

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 Lee Mitchell, a married man, deceased
Mailing address 2647 25th St
City/state/zip Clarkston WA 99403
Phone (including area code) _____

2 Buyer/Grantee

Name Marilyn D. Mitchell, a widow
Mailing address 2647 25th St
City/state/zip Clarkston WA 99403
Phone (including area code) (509) 751-2203

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)
1-182-00-021-0000-0000	<input type="checkbox"/>	\$ 201,300.00
_____	<input type="checkbox"/>	\$ 0.00
_____	<input type="checkbox"/>	\$ 0.00

4 Street address of property 2647 25th St, 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 21 of Laurel Addition, according to the official plat thereof, re-recorded in Book D of Plats at Page(s) 69, 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).

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

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.

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 _____ Print name _____
Signature _____ Print name _____

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

Signature of grantor or agent Marilyn D. Mitchell
Name (print) Marilyn D. Mitchell, Surviving Spouse
Date & city of signing 05/14/2021, Clarkston, WA

Signature of grantee or agent Marilyn D. Mitchell
Name (print) Marilyn D. Mitchell
Date & city of signing 05/14/2021, Clarkston, WA

Perjury in the second degree is a class C felony which is punishable by confinement in a state correctional institution for a maximum term of five years, or by a fine in an amount fixed by the court of not more than \$10,000, or by both such confinement and fine (RCW 9A.72.030 and RCW 9A.20.021(1)(c)).

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.

PAID
MAY 17 2021
ASOTIN COUNTY
TREASURER

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.

Type of document Lack of Probate Affidavit
Date of document 05/14/2021

Gross selling price	128,925.00
*Personal property (deduct)	0.00
Exemption claimed (deduct)	128,925.00
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

A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX
*SEE INSTRUCTIONS

After recording return to:

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

Grantor: Lee Mitchell, a married man, deceased
Grantee: Marilyn D. Mitchell, a widow
Legal: Lot 21, Laurel Addition, Asotin County, Washington
Parcel No. 1-182-00-021-0000-0000

AFFIDAVIT
(Lack of Probate)

STATE OF WASHINGTON)
 : ss.
County of Asotin)

Marilyn D. Mitchell, being first duly sworn, on oath, deposes and says:

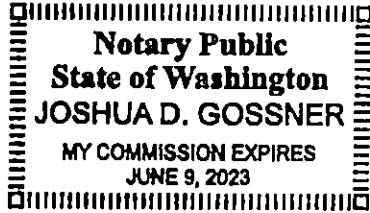
1. Lee Mitchell died on the 25th day of November, 2020, in Asotin County, Washington, then being a resident of Clarkston, Washington, and the owner of property located in the County of Asotin, State of Washington. At the time of his death, Lee Mitchell was married to Marilyn D. Mitchell.

2. That the heir at law of decedent is as follows:

<u>Name and Address</u>	<u>Relationship</u>	<u>Age</u>
Marilyn D. Mitchell 2647 25th St Clarkston WA 99403	Surviving Spouse	L

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 14th day of May, 2021.



Joshua D. Gossner

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

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 DECEMBER 01, 2020

State File No. 2020-14285

DECEDENT - LEGAL NAME LEE MITCHELL			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 75 YEARS	DATE OF BIRTH SEPTEMBER 30, 1945
BIRTHPLACE SEATTLE, WASHINGTON		PLACE OF RESIDENCE CLARKSTON, WASHINGTON	
MARITAL STATUS AT TIME OF DEATH MARRIED	NAME OF SURVIVING SPOUSE (if wife, maiden name) MARILYN D. FERGUSON		WAS DECEDENT EVER IN U.S. ARMED FORCES? YES
FATHER - NAME FRANCIS MITCHELL			BIRTHPLACE WASHINGTON
MOTHER - MAIDEN NAME BETTY PHILLIPS			BIRTHPLACE WASHINGTON
METHOD OF DISPOSITION REMOVAL FROM STATE		FUNERAL SERVICE LICENSEE CRAIG A. CORBEILL	
NAME AND ADDRESS OF FUNERAL FACILITY KIMBALL FUNERAL HOME, PULLMAN, WASHINGTON			
DATE OF DEATH NOV. 25, 2020	TIME OF DEATH 10:47 A.M.	CITY, TOWN OR LOCATION OF DEATH LEWISTON, IDAHO	COUNTY OF DEATH NEZ PERCE
CAUSE OF DEATH (underlying cause last) RAPIDLY PROGRESSING END STAGE DEMENTIA			Approximate Interval Between Onset and Death YEARS
DUE TO (or as a consequence of): MULTI-SYSTEM ORGAN FAILURE			DAYS
DUE TO (or as a consequence of):			
DUE TO (or as a consequence of):			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above INSULIN DEPENDENT DIABETES MELLITUS			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL		NAME OF CERTIFIER ERMITA BORT, M.D.	TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
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.

5482

DATE ISSUED: DECEMBER 02, 2020

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.

