

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 Myra Kamps, Personal Representative of the Estate of Lonnie D. Kamps
Mailing address 1640 13th Street
City/state/zip Clarkston, WA 99403
Phone (including area code) _____

2 Buyer/Grantee
Name Myra Kamps
Mailing address 1640 13th Street
City/state/zip Clarkston, WA 99403
Phone (including area code) 509-552-3128

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>1-004-27-002-0006-0000</u>	<input type="checkbox"/>	<u>\$ 79,300.00</u>
<u>1-004-27-002-0001-0000</u>	<input type="checkbox"/>	<u>\$ 77,100.00</u>
_____	<input type="checkbox"/>	_____

4 Street address of property 1640 13th Street, Clarkston, Washington & 1630 13th St., Clarkston, WA 99403
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).

See legal descriptions attached hereto.

5 11 - Household, single family units
Enter any additional codes 59, 64
(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 _____ Signature _____
Print name _____ Print name _____

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

If claiming an exemption, list WAC number and reason for exemption.
WAC number (section/subsection) WAC 458-61A-202(6)(f)
Reason for exemption _____

Transfer of Community Property Interest to a surviving spouse.

Type of document Affidavit-Lack of Probate
Date of document 8-3-2021

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

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

8 I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT
Signature of grantor or agent Myra Kamps Signature of grantee or agent Myra Kamps
Name (print) Myra Kamps, Personal Representative Name (print) Myra Kamps
Date & city of signing Lewiston, ID 8/3/2021 Date & city of signing Lewiston, ID 8/3/21

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.

CREASON, MOORE,
DOLKEN & BEIDL
CL #13834

PAID

AUG - 4 2021

ASOTIN COUNTY

054428

Legal Description

Tax Parcel No.: 1-004-27-002-0006-0000

The North 220 feet of the South 360.9 feet of Lot 2 of Block "LL" of Vineland according to plat recorded in Book A of Plats, page 34, records of Asotin County, Washington, dividing lines drawn parallel to South line of said Lot, EXCEPT that part of said Lot 2 more particularly described as follows: Commencing at the Southeast corner of said Lot 2, said point being on the centerline of 13th Street; thence North 7°39' West along the centerline of 13th Street a distance of 192.61 feet to the True Place of Beginning; thence continue North 7°39' West, 171.53 feet; thence West 270.58 feet; thence South 170.00 feet; thence East 293.41 feet to the true place of beginning. ALSO EXCEPT that portion lying within 13th Street adjacent thereto.

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Legal Description

Tax Parcel No. 1-004-27-002-0001-0000

That part of Lot 2 of Block "LL" of VINELAND, Asotin County, Washington, more particularly described as follows: Commencing at the Southeast corner of said Lot 2, said point being on the centerline of 13th Street; thence N. 7°39' W. along the centerline of 13th Street a distance of 192.61 feet to the True Place of Beginning; thence continue N. 7°39' W., 171.53 feet; thence West 270.58 feet; thence South 170.00 feet; thence East 293.41 feet to the True Place of Beginning.

Bearings are referred to the centerline of 13th Street as shown on the recorded plat of Lawrence Addition.

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AFTER RECORDING, RETURN TO:

Ruvim V. Kuznetsov
Creason, Moore, Dokken & Geidl, PLLC
P. O. Drawer 835
Lewiston ID 83501

**AFFIDAVIT OF MYRA KAMPS, PERSONAL REPRESENTATIVE
OF THE ESTATE OF LONNIE D. KAMPS
LACK OF PROBATE - REAL PROPERTY**

Reference Numbers of Related Documents: N/A

Grantor: Myra Kamps, Personal Representative of the Estate of Lonnie D. Kamps
Kamps

Grantee: Myra Kamps

Legal Description:

1. Part of Lot 2 of Block "LL" of Vineland, City of Clarkston, Asotin County, Washington.
2. Additional legal descriptions are included on Exhibit A of the Affidavit.
3. Assessor's Parcel Nos. 1-004-27-002-0006-0000 and 1-004-27-002-0001-0000.

AFTER RECORDING MAIL TO:

Ruvim V. Kuznetsov
P. O. Drawer 835
Lewiston, ID 83501

**AFFIDAVIT OF MYRA KAMPS, PERSONAL REPRESENTATIVE
OF THE ESTATE OF LONNIE D. KAMPS
LACK OF PROBATE - REAL PROPERTY**

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

Myra Kamps, Personal Representative of Lonnie D. Kamps, first duly sworn, deposes and says:

Affiant is the Personal Representative of the Estate of Lonnie D. Kamps, who was the lawful surviving spouse of Lonnie D. Kamps, who died on June 15, 2017, at Clarkston, Asotin County, Washington, then being a resident of Clarkson, Asotin County, Washington. A copy of the Certificate of Death is attached hereto.

Affiant has hereinbelow identified each and all of the heirs at law of decedent, including but not limited to his children, adopted children and the issue of any predeceased child or adopted child.

That the heirs of law of decedent are:

NAME AND ADDRESS	RELATIONSHIP
Myra Kamps 1640 13 th Street Clarkston, WA 99403	Spouse
Todd Kamps 1103 15 th Street Clarkston, WA 99403	Son Adult

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Troy Kamps 727 10 th St. Clarkston, WA 99403	Son Adult
Wade Kamps 1722 Cunningham Ave Rogers, AR 72758	Son Adult

That affiant knows of her own knowledge, and so states, that each and all of the obligations against the marital community and against the estate of the decedent (including but not limited to: all the debts of decedent, all of the expenses of decedent's last illness, funeral and burial, promissory notes, installment contracts and mortgages, state and federal succession taxes upon decedent's estate, if applicable) have been paid in full.

The decedent died intestate. In accordance with rules of intestacy, Myra Kamps the surviving spouse of the decedent, was the sole distributee of decedent's estate.


This affidavit is made solely to transfer the Estate's interest in following real properties commonly referred to as 1640 13th Street, Clarkston, and 1630 13th Street, Clarkston, County of Asotin, State of Washington, and more particularly described as follows:

SEE EXHIBIT A ATTACHED HERETO.

Assessor's Parcel Nos. 1-004-27-002-0006-0000 and 1-004-27-002-0001-0000.

Affiant hereby agrees to indemnify and hold harmless any person or entity who is damaged economically as the result of transferring or accepting title in reliance upon the representations in this document.

DATED This 3 day of August, 2021.

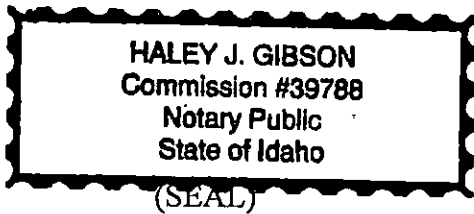


 Myra Kamps, Personal Representative
 of the Estate of Lonnie Dale Kamps
 1640 13th Street
 Clarkston, WA 99403

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

On this 3 day of August, 2021, before me, the undersigned, a notary public in and for said state, personally appeared Myra Kamps, known or identified to me to be the Personal Representative of the Estate of Lonnie D. Kamps, and the individual described in and who executed the foregoing instrument and acknowledged that her signed and sealed the same as her own free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN UNDER MY HAND AND OFFICIAL SEAL the day and year in this certificate first above written.



Haley J. Gibson
Notary Public in and for said state,
residing at or employed in Lewiston.
My Commission Expires: 3-31-2027

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-026853

DATE ISSUED: 07/21/2017

FEE NUMBER:

FIRST AND MIDDLE NAME(S): LONNIE DALE
LAST NAME(S): KAMPS

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: JUNE 15, 2017
HOUR OF DEATH: 10:55 AM
SEX: MALE AGE: 73 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1640 13TH STREET
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

RESIDENCE STREET: 1640 13TH STREET
CITY STATE, ZIP: CLARKSTON, WASHINGTON 99403
INSIDE CITY LIMITS: YES COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 22 YEARS

BIRTH DATE: JULY 09, 1943
BIRTHPLACE: SPOKANE, WA

FATHER/PARENT: HENRY KAMPS
MOTHER/PARENT: MARTHA LAAKONEN

MARITAL STATUS: MARRIED
SPOUSE: MYRA LYNN MILLER

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNTAIN VIEW FUNERAL HOME AND
CEMETERY

OCCUPATION: WELDER
INDUSTRY: VEHICULAR
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: JUNE 19, 2017

INFORMANT: MYRA KAMPS
RELATIONSHIP: WIFE
ADDRESS: 1640 13TH STREET; CLARKSTON, WA 99403

FUNERAL FACILITY: NEPTUNE SOCIETY - SPOKANE

ADDRESS: 222 EAST FRANCIS AVENUE
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99208
FUNERAL DIRECTOR: FELICIA A. GAINNEY

CAUSE OF DEATH:
A: ASPIRATION PNEUMONIA AND RESPIRATORY FAILURE
INTERVAL: 2 WEEKS
B: HIATAL HERNIA, PROGRESSIVE COGNITIVE DECLINE
INTERVAL: 3 YEARS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: METASTATIC PROSTATE
CANCER

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: UNKNOWN
INJURY AT WORK: UNKNOWN
PLACE OF INJURY:

CERTIFIER NAME: DONALD GREGGAIN, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1221 HIGHLAND AVE
CITY, STATE, ZIP: CLARKSTON, WA 99403
DATE SIGNED: JUNE 15, 2017

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: BRADY WOODBURY
DATE RECEIVED: JUNE 19, 2017

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Affidavit for Correction

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

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

STATE OFFICE USE ONLY

State File Number: _____ Fee Number: _____ Initials: _____ Date: _____ Affidavit Number: _____

Required information must match current information on record

Required

Record Type: Birth Death Marriage Dissolution (Divorce)

1. Name on Record: _____ 2. Date of Event: _____ 3. Place of Event: _____

4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution): _____ 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution): _____

6. Name of Person Requesting Correction: _____ Relationship to Person on Record: Self Guardian Informant Hospital Parent(s) Funeral Director Other (specify) _____

7. Return Mailing Address: _____

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.	3	3
10.	11	11
12.	13	13
14.	15	15

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

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

1. 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.
2. 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.
3. 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 parent's 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 age is not correctly recorded, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or sex of the child, one documentary proof is required

To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

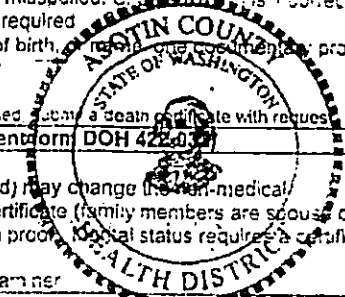
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-034)

Death Certificates

1. 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, registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. 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.
2. 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 October 2015
Joel McCullough, M.D., MPH, MS
Health Officer

JUL 21 2017



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