



**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  
 (See back of last page for instructions)

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

Check box if partial sale of property

If multiple owners, list percentage of ownership next to name.

<b>SELLER GRANTOR</b>	1 Name <u>Raymond Peter Sullivan, deceased</u>	<b>BUYER GRANTEE</b>	1 Name <u>Janice A. Sullivan</u>
	Mailing Address <u>2243 Chukar Lane</u>		Mailing Address <u>2243 Chukar Lane</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 <u>Janice A. Sullivan</u>		1297010090000000 <input type="checkbox"/>	
Mailing Address <u>2243 Chukar Lane</u>		<input type="checkbox"/>	
City/State/Zip <u>Clarkston WA 99403</u>		<input type="checkbox"/>	
Phone No. (including area code)		<input type="checkbox"/>	
		List assessed value(s) <u>238,150.00</u>	

4 Street address of property: 2243 Chukar Lane - Clarkston, WA 99403  
 This property is located in  unincorporated Asotin County OR within  city of Unincorp  
 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.  
 Lot 9 in Block One of Lower Dove Addition, according to the recorded plat thereof, filed in Book E of Plats at Page(s) 97 Official Records of Asotin County, Washington.

5 Select Land Use Code(s):  
11 Household, single family units  
 enter any additional codes:  
 (See back of last page for instructions)

	YES	NO
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 type="checkbox"/>	<input checked="" type="checkbox"/>

	YES	NO
Is this property designated as forest land per chapter 84.33 RCW?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is this property receiving special valuation as historical property per chapter 84.26 RCW?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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  does  does not qualify for continuance.

DEPUTY ASSESSOR \_\_\_\_\_ 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) 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.  
 (3) OWNER(S) SIGNATURE \_\_\_\_\_  
 PRINT NAME \_\_\_\_\_

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

If claiming an exemption, list WAC number and reason for exemption:  
 WAC No. (Section/Subsection) 82-46-107(1)(g)  
 Reason for exemption 458-61A-202(b)(1)  
Inheritance, Lack of Probate

Type of Document Other - Lack of Probate Affidavit  
 Date of Document 05/14/21

Gross Selling Price \$	<u>0.00</u>
*Personal Property (deduct) \$	<u>0.00</u>
Exemption Claimed (deduct) \$	<u>0.00</u>
Taxable Selling Price \$	<u>0.00</u>
Excise Tax : State \$	<u>0.00</u>
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>

A MINIMUM OF \$10.00 IS DUE IN FEES AND/OR TAX  
 \*SEE INSTRUCTIONS

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

Signature of Grantor or Grantor's Agent <u>[Signature]</u>	Signature of Grantee or Grantee's Agent <u>[Signature]</u>
Name (print) <u>Raymond Peter Sullivan, deceased</u>	Name (print) <u>Janice A. Sullivan</u>
Date & city of signing: <u>5/14/2021 - Clarkston, WA</u>	Date & city of signing: <u>5/17/2021 - Clarkston, WA</u>

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)).

*EFF*

Return Address

Alliance Title & Escrow, LLC  
735 5<sup>th</sup> St.  
Clarkston, WA 99403

Please print or type information

Document Title(s) (or transactions contained therein): 1. Lack of Probate Affidavit 2. 3. 4.
Grantor(s) (Last name first, then first name and initials): 1. Sullivan, Raymond Peter 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.

54187



State of Washington  
 Department of Revenue  
 Special Programs Division  
 Miscellaneous Tax  
 PO Box 47477  
 Olympia WA 98504-7477

## AFFIDAVIT (LACK OF PROBATE)

Janice A. Sullivan, being first duly sworn, deposes and says:

The undersigned affiant is the rightful heir to the real property described below, and is Spouse  
 (relationship to decedent) of Raymond Peter Sullivan (decedent), who died on (date)  
5/4/2016, at

Lewiston Nez Perce Idaho  
City County State

\*\*\* A CERTIFIED COPY OF THE DEATH CERTIFICATE MUST BE PRESENTED. PLEASE NOTE: A copy may be used for recording at the discretion of the county.

### REGARDING DISPOSITION OF REAL PROPERTY:

Attach the full legal description of the property with county and parcel number being transferred which is located at a commonly recognized address of: 2245 Chukar Lane

Clarkston Washington 99403  
City State Zip Code

- Decedent left no Last Will and Testament and/or Community Property Agreement; OR Decedent left a Community Property Agreement in favor of surviving spouse (A COPY OF WHICH IS ATTACHED for review), or has been recorded under \_\_\_\_\_ County recording number \_\_\_\_\_; OR
- Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked (A COPY OF WHICH IS ATTACHED for review)

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

Janice A. Sullivan, spouse  
2245 Chukar Lane - Clarkston, WA 99403  
*Full name, age, relationship, address*

\_\_\_\_\_  
*Full name, age, relationship, address*

\_\_\_\_\_  
*Full name, age, relationship, address*

\_\_\_\_\_  
*Full name, age, relationship, address*

(Continued on next page)

\_\_\_\_\_  
Full name, age, relationship, address

\_\_\_\_\_  
Full name, age, relationship, address

\_\_\_\_\_  
Full name, age, relationship, address

\_\_\_\_\_  
Full name, age, relationship, address

Dated : 5/14/2021

Janice A. Sullivan  
Affiant's full name

Telephone number  
2245 Chukar Lane

\_\_\_\_\_  
City Street State Zip Code  
Clarkston Washington 99403  
City State Zip Code

Janice A. Sullivan  
Signature

5/14/21  
Date

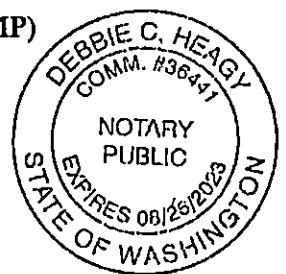
State of Washington County of Asotin

I know or have satisfactory evidence that Janice A. Sullivan  
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 5/14/2021

(SEAL OR STAMP)



Debbie C. Heagy  
Signature of Notary Public

Residing at: Clarkston, WA

Notary Public in and for the State of Washington

My appointment expires: 8/26/2023

54187

**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 MAY 09, 2016

State File No. 2016-04572

DECEDENT - LEGAL NAME <b>RAYMOND PETER SULLIVAN</b>			
SEX <b>MALE</b>	SOCIAL SECURITY NUMBER [REDACTED]	AGE <b>77 YEARS</b>	DATE OF BIRTH <b>JULY 20, 1938</b>
BIRTHPLACE <b>POTLATCH, IDAHO</b>		PLACE OF RESIDENCE <b>CLARKSTON, WASHINGTON</b>	
MARRITAL STATUS AT TIME OF DEATH <b>MARRIED</b>		NAME OF SURVIVING SPOUSE (if wife, maiden name) <b>JANICE ALEEN SMITH</b>	WAS DECEDENT EVER IN U.S. ARMED FORCES? <b>NO</b>
FATHER'S NAME <b>RAYMOND CLARENCE SULLIVAN</b>			BIRTHPLACE <b>WASHINGTON</b>
MOTHER'S MAIDEN NAME <b>MILDRED P. OIEN</b>			BIRTHPLACE <b>IDAHO</b>
METHOD OF DISPOSITION <b>CREMATION</b>		FUNERAL SERVICE LICENSEE <b>DENNIS W. HASTINGS</b>	
NAME AND ADDRESS OF FUNERAL FACILITY <b>VASSAR-RAWLS FUNERAL HOME, LEWISTON, IDAHO</b>			
DATE OF DEATH <b>MAY 09, 2016</b>	TIME OF DEATH <b>5:16 A.M.</b>	CITY, TOWN OR LOCATION OF DEATH <b>LEWISTON, IDAHO</b>	COUNTY OF DEATH <b>NEZ PERCE</b>
CAUSE OF DEATH (underlying cause last) <b>PULMONARY EMBOLISM</b>			Approximate Interval Between Onset and Death <b>WEEKS</b>
DUE TO (or as a consequence of): <b>DEEP VEIN THROMBOSIS</b>			<b>WEEKS</b>
DUE TO (or as a consequence of): d.			
DUE TO (or as a consequence of): d.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not entering in the underlying cause given above <b>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>			WAS AN AUTOPSY PERFORMED? <b>NO</b>
MANNER OF DEATH <b>NATURAL</b>		NAME OF CERTIFIER <b>GELSO R. CHAVEZ, M.D.</b>	TITLE <b>PHYSICIAN</b>
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSE(S) OF INJURY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INDUSTRIAL 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.

MAY 09, 2016

DATE ISSUED: \_\_\_\_\_

*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.  
PENALTY \$100

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

54187