

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

Only for sales in a single location code on or after January 1, 2020.
This affidavit will not be accepted unless all areas on all pages are fully completed.
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 % 33.3 sold.
List percentage of ownership acquired next to each name.

1 Seller/Grantor
Name Ronald Brad Collier, a married man, deceased

2 Buyer/Grantee
Name Connie C. Collier, a widow

Mailing address 2445 25th St
City/state/zip Clarkston, WA 99403
Phone (including area code) _____

Mailing address 2445 25th St
City/state/zip Clarkston, WA 99403
Phone (including area code) 509 552 9476

3 Send all property tax correspondence to: Same as Buyer/Grantee
Name _____
Mailing address _____
City/state/zip _____

List all real and personal property tax parcel account numbers	Personal property?	Assessed value(s)
<u>1-056-00-096-0008-0000</u>	<input type="checkbox"/>	<u>\$ 179,075.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>

4 Street address of property 4155 W Mountain Rd, Anatone, WA 99401
This property is located in Asotin County (for unincorporated locations please select your 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 you need more space, attach a separate sheet to each page of the affidavit).

Please see attached Exhibit A.

5 11 - Household, single family units
Enter any additional codes _____
(see back of last page for instructions)

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

Was the seller receiving a property tax exemption or deferral under RCW 84.36, 84.37, or 84.38 (nonprofit org., senior citizen or disabled person, homeowner with limited income)? Yes No
Is this property predominantly used for timber (as classified under RCW 84.84 and 84.33) or agriculture (as classified under RCW 84.34.020)? See ETA 3215. Yes No
If yes, complete the predominate use calculator (see instructions for section 5).

If claiming an exemption, list WAC number and reason for exemption.
WAC number (section/subsection) WAC 458-61A-202(6)(i)
Reason for exemption _____
Transfer by inheritance to surviving spouse under non-probated Will

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

Type of document Lack of Probate Affidavit
Date of document 02/10/2021

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 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.

Gross selling price	<u>179,075.00</u>
*Personal property (deduct)	<u>0.00</u>
Exemption claimed (deduct)	<u>179,075.00</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%	<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>
Affidavit processing fee	<u>5.00</u>
Total due	<u>10.00</u>

Deputy assessor signature _____ 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) doesn't wish to continue, all additional tax calculated pursuant to RCW 84.26, shall be due and payable by the seller or transferor at the time of sale.

(3) NEW OWNER(S) SIGNATURE
Signature _____ Signature _____
Print name _____ Print name _____

8 I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT
Signature of grantor or agent Connie C. Collier Signature of grantee or agent Connie C. Collier
Name (print) Connie C. Collier, Surviving Spouse Name (print) Connie C. Collier
Date & city of signing 02/10/2021, Clarkston, WA Date & city of signing 02/10/2021, Clarkston, WA

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 \$5000, or by both imprisonment and fine (RCW 9A.20.020(1c)).
To ask about the availability of this publication in an alternate format for the visually impaired, please call 360-705-6705. Teletype (TTY) users may use the WA Relay Service by calling 711.

REV 84 0001a (01/27/21)
D. COLLIER
CU# 70982

THIS SPACE TREASURER'S USE ONLY COUNTY TREASURER

PAID
FEB 11 2021
ASOTIN COUNTY
TREASURER

053931 Print on legal size paper. Page 1 of 6

EXHIBIT A

Legal Description

That part of the Northwest Quarter of Section 5, Township 7 North, Range 45 East of the Willamette Meridian, Asotin County, Washington, more particularly described as follows:

Commencing at the Southeast corner of said Northwest Quarter; thence South 89°36'58" West along the South line of said Northwest Quarter a distance of 1529.59 feet to the True Place of Beginning; thence North 47°16' West a distance of 1000.07 feet to a point on the East right of way line of the County Road; thence North 64°22' East along said right of way line a distance of 18.11 feet to a point of curve; thence around a curve to the right with a radius of 370.0 feet for a distance of 49.19 feet; thence North 71°59' East a distance of 243.51 feet to a point of curve; thence around a curve to the left with a radius of 330.0 feet for a distance of 158.77 feet; thence North 44°25' East a distance of 37.22 feet to a point of curve; thence around a curve to the right with a radius of 270.0 feet for a distance of 31.64 feet; thence South 47°16' East and leaving said County Road right of way line a distance of 833.28 feet; thence South 32°45' West a distance of 76.50 feet; thence South 83°08'30" West a distance of 86.01 feet; thence South 40°01'30" West a distance of 353.45 feet to the True Place of Beginning.

Property Tax Parcel No. 1-056-00-096-0008-0000

53931

After recording return to:

Lucy L. Dukes
843 Seventh Street, P. O. Box 191
Clarkston, WA 99403

Grantor: Ronald Brad Collier, a married man, deceased
Grantee: Connie C. Collier, a widow
Legal: Pat of the NW 1/4, Sec. 5, Tsp. 7 N, R45 EWM, Asotin County, Washington
Parcel No. 1-056-00-096-0008-0000

AFFIDAVIT
(Lack of Probate)

STATE OF WASHINGTON)
 : ss.
County of Asotin)

Connie C. Collier, being first duly sworn, on oath, deposes and says:

1. Ronald Brad Collier died on the 6th day of March, 2020, in Asotin County, Washington, then being a resident of Clarkston, Washington, and an owner of an undivided one third (1/3) share in property located in the County of Asotin, State of Washington. At the time of his death, Ronald Brad Collier was married to Connie C. Collier.

2. That the heirs at law of decedent are as follows:

<u>Name and Address</u>	<u>Relationship</u>	<u>Age</u>
Connie C. Collier 2445 25 th St Clarkston, WA 99403	Surviving Spouse	L

53931

Chad M. Collier
2718 Washington Blvd
Anacortes, WA 98221

Son

L

Katharine J. Combs
931 16th St
Clarkston, WA 99403

Daughter

L

3. Ronald Brad Collier signed his Last Will and Testament on February 13, 2018 in which he left everything to his wife if she survived him, which she did. A certified copy of Ronald Brad Collier's death certificate is attached as **Exhibit A** and a copy of his Last Will and Testament is attached as **Exhibit B**.

4. Connie C. Collier, as beneficiary under the Will, is the lawful surviving heir and owner of Ronald Brad Collier's undivided one-third share of the following-described real property which was given to her as a bequest under Ronald Brad Collier's Last Will and Testament:

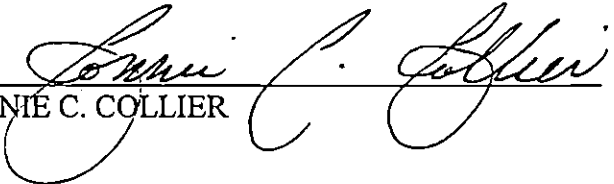
That part of the Northwest Quarter of Section 5, Township 7 North, Range 45 East of the Willamette Meridian, Asotin County, Washington, more particularly described as follows:

Commencing at the Southeast corner of said Northwest Quarter; thence South 89°36'58" West along the South line of said Northwest Quarter a distance of 1529.59 feet to the True Place of Beginning; thence North 47°16' West a distance of 1000.07 feet to a point on the East right of way line of the County Road; thence North 64°22' East along said right of way line a distance of 18.11 feet to a point of curve; thence around a curve to the right with a radius of 370.0 feet for a distance of 49.19 feet; thence North 71°59' East a distance of 243.51 feet to a point of curve; thence around a curve to the left with a radius of 330.0 feet for a distance of 158.77 feet; thence North 44°25' East a distance of 37.22 feet to a point of curve; thence around a curve to the right with a radius of 270.0 feet for a distance of 31.64 feet; thence South 47°16' East and leaving said County Road right of way line a distance of 833.28 feet; thence South 32°45' West a distance of 76.50 feet; thence South 83°08'30" West a distance of 86.01 feet; thence South 40°01'30" West a distance of 353.45 feet to the True Place of Beginning.

Property Tax Parcel No. 1-056-00-096-0008-0000

5. This Affidavit is made solely to induce the title insurance company to insure title to real property in which decedent Ronald Brad Collier held an interest at the time of his death, and to comply with the provisions of WAC 458-61A-202(6)(i).

Dated this 10th day of February, 2021.

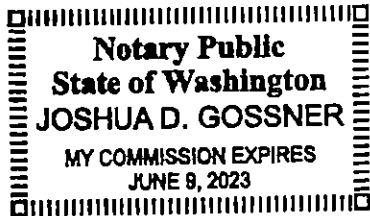



CONNIE C. COLLIER

STATE OF WASHINGTON)
):SS
County of Asotin)

On this day personally appeared before me Connie C. Collier, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal this 10th day of February, 2021.





Notary Public for Washington
Residing at Clarkston
My appointment expires June 9, 2023

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 03/11/2020
FEE NUMBER:

CERTIFICATE NUMBER: 2020-010677

FIRST AND MIDDLE NAME(S): BRAD
LAST NAME(S): COLLIER

AKA: RONALD BRAD COLLIER

AKA:

AKA:

COUNTY OF DEATH: ASOTIN

PLACE OF DEATH: HOME

DATE OF DEATH: MARCH 06, 2020

FACILITY OR ADDRESS: 2445 25TH ST

HOUR OF DEATH: 10:00 PM PRESUMED

CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

SEX: MALE AGE: 63 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 2445 25TH ST

CITY, STATE, ZIP: CLARKSTON, WA 99403

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

INSIDE CITY LIMITS: NO COUNTY: ASOTIN

RACE: WHITE

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 36 YEARS

BIRTH DATE: [REDACTED]

FATHER: DONALD COLLIER

BIRTHPLACE: CLARKSTON, WA

MOTHER: VIRGINIA SAVAGE

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: CONNIE ZEIMANTZ

METHOD OF DISPOSITION: REMOVAL FROM STATE

PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

OCCUPATION: PAPER MILL LABORER

INDUSTRY: PAPER MILL

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

CITY, STATE: LEWISTON, IDAHO

DISPOSITION DATE: MARCH 10, 2020

INFORMANT: CONNIE COLLIER

RELATIONSHIP: WIFE

ADDRESS: 2445 25TH ST, CLARKSTON WA, 99403

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES LLC

ADDRESS: PO BOX 107

CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

FUNERAL DIRECTOR: RICHARD LASSITER

CAUSE OF DEATH:

A: ACUTE MYOCARDIAL INFARCTION

INTERVAL: SECONDS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HIGH BLOOD PRESSURE

MANNER OF DEATH: NATURAL

AUTOPSY: NO

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: LISA WEBBER

TITLE: CORONER/ME

CERTIFIER ADDRESS: PO BOX 220

CITY, STATE, ZIP: ASOTIN, WA 99402

DATE SIGNED: MARCH 10, 2020

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON

DATE RECEIVED: MARCH 10, 2020

EXHIBIT A



Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required	Required information must match current information on record			
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
	6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)			
7. Return Mailing Address: PO Box or Street Address City State Zip				
Telephone Number: ()		Email Address:		

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.
12.	13.
14.	15.

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

16a. Signature:	16b. Signature of 2 nd 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



CERTIFIED

MAR 11 2020

Glenn Houser MD
Dr. Glenn Houser
 Health District Officer
 Garfield County Health District



0 3 2 1 8 5 5 2

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

15157

Last Will and Testament of

Ronald B. Collier

KNOW ALL PERSONS BY THESE PRESENTS:

That, I, Ronald B. Collier of Clarkston,
County of Asotin, State of Washington, being of sound and disposing mind and memory,
and not acting under duress, menace, fraud or the undue influence of any person whomsoever, do make, publish and
declare this my Last Will and Testament.

I.

I hereby declare that I am the husband/wife of Connie C. Collier, and our children are:
Chad M. Collier and Katharine J. Combs

as of the execution of this Will.

II.

I make no bequest, gift or devise to my children named in Paragraph I, or to any other child or children hereafter born to
or adopted by me, except as hereinafter stated, knowing their mother/father will provide for them.

III.

I hereby direct and order that all just debts for which proper claims are filed against my estate, and the expenses of my
last illness and funeral, be paid by my executor as soon after my death is practicable, provided, however, that this
direction shall not authorize any creditors to require payment of any debt or obligation prior to its normal maturity in
due course.

IV.

I direct that all estate expenses, inheritance, and other taxes and interest or penalties thereon imposed by reason of my
death, whether or not attributable to property passing under this Will and whether or not the same would otherwise be
payable by my estate or by a recipient of any such property, to be paid and discharged by my personal representative out
of the residue of my estate with no right of reimbursement for the Recipients named in the residuary clause of the Will.

V.

I give, devise and bequeath unto my said husband/wife all of the rest, residue and remainder of my estate, whether real
or personal, and wheresoever situated. In the event that my husband/wife shall predecease me, or in the event that both
my husband/wife and I shall die as a result of a common accident, illness or disaster, then I give, devise and bequeath
the residue and remainder of my estate to my children, named in Paragraph I hereof, and to any child or children
hereinafter born to or adopted by me, share and share alike.

VI.

I hereby nominate and appoint my husband/wife, Connie C. Collier, executor of this my Last Will and
Testament, to act without bond. In the event that my husband/wife, is for any reason unable or unwilling to act as
executor hereof, I nominate and appoint Katharine J. Combs to act as executor, also without
bond.

If it be necessary to appoint a guardian for my children upon my death, I appoint N/A,
and if he/she is unable or unwilling to act, I appoint N/A as an alternate guardian.

Initials

EXHIBIT B

53931

VII.

I further direct that my estate be settled without the intervention of any court, except to the extent required by law, and that my executor settle my estate in such a manner as shall seem best and most conveniently to him/her, and I hereby empower my executor to mortgage, lease, sell, exchange and convey the personal and real property of my estate without an order of court for that purpose and without notice, approval or confirmation and in all other respects to administer and settle my estate without the intervention of the court.

VIII.

I hereby revoke any and all former Wills and Codicils thereto made by me and declare this my Last Will and Testament. In Witness Whereof I have hereunto set my hand this 13 day of Feb, 2018.

Ronald B. Collier
Testator

STATE OF Washington)
)
COUNTY OF Asotin) SS

Each of the undersigned, being first duly sworn, on oath, states that on this 13 day of Feb, 2018:

- (1) I am over the age of eighteen (18) years and competent to be a Witness to the Will of Ronald B. Collier (the testator);
- (2) The Testator, in my presence and in the presence of the other Witnesses whose signatures appear below;
 - (a) Declared the foregoing instrument, consisting of pages, of which this is the last, to be Will;
 - (b) Requested me and the other Witnesses to act as Witnesses to Will and to make this affidavit; and
 - (c) Signed this instrument;
- (3) I believe the Testator to be of sound mind, and in so declaring and signing, was not acting under any duress, menace, fraud, or undue influence;
- (4) The other Witnesses and I, in the presence of the Testator and of each other affix our signatures as Witnesses to the Will and make this affidavit.

Witness

Address

Witness

Address

Signed and Sworn to before me this 13 day of February, 2018.

Jennie Hauer
Print Name
Notary Public in and for the State of: WA
My appointment expires: 5-15-21

