



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

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

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.

Form sections 1-4: Seller/Grantor (Gandy Anne Kerr) and Buyer/Grantee (Trevor J. Dowdy) information, including addresses, phone numbers, and property tax details.

Section 4: Street address of property (1835 Hillyard Dr. - Clarkston, WA 99403) and location details (unincorporated Asotin County).

Section 5: Select Land Use Code(s) (11 Household, single family units) and additional codes.

Section 6: Was the seller receiving a property tax exemption or deferral under chapters 84.36, 84.37, or 84.38 RCW? (No)

Section 6: Is this property designated as forest land per chapter 84.33 RCW? (No)
Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW? (No)
Is this property receiving special valuation as historical property per chapter 84.26 RCW? (No)

Section 6: (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...

Section 6: (2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY) NEW OWNER(S): To continue special valuation as historic property, sign (3) below.
(3) OWNER(S) SIGNATURE

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

Section 7: If claiming an exemption, list WAC number and reason for exemption.

Section 7: Type of Document (Statutory Warranty Deed (SWD)), Date of Document (01/04/21), and financial summary table including Gross Selling Price (\$145,000.00), Excise Tax (State \$1,595.00, Local \$362.50), and Total Due (\$1,962.50).

Section 8: I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. Signatures of Grantor's Agent (Wendie Haagy) and Grantee or Grantee's Agent (Trevor J. Dowdy).

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)).

EFT

Return Address

Alliance Title & Escrow, LLC
735 5th St.
Clarkston, WA 99403

Please print or type information

Document Title(s) (or transactions contained therein): 1. Death Certificate 2. 3. 4.
Grantor(s) (Last name first, then first name and initials): 1. Kerr, Harry Ralph 2. 3. 4. <input type="checkbox"/> Additional names on page __ of document.
Grantee(s) (Last name first, then first name and initials): 1. 2. 3. 4. <input type="checkbox"/> Additional names on page __ of document.
Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.) <input type="checkbox"/> Additional legal is on page __ of document.
Reference Number(s) of Documents assigned or released: <input type="checkbox"/> Additional numbers on page __ of document.
Assessor's Property Tax Parcel/Account Number <input type="checkbox"/> Property Tax Parcel ID is not yet assigned <input type="checkbox"/> 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.

53829

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
CERTIFICATE OF DEATH

Date Filed MARCH 26, 2020 State File No. 2020-03189

DECEDENT - LEGAL NAME HARRY RALPH KERR			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 69 YEARS	DATE OF BIRTH [REDACTED]
BIRTHPLACE LEWISTON, IDAHO		PLACE OF RESIDENCE CLARKSTON, WASHINGTON	
MARRITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (if wife, explain name) CANDY ANNE CAIN	WAS DECEDENT EVER IN U.S. ARMED FORCES? YES
FATHER - NAME KENNETH H. KERR		BIRTHPLACE IDAHO	
MOTHER - MAIDEN NAME HELLEN J. HARRINGTON		BIRTHPLACE MICHIGAN	
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE GERALD E. BARLOW	
NAME AND ADDRESS OF FUNERAL FACILITY MOUNTAIN VIEW FUNERAL HOME, LEWISTON, IDAHO			
DATE OF DEATH MAR. 18, 2020	TIME OF DEATH 12:18 A.M.	CITY/TOWN OR LOCATION OF DEATH LEWISTON, IDAHO	COUNTY OF DEATH NEZ PERCE
CAUSE OF DEATH (underlying cause last) SEPSIS			Approximate Interval Between Onset and Death 5 DAYS
DUE TO (or as a consequence of): PNEUMONIA			7 DAYS
DUE TO (or as a consequence of): ADVANCED RENAL CARCINOMA			YEARS
DUE TO (or as a consequence of): [REDACTED]			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above GASTRIC ULCER, ANEMIA			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL		NAME OF CERTIFIER MICHAEL T. ROONEY, M.D.	TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
DATE OF INJURY			
TIME OF INJURY			
PLACE OF INJURY			
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			



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.

APRIL 15, 2020

DATE ISSUED:
This copy is valid unless prepared on engraved border displaying state seal and signature of the Registrar.

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



001300231.