

REAL ESTATE EXCISE TAX AFFIDAVIT
CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

This form is your receipt when stamped by cashier.

THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED
Only for sales in a single location code on or after January 1, 2020.

Check box if the sale occurred in more than one location code.

PLEASE TYPE OR PRINT

Check box if partial sale, indicate % sold. List percentage of ownership acquired next to each name.

SELLER GRANTOR	1 Name <u>WILLIAM & THOMAS</u>	BUYER GRANTEE	2 Name <u>ARLENE M. THOMAS</u>
	<u>ARLENE M. THOMAS</u>		
	Mailing Address <u>1613 10TH AVE</u>		Mailing Address <u>1613 10TH AVE</u>
	City/State/Zip <u>CLARKSTON, WA 99103</u>		City/State/Zip <u>CLARKSTON, WA 99103</u>
	Phone No. (including area code)		Phone No. (including area code)

3 Send all property tax correspondence to: Same as Buyer/Grantee

Name	List all real and personal property tax parcel account numbers - check box if personal property	List assessed value(s)
Mailing Address	<u>1-085-07-002-0000</u>	<u>246,700 -0.00</u>
City/State/Zip	<u>1-085-06-010-0000</u>	<u>30,800 -0.00</u>
Phone No. (including area code)	<input type="checkbox"/>	<u>0.00</u>
	<input type="checkbox"/>	<u>0.00</u>

4 Street address of property: 1613 10TH AVE
This property is located in Select Location

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 more space is needed, you may attach a separate sheet to each page of the affidavit)
SEE ATTACHED.

5 Select Land Use Code(s): 11

Select Land Use Codes *
enter any additional codes:
(See back of last page for instructions)

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)? YES NO

Is this property predominantly used for timber (as classified under RCW 84.34 and 84.35) or agriculture (as classified under RCW 84.34.020)? See ETA 3215 YES NO

6 YES NO

Is this property designated as forest land per chapter 84.33 RCW? YES NO

Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW? YES NO

Is this property receiving special valuation as historical property per chapter 84.26 RCW? 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 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.

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) 458-61A-202 (b) (h)
Reason for exemption INHERITANCE, COMMUNITY PROPERTY INTEREST

Type of Document COMMUNITY PROP. AGREEMENT
Date of Document 4-17-2003

Gross Selling Price \$	
*Personal Property (deduct) \$	
Exemption Claimed (deduct) \$	
Taxable Selling Price \$	<u>0.00</u>
Excise Tax: State	
Less than \$500,000.01 at 1.1% \$	<u>0.00</u>
From \$500,000.01 to \$1,500,000 at 1.28% \$	<u>0.00</u>
From \$1,500,000.01 to \$3,000,000 at 2.75% \$	<u>0.00</u>
Above \$3,000,000 at 3.0% \$	<u>0.00</u>
Agricultural and timberland at 1.28% \$	<u>0.00</u>
Total Excise Tax: State \$	<u>0.00</u>
<u>0.0000</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>
County Processing Fee \$	<u>5.00 -0.00</u>
Total Due \$	<u>10.00 -5.00</u>

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 Grantor's Agent <u>Arlene M Thomas</u>	Signature of Grantee or Grantee's Agent <u>Arlene M Thomas</u>
Name (print) <u>Arlene M. Thomas</u>	Name (print) <u>Arlene M Thomas</u>
Date & city of signing <u>1-14-22 ASOTW</u>	Date & city of signing <u>1-14-22 ASOTW</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)).

054896

PAID
JAN 14 2022
ASOTIN COUNTY
TREASURER

A. Residence. Real property located in Asotin County, Washington, and more particularly described as follows:

Lot 2, Block 7 of HIGHLAND HEIGHTS THIRD ADDITION, according to the official plat thereof, filed in Book C of Plats, page 109, Asotin County, Washington.

Assessor's Property Tax Parcel Number: 1-085-07-002-0000

B. Real property located in Asotin County, Washington, more particularly described as follows:

Lot 10, Block 6, HIGHLAND HEIGHTS THIRD ADDITION, according to plat recorded in Book C of Plats, page 109, in Asotin County, Washington.

Assessor's Property Tax Parcel Number: 1-085-06-010-0000

54896



00020756201803573070050059

I-15 CP
Pgs=5 Fee:\$78.00
CREASON, MOORE, DOKKEN &

AFTER RECORDING, RETURN TO:

Christopher J. Moore
Creason, Moore, Dokken & Geidl, PLLC
P. O. Drawer 835
Lewiston ID 83501

COMMUNITY PROPERTY AGREEMENT

Reference Numbers of Related Documents: Death Certificate

Grantor: Thomas, William Charles

Grantee: Thomas, Arlene M.

54896

AFTER RECORDING, RETURN TO:

COMMUNITY PROPERTY AGREEMENT

This agreement is made and entered into to be effective the 17 day of April, 2003, between William C. Thomas, also known as Bill Thomas, ("Husband") and Arlene M. Thomas ("Wife"), husband and wife, who were married on June 23, 1990, in Coeur d'Alene, Idaho, and who are currently domiciled within the State of Washington. In consideration of their mutual promises and covenants set forth below, the parties agree as follows:

1. **Property Covered:** This agreement shall apply to the following described property now owned or hereafter acquired by Husband and Wife even though some items may have been purchased or acquired by one or the other alone or may be registered in the name of one or the other or both:

A. **Residence.** Real property located in Asotin County, Washington, and more particularly described as follows:

Lot 2, Block 7 of HIGHLAND HEIGHTS THIRD ADDITION, according to the official plat thereof, filed in Book C of Plats, page 109, Asotin County, Washington.

Assessor's Property Tax Parcel Number: 1-085-07-002-0000

B. Real property located in Asotin County, Washington, more particularly described as follows:

Lot 10, Block 6, HIGHLAND HEIGHTS THIRD ADDITION, according to plat recorded in Book C of Plats, page 109, in Asotin County, Washington.

Assessor's Property Tax Parcel Number: 1-085-06-010-0000

C. All personal property now owned or hereafter acquired.

The above-described property is hereby transmuted into and declared to be the community property of the parties and is referred to in this agreement as the "described community property."

2. ***Vesting at Death of a Spouse:*** If Husband dies and Wife survives him, all of the described community property shall vest in Wife as of the moment of Husband's death. If Wife dies and Husband survives her, all of the described community property shall vest in Husband as of the moment of Wife's death.

3. ***Disclaimer:*** Upon the death of either spouse, the surviving spouse may disclaim any interest passing under the 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:*** The provisions of paragraph 2 shall be automatically revoked:

- (a) Upon the filing by either party of a petition, complaint or other pleading for separation, dissolution, or divorce; or
- (b) Immediately prior to death, if the order of death cannot be ascertained, or if both parties hereto die within ninety (90) days of one another.

5. ***Optional Revocation by One Party:*** If either party becomes incapacitated, the other party shall have the power to terminate the provisions of paragraph 2 and each party designates the other as attorney-in-fact to become effective upon incapacity to exercise such power. The termination shall be effective upon the delivery of written

notice thereof to the incapacitated spouse and to the guardian(s), if any, of the person and of the estate of the incapacitated person. For the purposes of this paragraph, a spouse shall be deemed incapacitated if a person duly licensed to practice medicine signs a statement declaring that the person is unable to manage his or her own financial affairs.

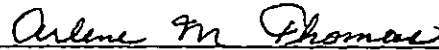
6. **Powers of Appointment:** This agreement shall not affect any power of appointment now held by or hereafter given to Husband or Wife or both of them, nor shall it obligate Husband or Wife or both of them, to exercise any such power of appointment in any way.

7. **Revocation of Inconsistent Agreements:** To the extent this agreement is inconsistent with any provisions of any community property agreement or other arrangement previously made by the parties that affects the described community property, the terms of this agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

IN WITNESS WHEREOF, the parties, William C. Thomas and Arlene M. Thomas, have hereunto set their signatures this 17 day of April, 2003.



William C. Thomas, **Husband**

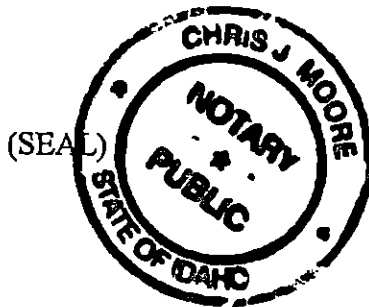


Arlene M. Thomas, **Wife**

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

On this day personally appeared before me, William C. Thomas and Arlene M. Thomas, husband and wife, to me known to be the individuals described in and who executed the within and foregoing Community Property Agreement, and acknowledged that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

Given under my hand and official seal on this 17th day of April, 2003.



Chris J. Moore
Notary Public in and for said State,
residing at or employed in Lewiston.
My Commission Expires: 11-17-2007



00020755201803573060030039

I-131 DC

Pgs=3

Fee:\$36.00

CREASON, MOORE, DOKKEN &

AFTER RECORDING, RETURN TO:

Christopher J. Moore
Creason, Moore, Dokken & Geidl, PLLC
P. O. Drawer 835
Lewiston ID 83501

DEATH CERTIFICATE

Reference Numbers of Related Documents: Community Property Agreement

Grantor: Thomas, William Charles

Grantee: Thomas, Arlene M.

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STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

State of Idaho CERTIFICATE OF DEATH

ONLY COPY OF THIS DOCUMENT CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE
SHALL BE VALID FOR ALL PURPOSES. OTHER COPIES OF THIS DOCUMENT ARE NOT VALID FOR ANY PURPOSES.

DECEDENT	1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix) WILLIAM CHARLES THOMAS		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]	
FOR INSTRUCTIONS SEE HANDBOOKS	4a. AGE - Last birthday 88 (Years)	4b. UNDER 1 YEAR Months: 0 Days: 0 Hours: 0 Minutes: 0	4. DATE OF BIRTH (Mo/Day/Yr) 11/27/1929		
	5. BIRTHPLACE (City and State, Territory, or Foreign Country) LEWISTON, IDAHO		6. BIRTHPLACE (City and State, Territory, or Foreign Country) LEWISTON, IDAHO		
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY WASHINGTON	7b. COUNTY ASOTIN	7c. CITY OR TOWN CLARKSTON		
FOR INSTRUCTIONS SEE HANDBOOKS	7d. STREET AND NUMBER 1613 10TH AVE.		7e. APT. NO. 59403	7f. ZIP CODE 99403	
	7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. SURVIVING SPOUSE'S NAME (if wife, give maiden name) ARLENE M. KONESKY		
PARENTS	9. MARITAL STATUS AT TIME OF DEATH <input checked="" 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				
	10. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11a. FATHER'S NAME (First, Middle, Last, Suffix) ROBERT CHARLES THOMAS		11b. BIRTHPLACE (State, Territory, or Foreign Country) WASHINGTON	
INFORMANT	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) CHRISTINA URSEL		12b. BIRTHPLACE (State, Territory, or Foreign Country) CANADA		
	13a. INFORMANT'S NAME (Type or print) ARLENE THOMAS		13b. RELATIONSHIP TO DECEDENT SPOUSE	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 1613 10TH AVE. CLARKSTON, WA 99403	
DISPOSITION	14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input 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, other place) 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		17. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: GERALD E. BARTLOW		
PLACE OF DEATH	17b. LICENSE NUMBER (Of licensee) M0771		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	18a. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Department <input type="checkbox"/> Outpatient <input type="checkbox"/> Home <input type="checkbox"/> Hospice facility <input checked="" type="checkbox"/> Nursing home/other long-term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)				
DATE OF DEATH	20. FACILITY NAME (if not facility, give street and number) IDAHO STATE VETERANS HOME - LEWISTON		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) March 7, 2018		24. TIME OF DEATH (24hr) 10:25	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) March 7, 2018	
CAUSE OF DEATH	26. TIME PRONOUNCED DEAD (24hr) 10:25		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 circulatory arrest without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) ANOXIC ENCEPHALOPATHY DUE TO (or as a consequence of): PARKINSONS DEMENTIA DUE TO (or as a consequence of): 10 YEARS				
CERTIFIER: Complete Within 72 Hours of Death	PART II. Enter the chain of events that contributed to death, but not resulting in the underlying cause given in Part I. ENCEPHALOPATHY				
	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 10-54): <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"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined
PENN-02-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	32. DATE OF INJURY (Mo/Day/Yr) (Spell month)		33. TIME OF INJURY (24hr)	34. PLACE OF INJURY (Decedent's home, hotel, street, construction area, nursing home, restaurant, forest, etc.)	
	35. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number of Location _____ Apartment Number _____				
CERTIFIER	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				
	38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		38b. WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY? <input type="checkbox"/> Seat belt <input type="checkbox"/> Child restraint <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown		
# DEATH WAS DUE TO OTHER THAN NATURAL CAUSES. THE CORONER MUST COMPLETE AND SIGN THIS CERTIFICATE	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 REGISTERED NURSE To the best of my knowledge, death occurred at the time, date, and place, and due to the nature of the cause(s) as stated.				
	39b. LICENSE NUMBER 0-07091		39c. DATE SIGNED 3 / 7 / 2018 MM DD YYYY		
REGISTRAR	39d. HOME ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) DAVID B. MARTIN, 1625 5TH STREET CLARKSTON, WA 99403		40a. REGISTRAR'S SIGNATURE <i>James B. Aydelotte</i>		
	40b. REGISTRAR'S SIGNATURE <i>James B. Aydelotte</i>		40c. DATE SIGNED 3 / 12 / 2018 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: **MAR 12 2018**

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

JAMES B. AYDELOTTE
STATE REGISTRAR

54896





000968139

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

54896