

**REAL ESTATE EXCISE TAX AFFIDAVIT**

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

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)

Check box if partial sale of property

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

1 SELLER GRANTOR	Name <u>Brian L. Nollette, Sr. and Dolores L. Nollette</u>	2 BUYER GRANTEE	Name <u>Brian L. Nollette, Sr., a single man</u>
	Husband and Wife		
	Mailing Address <u>708 Chesnut Street</u>		Mailing Address <u>708 Chesnut Street</u>
	City/State/Zip <u>Clarkston/Washington/99403</u>		City/State/Zip <u>Clarkston/Washington/99403</u>
	Phone No. (including area code) _____		Phone No. (including area code) _____
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 _____		1-001-07-001-0002-0000 <input type="checkbox"/>	
Mailing Address _____		_____ <input type="checkbox"/>	
City/State/Zip _____		_____ <input type="checkbox"/>	
Phone No. (including area code) _____		_____ <input type="checkbox"/>	
		List assessed value(s)	
		\$151,900.00	

Street address of property: 708 Chesnut, Clarkston

This property is located in Asotin

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)

The West 45 feet of the South 75 feet and the East 15 feet of the West 60 feet of the South 45 feet of Lot 1 in Block 7 of Clarkston, according to the official plat thereof, filed in Book A of Plats at Page(s) 18 Official Records of Asotin County, Washington.

Subject to: Current Year Taxes, conditions, covenants, restrictions, reservations, easements, rights and rights of way, apparent or of record.

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) 458-61A-202(6)(i)

Reason for exemption A transfer of real property through inheritance by operation of law.

Type of Document Affidavit of Lack of Probate

Date of Document 9/30/22

Gross Selling Price	\$ _____
*Personal Property (deduct)	\$ _____
Exemption Claimed (deduct)	\$ _____
Taxable Selling Price	\$ _____ 0.00
Excise Tax : State	\$ _____ 0.00
<input type="text" value="0.0075"/> Local	\$ _____ 0.00
*Delinquent Interest: State	\$ _____
Local	\$ _____
*Delinquent Penalty	\$ _____
Subtotal	\$ _____ 0.00
*State Technology Fee	\$ _____ 5.00
*Affidavit Processing Fee	\$ _____ <del>10.00</del> 5.00
Total Due	\$ _____ <del>15.00</del> 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 Grantor's Agent [Signature]

Name (print) Bridget D. Barr

Date & city of signing: 10/14/2022, Lewiston, Idaho

Signature of Grantee or Grantee's Agent [Signature]

Name (print) Bridget D. Barr

Date & city of signing: 10/14/2022, Lewiston, Idaho

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)).

LAW OFFICES  
OF CLARK & POWERS  
CK# 84081

OCT 18 2022  
ASOTIN COUNTY  
TREASURER

055617



00045229202203787590060063

I-127 LOP

Pgs=6

Fee:\$208.50

CLARK & FEENEY, LLP

**Return to:**  
Bridget D. Barr  
Clark and Feeney, LLP  
1229 Main Street  
P. O. Drawer 285  
Lewiston, ID 83501

### AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee, JAMES D. NOLLETTE, as Personal Representative of the Estate of Brian L. Nollette, being first duly sworn deposes and states as follows: That he is the Personal Representative of the Estate of Brian Nollete, rightful heir as listed on heirs at law, to the real property described below, and was the surviving spouse of DOLORES L. NOLLETTE, who died on December 11, 2015, at Clarkston, Asotin County, Washington.

#### REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

The West 45 feet of the South 75 feet and the East 15 feet of the West 60 feet of the South 45 feet of Lot 1 in Block 7 of Clarkston, according to the official plat thereof, filed in Book A of Plats at Page(s) 18 Official Records of Asotin County, Washington.

Subject to: Current Year Taxes, conditions, covenants, restrictions, reservations, easements, rights and rights of way, apparent or of record.

Assessor's Property Tax Parcel/Account Number: 1-001-07-001-0002-0000

Decedent left no Last Will and Testament.

"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 of additional pages if necessary).

#### Surviving Spouse

1. Brian L. Nollete  
708 Chesnut, Clarkston, WA 99403

#### Children

2. James D. Nollette  
708 Chesnut, Clarkston, WA 99403

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3. Kevin M. Nollette  
928 16<sup>th</sup> St, Apt. 7  
Clarkston, WA 99403

4. Renee Wortley  
43 Rawling Street  
Keighley  
West Yorkshire  
BD21 1AU  
England

Siblings

5. Sharon McVey  
304 E. Soundview Dr.  
Shelton, WA 98584

6. Janet Polmateer  
7204 Lillooet Loop  
Aberdeen, WA 98520

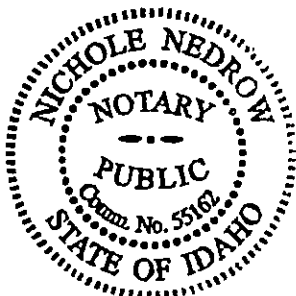
Dated: 9/27/22

J. D. Nollette  
JAMES D. NOLLETTE, as Personal Representative  
of the Estate of Brian L. Nollette  
708 Chesnut  
Clarkston, WA 99403  
(208) 553-9148

STATE OF IDAHO            )  
                                          ) ss  
County of Nez Perce        )

On this 27<sup>th</sup> day of September, 2022, before me, the undersigned, a notary public in and for said state, personally appeared JAMES D. NOLLETTE, as Personal Representative of the Estate of Brian L. Nollette, known or identified to me to be the person whose name is subscribed to the within instrument and acknowledged to me that they executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.



Nichole Nedrow  
Notary Public in and for said State of Idaho  
Residing at: Lewiston, Idaho  
My Commission expires: 11/12/2027

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-036014

DATE ISSUED: 03/07/2016

FEE NUMBER: 0000244405

GIVEN NAMES: DOLORES L  
LAST NAME: NOLLETTE

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: DECEMBER 11, 2015  
HOUR OF DEATH: 12:10 A.M.  
SEX: FEMALE  
AGE: 62 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: OCTOBER 18, 1953  
BIRTHPLACE: SEATTLE, WASHINGTON

MARITAL STATUS: MARRIED  
SPOUSE: BRIAN NOLLETTE SR

OCCUPATION: HOME MAKER  
INDUSTRY: OWN HOME  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES? NO

INFORMANT: BRIAN NOLLETTE SR  
RELATIONSHIP: HUSBAND  
ADDRESS: 708 CHESTNUT ST, CLARKSTON WA, 99403

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 708 CHESTNUT ST  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 708 CHESTNUT ST  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403  
INSIDE CITY LIMITS? YES  
COUNTY: ASOTIN

TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 25 YEARS

FATHER/PARENT: LESTER LEROY ANDERSON  
MOTHER/PARENT: GWENDOLYN G SWARTOUT

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY  
CITY, STATE: LEWISTON, ID  
DISPOSITION DATE: DECEMBER 15, 2015

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES LLC  
ADDRESS: PO. BOX 107  
CITY, STATE, ZIP: CLARKSTON WA 99403  
FUNERAL DIRECTOR: RICHARD LASSITER

- CAUSE OF DEATH:
- A. SUDDEN CARDIAC ARRHYTHMIA  
INTERVAL: MOMENTS
  - B. CARDIOMYOPATHY  
INTERVAL: MONTHS
  - C.  
INTERVAL:
  - D.  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK? NO  
PLACE OF INJURY:

LOCATION OF INJURY:  
CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? NO  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

ME/CORONER: LISA WEBBER  
TITLE: CORONER  
ME/CORONER  
ADDRESS: PO BOX 220  
CITY, STATE, ZIP: ASOTIN WA 99402  
DATE SIGNED: DECEMBER 14, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

ITEM(S) AMENDED: CAUSE/DEATH, CAUSE/DEATH, MANNER/DEATH  
H  
NUMBER(S): 2016070526  
DATE(S): 03/03/2016



LOCAL DEPUTY REGISTRAR:  
BRADY WOODBURY  
DATE RECEIVED: DECEMBER 14, 2015

DOH 01-003 (1/14)

55617

# Affidavit of Correction

Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300  
www.coh.wa.gov

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

## STATE OFFICE USE ONLY

Affidavit Number

Reason for requesting a change is to correct record

Death

Marriage

Dissolution

Place of Event:

County Name

The true fact is:

Telephone Number

I declare this information to be true and correct.

Most changes must be established by documents submitted with the affidavit.

Examples of documents that can be used to establish a birth certificate as documentary proof:

Birth Certificate

Marriage License

School Transcripts (Official)

Registration (front and back)

Examples of documents that cannot be used to establish a birth certificate as documentary proof:

Birth Certificate (copy)

Birth Certificate (duplicate)

Signature

I am making this change to birth certificate

of Mary Ann Doe. Then the proof must show the name

of the person who can change the birth certificate.

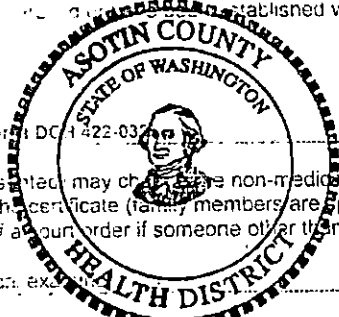
If the person is not present, three pieces of documentary proof

are required. If the name is misspelled or date of birth is

incorrect, documentary proof are required

to establish the date of birth or name. One documentary

document must be established within five



The applicant must sign and submit to a birth registrar (Use the privacy acknowledgment form DC 1422-037)

Not presented may change a non-medical certificate (family members are spouse or parent) at our order if someone other than the

If an age dissolution is requested, the affidavit must be signed by the person

requesting the change. The affidavit must be signed by the person

Joel McCullough, M.D., MPH, MS  
Health Officer

21 January 2014

5567

MAR 07 2016

AA00244405

Handwritten initials