

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 and accurately completed.
This form is your receipt when stamped by cashier. *Please type or print.*

Check box if partial sale, indicate % _____ sold.

List percentage of ownership acquired next to each name.

1 Seller/Grantor

Name Mary Ann O. Olsen
Estate of Ray E. Olsen, deceased
Mailing address PO Box 147
City/state/zip Asotin, WA 99403
Phone (including area code) _____

2 Buyer/Grantee

Name Mary Ann O. Olsen
Mailing address PO Box 147
City/state/zip Asotin, WA 99403
Phone (including area code) _____

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)
1-047-30-020-0000-0000	<input type="checkbox"/>	\$ 313,782.00
_____	<input type="checkbox"/>	\$ 0.00
_____	<input type="checkbox"/>	\$ 0.00

4 Street address of property 311 KINGS LANE, ASOTIN
This property is located in Asotin (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 attached legal description

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 predominately used for timber (as classified under RCW 84.34 and 84.33) or agriculture (as classified under RCW 84.34.020) and will continue in it's current use? If yes and the transfer involves multiple parcels with different classifications, complete the predominate use calculator (see instructions) Yes No

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 _____

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

Signature of grantor or agent Mary Ann Olsen
Name (print) MARY ANN OLSEN
Date & city of signing 1-11-22, ASOTIN

Signature of grantee or agent Mary Ann Olsen
Name (print) MARY ANN OLSEN
Date & city of signing 1-11-22, ASOTIN

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

If claiming an exemption, list WAC number and reason for exemption.

WAC number (section/subsection) 458-61A-202 (6)(i)
Reason for exemption INHERITANCE, NON-PROBATED WILL

Type of document Lack of Probate Affidavit

Date of document 1-11-22

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
0.0075 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

PAID
JAN 11 2022
ASOTIN COUNTY
TREASURER

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.

EXHIBIT A

The Easterly 15 feet of Lot 18, all of Lot 19 and 20, and the West 15 feet of Madison St vacated by Ordinance No. 93 recorded December 1, 2004 as Instrument No. 280356, AND ALSO the West ½ of Madison St vacated by Ordinance No. 68, recorded September 26, 1972 as Instrument No. 114103, records of Asotin

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AFFIDAVIT (LACK OF PROBATE)

Mary Ann Olson, being first duly sworn, deposes and says:
 The undersigned affiant is the rightful heir to the real property described below, and is wife
 (relationship to decedent) of Raymond C. Olson (decedent), who died on (date)
Oct 13, 2007, at
Levittown City Spokane County Idaho 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: see attached
 Attach the full legal description of the property with county and parcel number being transferred which is located at a commonly recognized address of: 311 Kings Lane Street
Asotin City Wa State 99402 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)

- Mary Ann Olson - age 89 - Wife -
311 Kings Lane Asotin, Wa 99402
 Full name, age, relationship, address
- _____
- Full name, age, relationship, address
- _____
- Full name, age, relationship, address
- _____
- Full name, age, relationship, address

(Continued on next page)

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Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated :

Affiant's full name

Telephone number

Street

City

State

Zip Code

Signature

1-17-2022
Date

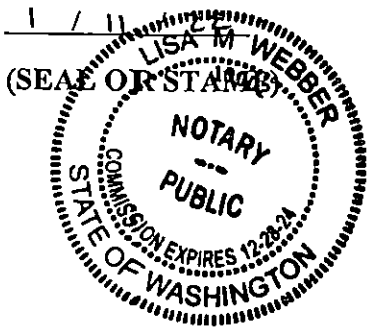
Mary Ann Olsen

State of Washington County of Asotin

I know or have satisfactory evidence that Mary A. Olsen
(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: 1 / 11



Lisa M. Webber
Signature of Notary Public

Residing at: Clarkston

Notary Public in and for the State of Washington

My appointment expires: 12 / 2024

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STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

DATE FILED BY STATE REGISTRAR:

State of Idaho
CERTIFICATE OF DEATH

STATE FILE NO. _____

Local Reg. No. 3777

<p>DECEDENT</p> <p>TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN</p> <p>FOR INSTRUCTIONS SEE HANDBOOKS</p>	<p>* 1. DECEDENT'S LEGAL NAME (include AKAs if any) (First, Middle, Last, Suffix) Raymond Edward "Pug" Olsen</p>		<p>2. SEX Male</p>	<p>3. SOCIAL SECURITY NUMBER [REDACTED]</p>	
	<p>4a. AGE - Last Birthday 77 (Years)</p>	<p>4b. UNDER 1 YEAR Months: _____ Days: _____ Hours: _____ Minutes: _____</p>	<p>5. DATE OF BIRTH (Mo/Day/Yr) June 25, 1930</p>	<p>6. BIRTHPLACE (City and State, Territory, or Foreign Country) Lewiston, Idaho</p>	
	<p>7a. RESIDENCE - STATE OR FOREIGN COUNTRY Washington</p>		<p>7b. COUNTY Asotin</p>	<p>7c. CITY OR TOWN Asotin</p>	
	<p>7d. STREET AND NUMBER 311 King's Lane</p>		<p>7e. APT. NO. _____</p>	<p>7f. ZIP CODE 99402</p>	<p>7g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>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 Widowed</p>			<p>9. SURVIVING SPOUSE'S NAME (if wife, give maiden name) Mary Ann Schei</p>	
<p>PARENTS</p>	<p>10. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>11a. FATHER'S NAME (First, Middle, Last, Suffix) Edwin Olsen</p>	<p>11b. BIRTHPLACE (State, Territory, or Foreign Country) Norway</p>	
	<p>12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) Thilla Wold</p>		<p>12b. BIRTHPLACE (State, Territory, or Foreign Country) Minnesota</p>		
<p>INFORMANT</p>	<p>13a. INFORMANT'S NAME (Type or print) Mary Ann Olsen</p>		<p>13b. RELATIONSHIP TO DECEDENT Wife</p>	<p>13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 311 King's Lane, Asotin, WA 99402</p>	
<p>DISPOSITION</p>	<p>* 14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify) _____</p>		<p>15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) Mt. View Crematory Lewiston ID 1000 7th St. Clarkston, WA 99403</p>		
	<p>* 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY Merchant Funeral Home</p>		<p>17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Mont. Brown</i></p>		
<p>PLACE OF DEATH</p>	<p>17b. LICENSE NUMBER (Of licensee) M.-570</p>				
	<p>18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>				
<p>DATE OF DEATH</p>	<p>19. PLACE OF DEATH (19-22) * 19a. IF DEATH OCCURRED IN A HOSPITAL; * 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify) _____</p>				
	<p>* 20. FACILITY NAME (if not facility, give street and number) Lewiston Rehabilitation & Care Ctr. Lewiston</p>		<p>* 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE 83501</p>		
<p>CAUSE OF DEATH</p>	<p>* 22. COUNTY OF DEATH Nez Perce</p>		<p>* 23. DATE OF DEATH (Mo/Day/Yr) (Spell month) October 13, 2007</p>		
	<p>* 24. TIME OF DEATH (24hr) 0030</p>		<p>* 25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) October 13, 2007</p>		
<p>CAUSE OF DEATH</p>	<p>26. TIME PRONOUNCED DEAD (24hr) 0030</p>				
	<p>27. CAUSE OF DEATH PART I. Enter the chain of events -- diseases, injuries, or complications -- that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator liberation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Aspiration Pneumonia DUE TO (or as a consequence of): b. Dementia related to multiple prior strokes DUE TO (or as a consequence of): c. Diffuse cerebrovascular disease DUE TO (or as a consequence of): Approximate Interval: Onset to Death 3 days 6 weeks 15 years</p>				
<p>ITEMS 32-36 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)</p>	<p>PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I Diabetes since age 30, Hypertension since 2</p>				
	<p>28a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
<p>CERTIFIER</p> <p>IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE</p>	<p>29. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>		<p>30. 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"/> Unknown if pregnant within the past year</p>		
	<p>31. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined</p>		<p>32. DATE OF INJURY (Mo/Day/Yr) (Spell month) _____</p>		
<p>REGISTRAR</p>	<p>33. TIME OF INJURY (24hr) _____</p>		<p>34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) _____</p>		
	<p>35. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
<p>36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____</p>					
<p>37. 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</p>					
<p>TRANSPORTATION * 38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____</p>			<p>* 38b. WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY? <input type="checkbox"/> Seat Belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown</p>		
<p>39a. CERTIFIER (Check only one, based on official capacity for this certificate) <input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE PROFESSIONAL NURSE - To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated. <input type="checkbox"/> CORONER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature and Title of Certifier: Barbara K Davis MD</p>			<p>39b. LICENSE NUMBER ID M-4662</p>		
<p>* 39c. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) Barbara K Davis MD 222 Southway Suite C Lewiston ID 83501</p>			<p>39c. DATE SIGNED 10/15/2007 MM DD YYYY</p>		
<p>40a. CORONER'S SUBSEQUENT SIGNATURE IF NECESSARY: The coroner's signature in this item supersedes that of the physician, physician assistant, or advanced practice professional nurse, and the coroner becomes the certifier of record. I have reviewed and if necessary amended the medical section</p>			<p>40b. DATE SIGNED _____ MM DD YYYY</p>		
<p>41a. REGISTRAR'S SIGNATURE <i>Karen L. Hugg</i></p>			<p>41b. DATE SIGNED 10/16/2007 MM DD YYYY</p>		

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF HEALTH POLICY AND VITAL STATISTICS.

DATE ISSUED: Oct 16, 2007

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

Jane S. Smith

JANE S. SMITH
STATE REGISTRAR

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11-17-2023

STATE OF IDAHO County of Nez Perce

This copy of a death certificate was issued by the District Health Department prior to filing with the Bureau of Health Policy and Vital Statistics.

Karen K. Hugg

Local Vital Statistics Registrar Official

000193329

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