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 Luan J. Child, widow
~~Name/Address Withheld~~
Mailing address 2260 20th Street
City/state/zip Clarkston WA 99403
Phone (including area code) _____

2 Buyer/Grantee
Name Cary Johnston
Kristie K. Heise
Mailing address 2241 2nd Ave
City/state/zip Clarkston WA 99403
Phone (including area code) _____

3 Send all property tax correspondence to: ☒ Same as Buyer/Grantee
Name Cary Johnston Kristie K. Heise
Mailing address 2241 2nd Ave
City/state/zip Clarkston WA 99403

List all real and personal property tax parcel account numbers	Personal property?	Assessed value(s)
10411700500040000	☐	196,600.00
	☐	
	☐	

4 Street address of property 2241 2nd Ave, Clarkston, WA
This property is located in Asotin Unincorp *(for unincorporated locations please select your county)* X
☐ 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

5 Land use code 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) _____
Reason for exemption

Type of document Statutory Warranty Deed (SWD)
Date of document 04/17/23

Gross selling price	247,500.00
*Personal property (deduct)	0.00
Exemption claimed (deduct)	0.00
Taxable selling price	247,500.00
Excise tax: state	
Less than $525,000.01 at 1.1%	2,722.50
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	2,722.50
Local	618.75
*Delinquent interest: state	0.00
Local	0.00
*Delinquent penalty	0.00
Subtotal	3,341.25
*State technology fee	5.00
Afidavit processing fee	0.00
Total due	3,346.25

A MINIMUM OF $10.00 IS DUE IN FEE(S) AND/OR TAX
*SEE INSTRUCTIONS

0200

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

Signature of grantor or agent Luan J. Child
Name (print) Luan J. Child, widow
Date & city of signing 4.17.23, Clarkston, WA

Signature of grantee or agent
Name (print) Cary Johnston
Date & city of signing 4/14/23, 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 fine in an amount fixed by the court of not more than $10,000, or by both such confinement and fine (RCW 9A.72.020 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.

REV 84 0001a (09/08/22)

THIS SPACE TREASURER'S USE ONLY — COUNTY TREASURER

DATE 04/17/2023 - RECEIPT No. 55986 - Alliance Title - Clarkston

Print on legal size paper

EFT

File No. 627890

Exhibit 'A'

That part of Lots 4 and 5 in Block F-3 of Clarkston Heights AND that part of Lot 1 of Remmers Addition to Asotin County, Washington, more particularly described as follows:

Beginning at the Southwest corner of Lot 1 of said Remmers Addition; thence North 3°20' East, 121.37 feet to a point of curve; thence around a curve to the right with a radius of 20.00 feet for a distance of 30.15 feet; thence North 25.00 feet to a point on the centerline of 2nd Avenue; thence West along said centerline 42.29 feet; thence South 3°20' West, 75.74 feet; thence West 25.13 feet; thence South 3°20' West, 33.51 feet; thence North 86°40' West, 39.19 feet; thence South 3°20' West, 98.38 feet; thence West 162.83 feet to a point on the West line of Lot 4 of said Block "F-3"; thence South 19°41' West along said West line 146.04 feet; thence East 299.13 feet; thence South 81.47 feet; thence East 291.73 feet; thence North 19°41' East, 190.79 feet; thence West 321.33 feet; thence North 25.00 feet; thence North 29°04' West, 62.16 feet to the place of beginning.

55986

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

Title Insurance Commitment No: 627890

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 _Andrew Julian Child____ (herein "Decedent"), who died on __May 29, 2011___, 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):

55986

Name & relationship Luan J. Child, spouse
Address: 2260 20th Street, Clarkston, WA 99403
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 Asotin 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 Luan J. Child.

   ☐ unmarried, not a registered domestic partner

   ☐ unmarried, a registered domestic partner of _____.

2. That on the date of death the Decedent was

   ☒ married to Luan J. Child.

   ☐ 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.
   ☐ That the decedent's estate is subject to probate proceedings in _____ County, State

55986

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.

6. ☒ 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*): _____

_____

_____

55986

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately $ 247,500, including the value of community property of Decedent and Decedent's surviving spouse, if any, of approximately $ 247,500, and including the value of Decedent's separate property, if any, of approximately $ -0-, and including the full value of .all other property, if any, held by the Decedent in joint tenancy of approximately $ -0-.

This affidavit is made to induce CHICAGO 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 17, 2023

Luan J. Child
(Signature)

Luan J. Child
(Print or type Affiant's full name)

2260 20th Street, Clarkston, WA 99403
(Full address and telephone number)

SUBSCRIBED and SWORN TO before me this 17th day of April, 2023

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

CELINA D REYNOLD
COMM. #115215
NOTARY PUBLIC
EXPIRES 12/20/2025
STATE OF WASHINGTON

55986

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

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

Only a copy of this document certified by the state registrar with the department of health and welfare seal and the date issued shall be used as proof of the facts stated herein. Local Reg. No.

DECEDENT — TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE PENCIL OR PEN. FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix): ANDREW JULIAN CHILD
2. SEX: MALE
3. SOCIAL SECURITY NUMBER: [redacted]
4a. AGE-Last Birthday (Years): 67
4b. UNDER 1 YEAR (Months / Days)
4c. UNDER 1 DAY (Hours / Minutes)
5. DATE OF BIRTH (Mo/Day/Yr): 03/23/1944
6. BIRTHPLACE (City and State, Territory, or Foreign Country): OGDEN, UTAH
7a. RESIDENCE - STATE OR FOREIGN COUNTRY: WASHINGTON
7b. COUNTY: ASOTIN
7a. CITY OR TOWN: CLARKSTON
7d. STREET AND NUMBER: 2241-2ND AVENUE
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
8. SURVIVING SPOUSE'S NAME (If wife, give maiden name): LUAN JOHNSON

PARENTS

9. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
10a. FATHER'S NAME (First, Middle, Last, Suffix): ANDREW EDISON CHILD
10b. BIRTHPLACE (State, Territory, or Foreign Country): UTAH
11a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix): MARION AFTON GEIGER
11b. BIRTHPLACE (State, Territory, or Foreign Country): UTAH

INFORMANT

12a. INFORMANT'S NAME (Type or print): LUAN J. CHILD
12b. RELATIONSHIP TO DECEDENT: WIFE
12c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 2241-2ND AVENUE, CLARKSTON, WA 99403

DISPOSITION

13. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☒ Removed from Idaho ☐ Other (Specify)
13. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place): ASOTIN CEMETERY, ASOTIN, WASHINGTON 99402
15. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY: VASSAR-RAWLS FUNERAL HOME, 920 21ST AVENUE, LEWISTON, IDAHO 83501

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

17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: ELECTRONICALLY FILED: DENNIS W. HASTINGS
17b. LICENSE NUMBER (Of licensee): M0791
18. WAS CORONER CONTACTED re: 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): May 29, 2011
24. TIME OF DEATH (24hr): 18:10
25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month): May 29, 2011
26. TIME PRONOUNCED DEAD (24hr): 18:10

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 Interval: Onset to Death
IMMEDIATE CAUSE (Final disease or condition → resulting in death)	a. METASTATIC CANCER	2 YEARS
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)	b. DIABETES MELLITUS - TYPE II	
	c. DUE TO (or as a consequence of):	
	d. DUE TO (or as a consequence of):	

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 43 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 32-35 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)

CERTIFIER: Complete Within 72 Hours of Death

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, factory, office building, restaurant, wooded area, 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 PROFESSIONAL NURSE
— To the best of my knowledge, death occurred at the time, date, and place, and due to the 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.
Signature and Title of Certifier: GREGORY J. BURATTO, M.D.
39b. LICENSE NUMBER: M-03317
39c. DATE SIGNED: 6 / 1 / 2011 (MM DD YYYY)
39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print): GREGORY J. BURATTO, 307 ST. JOHN'S WAY LEWISTON, ID 83501

REGISTRAR

40a. REGISTRAR'S SIGNATURE: James B. Aydelotte
40b. DATE SIGNED: 6 / 2 / 2011 (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: JUN 2 2011

This copy 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 OR ERASURE VOIDS THIS CERTIFICATE

55986

000021260

STATE OF IDAHO County of Nez Perce

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

Paulina Durst

Local Vital Statistics Registration Official

55986