**Creason, Moore, Dokken & Geidl, PLLC
P.O. Drawer 835, Lewiston ID 83501
(208)743-1516; Fax(208)746-2231**

: 53674

AFTER RECORDING MAIL TO:

Paul O. Merrill
P. O. Drawer 835
Lewiston, ID 83501

**AFFIDAVIT OF STEVEN BRUCE PRATER
LACK OF PROBATE - REAL PROPERTY**

STATE OF IDAHO)
 : ss.
County of Nez Perce)

Steven Bruce Prater, being first duly sworn, deposes and says:

Affiant is the lawful surviving spouse of Cynthia Louise Prater, also known as Cynthia L. Prater, who died on October 3, 2020, at Lewiston, Idaho, then being a resident of Clarkston, Asotin County, Washington. A copy of the Certificate of Death is attached hereto.

Affiant has hereinbelow identified each and all of the heirs at law of decedent, including, but not limited to her children, adopted children and the issue of any predeceased child or adopted child. After reasonable efforts Affiant has been unable to locate Susan Elaine Johnston, a lawful heir of the decedent, but has listed her previously known address.

**AFFIDAVIT OF STEVEN BRUCE PRATER
LACK OF PROBATE – REAL PROPERTY - 2**

**Creason, Moore, Dokken & Geidl, PLLC
P.O. Drawer 835, Lewiston ID 83501
(208)743-1516; Fax(208)746-2231**

5/31/24

That the heirs of law of decedent are:

NAME AND ADDRESS	RELATIONSHIP
Steven Bruce Prater 2663 27 th Street Clarkston, WA 99403	Husband Adult
Susan Elaine Johnston 15429 Lanfair Road Biloxi, MS 39532	Daughter Adult
Christina Ann Yarbrough 7102 Ridge Crest Road Owens Cross Roads, AL 35763	Daughter Adult
John Richard Johnston 146 Saddle Street New Market, AL 35761	Son Adult

That affiant knows of his own knowledge, and so states, that each and all of the obligations against the marital community and against the estate of the 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, state and federal succession taxes upon decedent's estate, if applicable) have been paid in full.

A copy of the decedent's Last Will and Testament dated December 26, 2011, is attached hereto. Affiant is the sole distributee of decedent's estate.

This affidavit is made solely to transfer the Estate's interest in real property commonly referred to as 2663 27th Street, Clarkston, Asotin County, Washington, and more particularly described as follows:

Lot 2 of Re-Plat of Lot 1 of Preston Addition, according to the official plat thereof, recorded November 26, 2007, as Instrument No. 303001, Official Records of Asotin County, Washington.

**AFFIDAVIT OF STEVEN BRUCE PRATER
LACK OF PROBATE – REAL PROPERTY - 3**

**Creason, Moore, Dokken & Geidl, PLLC
P.O. Drawer 835, Lewiston ID 83501
(208)743-1516; Fax(208)746-2231**

53674

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

ONE COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, MUST BE RETURNED AS PROOF OF RECEIPT TO THE COUNTY CLERK, 208-441-4400 (TDD) 208-441-4400 (V), 208-441-4400 (F)

Local Reg. No. _____

TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. FOR INSTRUCTIONS SEE HANDBOOKS. PARENTS INFORMANT DISPOSITION PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH ITEMS 32-33 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER) CERTIFIER IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THIS CERTIFICATE. REGISTRAR	1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix) CYNTHIA LOUISE PRATER	2. SEX FEMALE	3. SOCIAL SECURITY NUMBER [REDACTED]	
	4a. AGE-Last Birthday 82 (Years)	4b. UNDER 1 YEAR Months: _____ Days: _____	4c. UNDER 1 DAY Hours: _____ Minutes: _____	5. DATE OF BIRTH (Mo/Day/Yr) [REDACTED]
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) LAKELAND, FLORIDA		7a. RESIDENCE - STATE OR FOREIGN COUNTRY WASHINGTON	
	7b. COUNTY ASOTIN		7c. CITY OR TOWN CLARKSTON	
	7d. STREET AND NUMBER 2863 27TH STREET		7e. APT. NO. _____	7f. ZIP CODE 99403
	7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. MARITAL 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) STEVEN B. PRATER			
	10. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11a. FATHER'S NAME (First, Middle, Last, Suffix) RICHARD KENNETH MCGILVARY	
	11b. BIRTHPLACE (State, Territory, or Foreign Country) ALABAMA		12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) EMOGENE SMITH	
	12b. BIRTHPLACE (State, Territory, or Foreign Country) ALABAMA		13a. INFORMANT'S NAME (Type or print) STEVEN B. PRATER	
13b. RELATIONSHIP TO DECEDENT HUSBAND		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 2863-27TH STREET CLARKSTON, WA 99403		
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) _____		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) VALLEY CREMATORY 920 21ST AVENUE LEWISTON, IDAHO 83501		
16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY MALCOM'S BROWER-WANN FUNERAL HOME 1711 16TH STREET LEWISTON, IDAHO 83501		17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: JASON M. HARWICK		
17b. LICENSE NUMBER (Of licensee) M0802		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
PLACE OF DEATH (19-22)				
19a. IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <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) ST. JOSEPH REGIONAL MEDICAL CTR		21. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE LEWISTON, ID 83501		
22. COUNTY OF DEATH NEZ PERCE		23. DATE OF DEATH (Mo/Day/Yr) (Spell month) October 3, 2020		
24. TIME OF DEATH (24hr) 07:25		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) October 3, 2020		
26. TIME PRONOUNCED DEAD (24hr) 07:25		27. CAUSE OF DEATH PART I. Enter the <u>immediate cause</u> - 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. IMMEDIATE CAUSE (First disease or condition resulting in death) a. PNEUMONIA DUE TO (or as a consequence of): b. ADENOCARCINOMA OF THE RIGHT LUNG STAGE 4 DUE TO (or as a consequence of): c. COPD DUE TO (or as a consequence of):		
28a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
29. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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 43 days 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"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <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.) _____		
35. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____		
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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____ 38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____ 38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? <input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown				
39a. CERTIFIER (Check only one, based on official capacity for this certificate) <input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE To the best of my knowledge, death occurred at the time, date, and place, and due to the <u>natural</u> cause(s)/manner stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature and Title of Certifier: ELECTRONICALLY SIGNED: JANE F. FORE, M.D.		39b. LICENSE NUMBER M-04493		
39c. DATE SIGNED 10 / 5 / 2020 MM / DD / YYYY		40a. REGISTRAR'S SIGNATURE James B. Aydelotte		
40b. DATE SIGNED 10 / 7 / 2020 MM / DD / YYYY		40c. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) JANE F. FORE, 415 SIXTH STREET LEWISTON, ID 83501		

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.

DATE ISSUED: **OCT 08 2020**

James B. Aydelotte
STATE REGISTRAR

53074



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

