Department of Revenue
Washington State

Form 84 0001a

Real Estate Excise Tax Affidavit (RCW 82.45 WAC 458-61A)

Only for sales in a single location code on or after January 1, 2023.
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 Wayne R. Hirschel, deceased spouse of Lona L. Hirschel
Mailing address 2804 22nd Street
City/state/zip Clarkston, WA 99403
Phone (including area code) _____

2 Buyer/Grantee
Name Lona L. Hirschel, widow
Mailing address 2804 22nd Street
City/state/zip Clarkston, 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)
1-225-00-005-0000-000	☐	$ 209,900.00
	☐	$ 0.00
	☐	$ 0.00

4 Street address of property 2804 22nd Street, 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).

Lot 5 of Carpenter Addition, according to the recorded plat thereof, file in Book E of Plats at Page(s) 34 Official 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 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 _____

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
Non-Probated Estate

Type of document Lack of Probate Affidavit
Date of document 4/3/2023

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 $525,000.01 at 1.1%	0.00
From $525,000.01 to $1,525,000 at 1.28%	0.00
From $1,525,000.01 to $3,025,000 at 2.75%	0.00
Above $3,025,000 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

PAID
APR 03 2023
ASOTIN COUNTY TREASURER
0200

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

Signature of grantor or agent Lona L. Hirschel
Name (print) Lona L. Hirschel
Date & city of signing 4/3/2023- Clarkston, WA

Signature of grantee or agent Lona L. Hirschel
Name (print) Lona L. Hirschel
Date & city of signing 4/3/2023- Clarkston, WA

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)).

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REV 84 0001a (12/1/22) THIS SPACE TREASURER'S USE ONLY COUNTY TREASURER

L. Hirschel $10.00 CASH AH

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Print on legal size paper

LACK OF PROBATE AFFIDAVIT
STATE OF WASHINGTON
FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, OR JOINT TENANCY PROPERTY

Title Insurance Commitment No: 590394

STATE OF Washington)
SS:
COUNTY OF Asotin)

(herein, "Affiant"), being first duly sworn, on oath deposes and says:

That Affiant is (check one):

- ☑ the lawful surviving spouse of the Decedent
- ☐ Surviving child of the Decedent
- ☐ Registered domestic partner of the Decedent
- ☐ One of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on _____ [*mm/dd/yyyy*], under Recording No. _____, in _____ County, Washington,
- ☐ other (identify:) _____

All with respect to the estate of __Wayne Robert Hirschel__ (herein "Decedent"), who died on ___11/11/2022___, in the County of __Nez Perce__, State of _Idaho_, then being a resident of the City of __Clarkston__, County of __Asotin___, State of __Washington__. **(A copy of the death certificate is attached hereto.)**

That Affiant has herein below identified each and all of the heirs at law and next of kin of decedent, including but not limited to children, adopted children, the issue of any predeceased child or adopted child (if decedent left no surviving children, then Affiant has listed below all of the surviving parents, brothers and sisters of decedent), spouse, registered domestic partner, and ***including all parties who would have been heirs at law if the decedent had not been married or a registered domestic partner on the date of death:***

That the heirs at law and next of kin of the decedent are (list all parties, using the reverse side or attaching a list if necessary):

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Name & relationship_____
Address: _____
Name & relationship_____
Address: _____
Name & relationship_____
Address: _____
Name & relationship_____
Address: _____

That among items of real property owned by the Decedent at the time of death was real estate located in N/A County, Washington, and described in the above referenced Title Insurance Commitment.

As to the Decedent, said real estate was [*check one*]

- ☑ Community property
- ☐ Separate property
- ☐ Joint tenancy property

CHECK ALL BOXES WHICH APPLY IN EACH SECTION:

1. That on the date the real property was purchased the Decedent was:
   - ☑ married to Wayne Robert Hirschel Was married to Lona L. Hirschel
   - ☐ unmarried, not a registered domestic partner
   - ☐ unmarried, a registered domestic partner of _____.
2. That on the date of death the Decedent was
   - ☑ married to Lona L. Hirschel.
   - ☐ unmarried, not a registered domestic partner
   - ☐ unmarried, a registered domestic partner of _____.
3. ☐ That the decedent left a Will, a copy of which is attached hereto.
   ☑ That the decedent left no Will.
   ☐ That the decedent executed a Community Property Agreement. It was recorded under _____ County recording number _____. *(if unrecorded, attach a copy)*
4. ☑ That the decedent's estate is not being probated.

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☐ That the decedent's estate is subject to probate proceedings in _____ County, State of _____, under Probate No. _____

5. ☑ That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.
☐ That State and/or Federal succession or inheritance taxes in the amount of $_____ have been paid. Copies of the release/discharge are attached hereto.
☐ That State and/or Federal succession or inheritance taxes are due, but have not been paid.

5. ☑ That the decedent has not received assistance from the State of Washington for medical care.
☐ That the decedent has received assistance from the State of Washington for medical care.
☐ That the State of Washington has been fully reimbursed for assistance for medical care.

That, with respect to the property, if any, owned by the Decedent in joint tenancy as described above, at all times from the time of the execution of the instrument by which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the above described joint tenancy property was held in joint tenancy, and that the interest of no one or more of said joint tenants has ever been conveyed, encumbered or otherwise separated from the interest of the other joint tenant(s), either voluntarily or involuntarily, whether by specific act or by operation of law; and that said joint tenancy continued in full force until the death of the Decedent with respect to the interest of the Decedent and, if there are two or more surviving joint tenants, including the Affiant, the joint tenancy continues with respect to the interests of the said surviving joint tenants.

That Affiant knows of the Affiant's own knowledge, and so states, that each and all of the obligations against the estate of said 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; and state and federal succession taxes upon Decedent's estate, if applicable) have been paid in full, except as follows (*use reverse side or attach a list if necessary*): _____

_____

_____

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That the value of the Decedent's estate at date of death, including all real and personal property, was approximately $ 250,000.00, including the value of community property of Decedent and Decedent's surviving spouse, if any, of approximately $ 250,000.00, and including the value of Decedent's separate property, if any, of approximately $ — 0.00 —, and including the full value of .all other property, if any, held by the Decedent in joint tenancy of approximately $ — 0.00 —.

~~This affidavit is made to induce _____ TITLE INSURANCE COMPANY (the~~ Company) to insure real property covered by the Company's order number ~~set forth above~~, in which Decedent held an interest at the time of the Decedent's death. ~~Affiant~~ urges the Company to issue its policy of title insurance in full reliance upon the ~~representations~~ set forth herein. The Affiant, for the Affiant and for the Affiant's heirs, ~~executors and~~ administrators, covenants to indemnify said Company or any other person, ~~including a purchaser of said real estate, for any loss arising from reliance on any misstatement of fact herein.~~

DATED: April 3, 2023

✓ Lona L. Hirschel
(Signature)

✓ LONA L. HIRSCHEL
(Print or type Affiant's full name)

✓ 2404 22ND ST CIK 2087900801
(Full address and telephone number)

SUBSCRIBED and SWORN TO before me this 3 day of April, 2023

Notary Public in and for the State of Washington, residing at Lewiston, ID

MATTHEW GRAHAM
COMM. #22017994
NOTARY PUBLIC
EXPIRES 03/29/2026
STATE OF WASHINGTON

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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 DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER §39-241 (1) AND §39-274, IDAHO CODE

Local Reg. No.

DECEDENT

TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN

FOR INSTRUCTIONS SEE HANDBOOKS

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix): WAYNE ROBERT HIRSCHEL
2. SEX: MALE
3. SOCIAL SECURITY NUMBER: [redacted]
4a. AGE-Last Birthday (Years): 75
4b. UNDER 1 YEAR (Months / Days / Hours / Minutes):
4c. UNDER 1 DAY (Hours / Minutes):
5. DATE OF BIRTH (Mo/Day/Yr): 01/11/1947
6. BIRTHPLACE (City and State, Territory, or Foreign Country): TEKOA, WASHINGTON
7a. RESIDENCE - STATE OR FOREIGN COUNTRY: WASHINGTON
7b. COUNTY: ASOTIN
7c. CITY OR TOWN: CLARKSTON
7d. STREET AND NUMBER: 2804 22ND ST
7e. APT. NO.:
7f. ZIP CODE: 99403
7g. INSIDE CITY LIMITS? ☐ Yes ☒ No
8. MARITAL STATUS AT TIME OF DEATH: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
9. SURVIVING SPOUSE'S NAME (If wife, give maiden name): LONA MCGOVERN

PARENTS

10. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
11a. FATHER'S NAME (First, Middle, Last, Suffix): EARL HIRSCHEL
11b. BIRTHPLACE (State, Territory, or Foreign Country): WASHINGTON
12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix): ISABEL CAMERON
12b. BIRTHPLACE (State, Territory, or Foreign Country): AUSTRALIA

INFORMANT

13a. INFORMANT'S NAME (Type or print): LONA HIRSCHEL
13b. RELATIONSHIP TO DECEDENT: WIFE
13c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 2804 22ND ST CLARKSTON, WA 99403

DISPOSITION

14. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ 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

MORTICIAN: Complete/Verify and File Within 5 Days of Death

17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: ELECTRONICALLY FILED: RICHARD C. LASSITER
17b. LICENSE NUMBER (Of licensee): F1558
18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No

PLACE OF DEATH

PLACE OF DEATH (19-22)

19a. IF DEATH OCCURRED IN A HOSPITAL: 1 ☐ Inpatient 2 ☒ ER/Outpatient 3 ☐ DOA
19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: 4 ☐ Hospice facility 5 ☐ Nursing home/Long term care facility 6 ☐ Decedent's home 7 ☐ Other (Specify)
20. FACILITY NAME (If not facility, give street and number): ST. JOSEPH REGIONAL MEDICAL CTR
21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE: LEWISTON, ID 83501
22. COUNTY OF DEATH: NEZ PERCE

DATE OF DEATH

23. DATE OF DEATH (Mo/Day/Yr) (Spell month): November 11, 2022
24. TIME OF DEATH (24hr): 20:58
25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month): November 11, 2022
26. TIME PRONOUNCED DEAD (24hr): 21:20

CAUSE OF DEATH

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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line.

		Approximate Time Interval: Onset to Death
IMMEDIATE CAUSE (Final disease or condition—> resulting in death)	a. SUDDEN CARDIAC EVENT	
DUE TO (or as a consequence of):	b. ATRIAL FIBRILLATION	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death)	c. HYPERLIPIDEMIA	
DUE TO (or as a consequence of):	d.	

CERTIFIER: Complete Within 72 Hours of Death

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I

28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☒ Unknown
30. IF FEMALE (Aged 10-54): ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year
31. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined

ITEMS 32-38 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, farm, street, construction site, nursing home, restaurant, forest, etc.):
35. INJURY AT WORK? ☐ Yes ☐ No
36. LOCATION OF INJURY: State: City/Town or County: Zip Code: Street and Number or Location: Apartment Number:
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
TRANSPORTATION INJURY ONLY: 38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
38b. WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown

CERTIFIER

IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE

39a. CERTIFIER (Check only one, based on official capacity for this certificate):
☐ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE REGISTERED NURSE
- To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated.

☒ 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.

39b. LICENSE NUMBER:
39c. DATE SIGNED: 11 / 16 / 2022 (MM / DD / YYYY)
Signature and Title of Certifier: ELECTRONICALLY SIGNED: JOSHUA T. HALL
39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print): JOSHUA T. HALL, PO BOX 896 LEWISTON, ID 83501

REGISTRAR

40a. REGISTRAR'S SIGNATURE: James B. Gelotte
40b. DATE SIGNED: 11 / 17 / 2022 (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.

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DATE ISSUED: NOV 17 2022

James B. Gelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

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

Rev. 07/2020

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

0017 31325

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.

Amber Hudson

Local Vital Statistics Registration Official

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