

Real Estate Excise Tax Affidavit (RCW 82.45 WAC 459-01A)

Only for sales in a single location made on or after January 1, 2000.
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 OSCAR L. COMBS AND CAROL A. COMBS REVOCABLE LIVING TRUST, DATED 8/8/2000
Mailing address 4908 N WHITEHOUSE ST
City/state/zip SPOKANE, WA 99205
Phone (including area code) _____

2 Buyer/Grantee
Name THERESA D. JOHNSON, a single person
Mailing address 2602 CASCADE ST
City/state/zip CLARKSTON, WA 99403
Phone (including area code) _____

3 Send all property tax correspondence to: Same as Buyer/Grantee
Name NORTHPOINT BANK
Mailing address 3333 DEPOSIT DR. NE
City/state/zip GRAND RAPIDS, MI 49546

List all real and personal property tax parcel account numbers	Personal property?	Assessed value(s)
<u>1-182-007-055-0000-0000</u>	<input type="checkbox"/>	<u>\$ 142,000.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>

4 Street address of property 2603 CASCADE 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 55 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).

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) _____
Reason for exemption _____

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

Type of document STATUTORY WARRANTY DEED
Date of document 06/22/2022

Gross selling price	<u>250,000.00</u>
*Personal property (deduct)	<u>0.00</u>
Exemption claimed (deduct)	<u>0.00</u>
Taxable selling price	<u>250,000.00</u>
Excise tax: state	
Less than \$500,000.01 at 1.1%	<u>2,750.00</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%	<u>0.00</u>
Agricultural and timberland at 1.28%	<u>0.00</u>
Total excise tax: state	<u>2,750.00</u>
0.0025 Local	<u>625.00</u>
*Delinquent interest: state	<u>0.00</u>
Local	<u>0.00</u>
*Delinquent penalty	<u>0.00</u>
Subtotal	<u>3,375.00</u>
*State technology fee	<u>5.00</u>
Affidavit processing fee	<u>0.00</u>
Total due	<u>3,380.00</u>

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 James H. Marble
Name (print) JAMES H. MARBLE
Date & city of signing 7-6-2022, Spokane

Signature of grantee or agent Theresa D. Johnson
Name (print) THERESA D. JOHNSON
Date & city of signing 7-7-2022, Clarkston

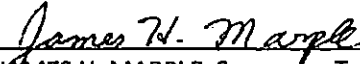
Perjury in the second degree is a class C felony which is punishable by confinement in a state correctional institution for a maximum term of five years, or by a fine in an amount fixed by the court of not more than \$10,000, or by both such confinement and fine (RCW 9A.72.030 and RCW 9A.20.021(1)(c)).

EFT

July 6, 2022

With respect to my assignment as Successor-Trustee of the Oscar L. Combs and Carol A. Combs Revocable Living Trust, dated August 8, 2000:

Oscar L Combs died February 13, 2022, and my mother, Carol A Combs, is incapacitated and unable to be the Trustee of said Trust leaving me the Successor-Trustee for the Trust.



JAMES H. MARPLE, Successor-Trustee of
The Oscar L Combs and Carol A. Combs
Revocable Living Trust, dated 08/08/2000

55351

STATE OF IDAHO CERTIFICATION OF VITAL RECORD

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

State of Idaho
CERTIFICATE OF DEATH

ONLY A COPY OF THIS CERTIFICATE, PREPARED BY THE STATE DEPARTMENT OF HEALTH AND WELFARE, SHALL BE VALID FOR ALL PURPOSES. THIS CERTIFICATE MUST BE FILED WITH THE BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

IN 10-11-12 TYPE OR PRINT IN PREVIOUSLY BLACKED-OUT DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOK	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">1. DECEDENT'S LEGAL NAME (Include AKA's if any) (Print, Middle, Last, Suffix) OSCAR LAVELLE COMBS</td> <td>2. SEX MALE</td> <td>3. SOCIAL SECURITY NUMBER [REDACTED]</td> </tr> <tr> <td>4a. AGE AT BIRTH Day 54</td> <td>4b. UNDER 1 YEAR Months 0</td> <td>4c. UNDER 1 DAY Hours 0</td> <td>4d. DATE OF BIRTH (Mo/Day/Yr) 03/31/1937</td> </tr> <tr> <td colspan="2">5. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO</td> <td colspan="2">6. BIRTHPLACE (City and State, Territory, or Foreign Country) BENTON CITY, WASHINGTON</td> </tr> <tr> <td colspan="2">7a. STREET AND NUMBER 2603 CASCADE STREET</td> <td>7b. CITY OR TOWN LEWISTON</td> <td>7c. APT. NO. ZIP CODE 83501</td> </tr> <tr> <td colspan="2">8. MARRIAGE STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married</td> <td colspan="2">9. 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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: **FEB 18 2022**

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

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR



ANY ALTERATION OF THIS CERTIFICATE SHALL BE VOID

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STATE OF IDAHO County of Lewiston

This copy of a death certificate was issued by the District Health Department on behalf of the Idaho Bureau of Vital Records and Health Statistics.

Amber Hudson

AMBER HUDSON, Registrar

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