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 TERESA KIELE, ALSO KNOWN AS TERESA L KIELE, SURVIVING SPOUSE OF DALLAS KIELE, DECEASED
Mailing address 2572 Bursell DR
City/state/zip Clarkston, WA 99403 (Asotin)
Phone (including area code) 970-744-8380

2 Buyer/Grantee
Name TERESA L KIELE, UNMARRIED WOMAN
Mailing address 2572 Bursell DR
City/state/zip Clarkston, WA 99403 (Asotin)
Phone (including area code) 970-744-8380

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)
1-281-03-001-0000-0000	☐	$213,300.00
	☐	$ 0.00
	☐	$ 0.00

4 Street address of property 2572 Bursell DR, Clarkston, WA 99403 (Asotin)
This property is located in Asotin *(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).

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF ASOTIN, CITY OF CLARKSTON, STATE OF WASHINGTON, AND IS DESCRIBED AS FOLLOWS:

LOT 1 IN BLOCK THREE OF BURSELL ADDITION, ACCORDING TO THE OFFICIAL PLAT THEREOF, FILED IN BOOK E OF PLATS AT PAGE(

5 11- Household
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) WAC 458-61A-202
Reason for exemption
Death

Type of document Quit Claim Deed
Date of document 8/11/2023

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
0.0075 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

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

Signature of grantor or agent Teresa L Kiele
Name (print) Teresa L Kiele
Date & city of signing 8/11/2023 Clarkston, WA

Signature of grantee or agent
Name (print) [illegible]
Date & city of signing 8-11-23 Middletown, PA

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

DATE 09/05/2023 - RECEIPT No. 56320 - Solidifi Title Agency, LLC - 2310

EFT

Print on legal size paper
Page 1 of

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

Title Insurance Commitment No.: _____, County: _____

STATE OF Washington)
SS:
COUNTY OF Asotin)

The undersigned, Teresa L Kiele, executes this affidavit relating to the estate of Dallas Ray Kiele (herein "Decedent"), who died on Feb 4, 2022, in the County of Asotin, State of Washington, then being a resident of the City of Clarkston, County of Asotin, State of Washington.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

That the undersigned 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:) _____

That the undersigned has listed below all of the heirs at law and next of kin of Decedent, including but not limited to:

1. spouse or registered domestic partner; **and**
2. children, adopted children, the issue of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving parents, brothers and sisters of decedent); **and**
3. ***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):

Name & relationship Teresa Kiele, spouse
Address: 2972 Bursell Dr, Clarkston, WA 99403
Name & relationship Joe Kiele, son
Address: POBox 6501, Fallon NV 89406
Name & relationship Shannon Kiele, daughter
Address: 7500 Lizard Ct, Fallon NV 89406
Name & relationship Kandi O'Donnell
Address: 5060 Vanessa Dr, Fallon, NV 89406
Name & relationship Delmer Kiele, brother
Address: 821 21st Ave, Lewiston ID 83501
Mardean Kiele, brother
2100 Critchfield Rd #3, Clarkston, WA 99403 cont

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Doreen Sandquist, sister
3302 SE Bayside, Vancouver, WA 98683
Darold Kiele, brother
1131 Woodrow Lane, Loris SC 29569

That immediately prior to the date of death the Decedent was an owner of the real estate described in the above referenced Title Insurance Commitment (herein the "Real Estate"), and that the Decedent's ownership interest 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 Estate was purchased the Decedent was:
   - ☒ married to Teresa L. Kiele.
   - ☐ unmarried, not a registered domestic partner
   - ☐ unmarried, a registered domestic partner of _____.
2. That on the date of death the Decedent was:
   - ☒ married to Teresa L. Kiele
   - ☐ 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 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.

(This paragraph applies only if the Real Estate referred to above was owned by the Decedent in joint tenancy):
That at all times from the date on which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the Real Estate was held in joint tenancy, and that the interest of no one or more of the joint tenants has ever been independently 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 the joint tenancy continued in full force until the death of the Decedent and, if there are two or

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more surviving joint tenants, including the undersigned, the joint tenancy continues in effect as to the interests of the surviving joint tenants.

That the undersigned knows of his/her own knowledge, and so states, that each and all of the obligations against the estate of the 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*): none

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately $ 125,000, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately $_____, and including the value of Decedent's separate property, if any, of approximately $_____, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately $_____.

This affidavit is made to induce Solidify TITLE INSURANCE COMPANY (the Company) to insure real property covered by the Company's commitment for title insurance number set forth above, in which Decedent held an interest at the time of the Decedent's death. The undersigned urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein. The undersigned, for himself/herself and for the undersigned's heirs, executors and administrators, indemnifies the Company or any other person, including a purchaser of the Real Estate, for any loss arising from reliance on any misstatement of fact herein.

DATED: 8-11, 2023

Teresa L Kiele
(Signature)

Teresa L Kiele
(Print or type full name)

2572 Bursell Dr, Clarkston, WA 99403
(Full address and telephone number)
970-744-8380

PAUL F BARTELL
Notary Public
State of Washington
Commission # 20122817
My Comm. Expires Sep 30, 2024

SUBSCRIBED and SWORN TO before me this 11 day of Aug., 2023

Paul F Bartell
Notary Public in and for the State of Washington, residing at Potlatch, Idaho

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2022-007878
DATE ISSUED: 02/15/2022
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DALLAS RAY
LAST NAME(S): KIELE

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: FEBRUARY 04, 2022
HOUR OF DEATH: 10:15 PM
SEX: MALE AGE: 73 YEARS
SOCIAL SECURITY NUMBER: [redacted]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: FEBRUARY 05, 1948
BIRTHPLACE: LEWISTON, ID

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: TERESA L HOYT

OCCUPATION: GENERAL LABORER
INDUSTRY: DAIRY & AUTOMOTIVE
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: YES

INFORMANT: TERESA KIELE
RELATIONSHIP: SPOUSE
ADDRESS: 2572 BURSELL DRIVE - CLARKSTON, WASHINGTON 99403

CAUSE OF DEATH:
A: SEPSIS
INTERVAL: UNKNOWN
B: METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS BACTEREMIA
INTERVAL: 2 MONTHS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC OBSTRUCTIVE PULMONARY DISEASE, PERIPHERAL VASCULAR DISEASE, VALVULAR HEART DISEASE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

LOCATION OF INJURY:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 2572 BURSELL DRIVE
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 2572 BURSELL DRIVE
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 5 YEARS

FATHER: CARL AUGUST KIELE
MOTHER: MELVINA PFEFFERKORN

METHOD OF DISPOSITION: REMOVAL FROM STATE
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: FEBRUARY 12, 2022

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME

ADDRESS: 3521 7TH STREET
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
FUNERAL DIRECTOR: RICHARD LASSITER

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ELIZABETH N. BLACK, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1271 HIGHLAND AVE STE B
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
DATE SIGNED: FEBRUARY 11, 2022

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

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: FEBRUARY 11, 2022

DOH 422-132 (8/18)

NOT VALID IF PHOTOCOPIED OR ALTERED

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