

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 % _____ sold.
List percentage of ownership acquired next to each name.

1 Seller/Grantor
Name Richard L. Weber, deceased, by Jeanno H. Weber

2 Buyer/Grantee
Name Jeanno H. Weber

Mailing address 1200 2nd Street
City/state/zip Clarkston, WA 99403
Phone (including area code) (509) 758-2171

Mailing address 1200 2nd Street
City/state/zip Clarkston, WA 99403
Phone (including area code) (509) 758-2171

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)
1-100-00-007-0000-0000	<input type="checkbox"/>	\$ 191,500.00
	<input type="checkbox"/>	\$ 0.00
	<input type="checkbox"/>	\$ 0.00

4 Street address of property 1200 2nd Street, Clarkston WA 99403
This property is located in Clarkston (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).

Lot 7 and the South 15 feet of Lot 8, measured parallel to the South line thereof, all in J.H. Have Addition according to the official plat thereof, filed in Book C of Plats at Page(s) 100, records of Asotin County, Washington.

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

7 List all personal property (tangible and intangible) included in selling price.
None
If claiming an exemption, list WAC number and reason for exemption.
WAC number (section/subsection) WAC 458-61A-202(6)(a)
Reason for exemption
Transfer of real property to a surviving spouse in accordance with a community property agreement.

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 84.267? Yes No

Type of document Community Property Affidavit
Date of document March 11, 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.

Gross selling price	0.00
*Personal property (deduct)	0.00
Exemption claimed (deduct)	0.00
Taxable selling price	0.00
Excise tax: state	
Less than \$500,000.01 at 1.1%	0.00
From \$500,000.01 to \$1,500,000 at 1.28%	0.00
From \$1,500,000.01 to \$3,000,000 at 2.75%	0.00
Above \$3,000,000 at 3%	0.00
Agricultural and timberland at 1.28%	0.00
Total excise tax: state	0.00
0.0025 Local	0.00
*Delinquent interest: state	0.00
Local	0.00
*Delinquent penalty	0.00
Subtotal	0.00
*State technology fee	5.00
Affidavit processing fee	5.00
Total due	10.00

This land: does does not qualify for continuance.
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 Joshua McKarcher
Name (print) Joshua McKarcher, attorney and agent
Date & city of signing March 12, 2021, Clarkston

Signature of grantee or agent Joshua McKarcher
Name (print) Joshua McKarcher, attorney and agent
Date & city of signing March 12, 2021, Clarkston

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.

EFT



I-15 CP
Pgs=4 Fee:\$75.00
CLEMENTS, BROWN & MCNI

**COMMUNITY PROPERTY AGREEMENT
(Transfer at Death Agreement)**

This agreement ("Agreement") is made on August 26, 2014, between RICHARD L. WEBER ("Husband") and JEANNE H. WEBER ("Wife"), husband and wife, both of whom are domiciled in the State of Washington. In this Agreement, the word "Spouse" refers to either Husband or Wife, as the context requires; and "Spouses" refers collectively to Husband and Wife.

WHEREAS, the Spouses desire to provide for the classification and disposition of their separate and community property at the time one of them dies; and

WHEREAS, the Spouses wish to preserve their ability to exclude certain property from the vesting upon death intended by this Agreement;

NOW THEREFORE, in consideration of the mutual agreements set forth below, the parties agree as follows:

1. **Definitions.** In this Agreement, the following definitions apply:
 - a. "Deceased Spouse" means the first Spouse to die, if the order of death of the Spouses can be ascertained.
 - b. "Surviving Spouse" means the Spouse who survives the Deceased Spouse.
 - c. "Excluded Property" means (i) separate property of a Spouse for which a beneficiary designation has been or is hereafter made other than by will, and/or (ii) community property for which a beneficiary designation has been or is hereafter made other than by will, if such designation is approved by the Spouse not making the designation (for example, by writing his or her initials or signature next to the other Spouse's designation). For purposes of this Agreement, a beneficiary designation made other than by will includes, but is not limited to, one made by a written disposition of tangible personal property permitted by a Spouse's will.
 - d. "Described Community Property" means: (i) all community property now owned or hereafter acquired by the Spouses (regardless of whether such property was, is, may have been, or may be purchased, registered, or acquired by one or the other or both of Spouses), including, but not limited to, the real property more particularly described on the attached **Exhibit A**, but not including any Excluded Property; and (ii) any separate property that Deceased Spouse owns at the time of his or her death and that is not Excluded Property.

2. **Vesting At Death of Deceased Spouse.** At the moment of the Deceased Spouse's death: (a) any separate property that Deceased Spouse owns at the time of his or her death and that is not Excluded Property shall become and be considered community property vested as of the moment of the Deceased Spouse's death, and (b) all of the Described Community Property shall vest in the Surviving Spouse; provided, however, that this paragraph 2 shall have no effect if the Surviving Spouse does not survive the Deceased Spouse by the statutory minimum period applicable under governing law at the time of Deceased Spouse's death.

3. **Disclaimer.** The Surviving Spouse may disclaim any interest passing under this Agreement in whole or in part, or with reference to specific parts, shares or assets thereof, in which event the interest disclaimed shall pass as if the provisions of paragraph 2 had been revoked as to such interest with the Surviving Spouse entitled to the benefits provided by any alternate disposition.

4. **Automatic Revocation.** This Agreement shall be automatically revoked (a) upon the filing by either Spouse of a petition, complaint or other pleading for separation, dissolution or divorce; or (b) immediately prior to death, if the order of death of the Spouses cannot be ascertained.

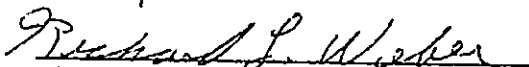
5. **Revocation By One Spouse.** This agreement may be unilaterally revoked by either Spouse prior to the death of either Spouse by delivering written notice of revocation to the other Spouse and to the guardian(s), if any, of the person and of the estate of the other Spouse.

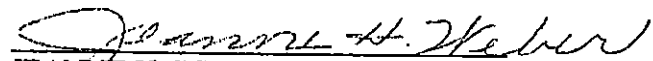
6. **Powers of Appointment.** This Agreement shall not affect any power of appointment now held by or hereafter given to Husband or Wife or both of them, nor shall it obligate Husband or Wife or both of them, to exercise any such power of appointment in any way.

7. **Revocation of Prior Agreements.** To the extent this Agreement is inconsistent with any provisions of any other community property agreement or other arrangement previously made by the Spouses that affects the Described Community Property, this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

8. **Governing Law.** This agreement shall be interpreted in accordance with the laws of the State of Washington.

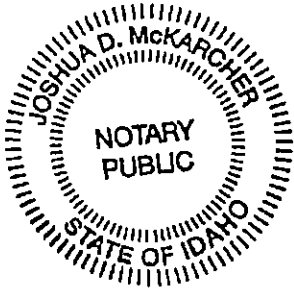
IN WITNESS WHEREOF, the Spouses have hereunto set their signatures on August 26, 2014.


RICHARD L. WEBER
Husband


JEANNE H. WEBER
Wife

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

On August 26, 2014, personally appeared before me, the undersigned, a Notary Public in and for the State of Idaho, RICHARD L. WEBER and JEANNE H. WEBER, husband and wife, to me known to be the individuals described above and who executed the within and foregoing Community Property Agreement (Transfer of Death Agreement), and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.



Joshua McKarcher
NOTARY PUBLIC in and for the State of Idaho
My commission expires December 23, 2019.

Exhibit A

Parcel 1

Real Property situate in Asotin County, Washington, commonly known as 1200 2nd Street, Clarkston, to-wit:

Lot 7 and the South 15 feet of Lot 8, measured parallel to the South line thereof, all in J.H. Have Addition according to the official plat thereof, filed in Book C of Plats at Page(s) 100, records of Asotin County, Washington

Parcel 2

Real Property situate in Asotin County, Washington, commonly known as 1112 Sycamore Street, Clarkston, to-wit:

The East One-half of Lot One (1), Block Five (5), West, Clarkston, Asotin County, Washington.

Parcel 3

Real Property situate in Asotin County, Washington, commonly known as 1144 5th Street, Clarkston, to-wit:

Lot 11 in Block 3 of Parkway Addition, according to the official plat thereof, filed in Book C of Plats at Page(s) 61 Official Records of Asotin County, Washington.

August 26, 2014

Community Property Agreement of Richard L. and Jeanne H. Weber
Ex. A

Clements, Brown & McNichols, P.A.

R.L.W. J.H.W.
INITIALS

54002

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

Only a copy of this document, prepared by the State Registrar with the Department of Health and Welfare, Bureau of Vital Records, is prima facie evidence of the facts therein stated. (S.S. 31-101 and 31-102, Idaho Code)

Local Reg. No.

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) RICHARD L. WEBER		2. SEX MALE	3. SOCIAL SECURITY NUMBER 518-44-3366
FOR DISTRIBUTIONS SEE HANDBOOKS PARENTS INFORMANT DISPOSITION PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH ITEMS 33-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	4a. AGE Last Birthday 67 (Years)		4b. UNDER 1 YEAR Months: 00 Days: 00 Hours: 00 Minutes: 00	
	4c. DATE OF BIRTH (Mo/Day/Yr) 08/28/1939		4. BIRTHPLACE (City and State, Territory, or Foreign Country) DEARY, IDAHO	
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY WASHINGTON		7b. COUNTY ASOTIN	7c. CITY OR TOWN CLARKSTON
7e. STREET AND NUMBER 1200 2ND ST		7f. APART. NO.	7g. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. MARITAL STATUS AT TIME OF DEATH <input 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 JEANNE WRIGHTER				
9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) JEANNE WRIGHTER				
10. EVER IN U.S. ARMED FORCES <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
11a. FATHER'S NAME (Full, Middle, Last, Suffix) C. HERBERT WEBER		11b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO		
12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) MAMIE OSBORN		12b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO		
13a. INFORMANT'S NAME (Type or print) JEANNE WEBER		13b. RELATIONSHIP TO DECEDENT SPOUSE	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 1200 2ND ST 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, etc.) MOUNTAIN VIEW CREMATORY, 3521 SEVENTH STREET, LEWISTON, IDAHO 83501		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY MERCHANT FUNERAL HOME, 1000 SEVENTH STREET, CLARKSTON, WASHINGTON 99403
17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: RICHARD C. LASSITER		17b. LICENSE NUMBER (Of licensee) F1558	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PLACE OF DEATH (HS-32)				
19a. IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Out of hospital <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home (long term care facility) <input type="checkbox"/> Private 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) November 24, 2019		24. TIME OF DEATH (24hr) 13:08	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) November 24, 2019	
26. TIME PRONOUNCED DEAD (24hr) 13:08		27. CAUSE OF DEATH		
PART I. Enter the immediate cause of death, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or circulatory arrest without showing the condition. DO NOT ABBREVIATE. Enter only one cause on a line. IMMEDIATE CAUSE (From disease or condition resulting in death) HYPOXIA DUE TO (or as a consequence of): SUDDEN CARDIAC EVENT DUE TO (or as a consequence of): 1ST DEGREE AV BLOCK DUE TO (or as a consequence of): CORONARY ARTERY DISEASE				
PART II. Enter underlying condition(s) contributing to death but not resulting in the underlying cause given in Part I. ANOXIC BRAIN INJURY DUE TO CARDIAC EVENT DOWN TIME				
28. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		29. IF FEMALE (Aged 15-54): <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		30. 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
31. DATE OF INJURY (Mo/Day/Yr) (Spell month) 11/27/2019		32. TIME OF INJURY (24hr)	33. PLACE OF INJURY (Specify if at home, farm, street, construction site, etc.) Home	
34. LOCATION OF INJURY: State _____ City/Town/County _____ Zip Code _____				
35. 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				
36. TRANSPORTATION: 36a. WAS DECEDENT: <input type="checkbox"/> Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				
36b. WHAT SAFETY DEVICES DID DECEDENT USE EMPLOY? <input type="checkbox"/> Seatbelt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Airbag <input type="checkbox"/> None <input type="checkbox"/> Unknown				
37. CERTIFIER (Check only one, based on official capacity for this certificate): <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE <input checked="" type="checkbox"/> CORONER On the basis of my knowledge, death occurred at the time, date, and place, and due to the (natural cause(s)) (injury) stated. Signatures and Title of Certifier: ELECTRONICALLY SIGNED: JOSHUA T. HALL				
38a. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) JOSHUA T. HALL, PO BOX 896 LEWISTON, ID 83501		38b. LICENSE NUMBER		
39a. REGISTRAR'S SIGNATURE <i>James B. Aydelotte</i>		39b. DATE SIGNED 11 / 27 / 2019 MM DD YYYY		
40a. REGISTRAR'S SIGNATURE <i>James B. Aydelotte</i>		40b. DATE SIGNED 11 / 29 / 2019 MM DD YYYY		

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: **DEC 02 2019**

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

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



54002



* 0 0 1 2 4 8 5 5 6 *

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 Durst

Local Vital Statistics Registration Official

54002