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 March 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 RAMONA CORSO
Mailing address 422 9TH ST
City/state/zip CLARKSTON, WA 99403
Phone (including area code) _____

2 Buyer/Grantee
Name STEVE G. WADDLE
Mailing address 422 9TH ST
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)
1-002-23-009-0002	☐	~~$0.00~~ 93,300
	☐	$0.00
	☐	$0.00

4 Street address of property 422 9TH ST, CLARKSTON
This property is located in Select Location *(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).

SEE ATTACHED

5 Select land use code(s) 11
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-207(6)(i)
Reason for exemption
INHERITANCE, NON PROBATED WILL

Type of document LACK OF PROBATE AFFIDAVIT
Date of document 9-20-23

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
0.0000 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

0207

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

Signature of grantor or agent Steve G. Waddle
Name (print) STEVE G. WADDLE
Date & city of signing 9-20-23 ASOTIN

Signature of grantee or agent Steve G. Waddle
Name (print) STEVE G. WADDLE
Date & city of signing 9-20-23 ASOTIN

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)).

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 (02/28/23)

CASH $10.00

THIS SPACE TREASURER'S USE ONLY
PAID
SEP 20 2023
ASOTIN COUNTY TREASURER

COUNTY TREASURER
#56359

Print on legal size paper.

, the following described real estate, situated in Clarkston, in the County of Asotin, State of Washington:

(legal description): THE SOUTH 50.0 FEET OF LOT 9 OF BLOCK 23 WEST OF CLARKSTON, ACCORDING TO PLAT RECORDED IN BOOK B OF PLATS, PAGE 23, RECORDS OF ASOTIN COUNTY, WASHINGTONSUBJECT TO: RIGHTS OF THE PUBLIC IN AND TO ADJACENT STREETS AND ALLEYS.

Grantor grants, all of the Grantor's rights, title, and interest in and to the above described property and premises to the Grantee(s), and to the Grantee(s) heirs and assigns forever, so that neither Grantor(s) nor Grantor's heirs, legal representatives or assigns shall have, claim or demand any right or title to the property, premises, or appurtenances, or any part thereof.

Tax Parcel Number: 1-002-23-009-0002-0000

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Return Address:

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Steve G. Waddle (*Name of Affiant*), being first duly sworn deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real property described below, and is Son (*Relationship to decedent*) of Ramona E. Corso (*Decedent/Grantor*), who died on 8-30-2023 (*Date*) at Lewiston (*City*) Nez-Perce (*County*) ID, (*State*)

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

SEE ATTACHED.

Assessor's Property Tax Parcel/Account Number: 1-002-23-009-0002
(Attach full legal description of the property)

☐ Decedent left no Last Will and Testament.

☒ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"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 additional pages if necessary)

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Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

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Dated: 9-20-2023

Steve G. Waddle

Affiant's full name

208-716-5768

Telephone number

109 S. 3rd St. P.O. Box 161

Street

ELK River ID. 83827

City *State* *Zip Code*

Steve G. Waddle 9-20-2023

Signature *Date*

State of Washington County of Asotin

I know or have satisfactory evidence that Steve Waddle

(name of person)

is the person who appeared before me, and said person acknowledged that (he/~~she~~) signed this affidavit and acknowledged it to be (his/~~her~~) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 9/20/23

Sharlene J Tiller

Signature of Notary Public

(SEAL OR STAMP)

Notary Public
State of Washington
SHARLENE J TILLER
LICENSE # 105562
MY COMMISSION EXPIRES
NOVEMBER 15, 2024

Residing at: Asotin, WA.

Notary Public in and for the State of Washington

My appointment expires: 11/24

REV 84 0017 (1/3/17)

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, the following described real estate, situated in Clarkston, in the County of Asotin, State of Washington:

(legal description): THE SOUTH 50.0 FEET OF LOT 9 OF BLOCK 23 WEST OF CLARKSTON, ACCORDING TO PLAT RECORDED IN BOOK B OF PLATS, PAGE 23, RECORDS OF ASOTIN COUNTY, WASHINGTONSUBJECT TO: RIGHTS OF THE PUBLIC IN AND TO ADJACENT STREETS AND ALLEYS.

Grantor grants, all of the Grantor's rights, title, and interest in and to the above described property and premises to the Grantee(s), and to the Grantee(s) heirs and assigns forever, so that neither Grantor(s) nor Grantor's heirs, legal representatives or assigns shall have, claim or demand any right or title to the property, premises, or appurtenances, or any part thereof.

Tax Parcel Number: 1-002-23-009-0002-0000

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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 THE DEATH UNDER §39-241(4) 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): RAMONA EILEEN CORSO
2. SEX: FEMALE
3. SOCIAL SECURITY NUMBER: [redacted]
4a. AGE-Last Birthday (Years): 94
4b. UNDER 1 YEAR Months Days
4c. UNDER 1 DAY Hours Minutes
5. DATE OF BIRTH (Mo/Day/Yr): 12/19/1928
6. BIRTHPLACE (City and State, Territory, or Foreign Country): LIMA, OHIO
7a. RESIDENCE - STATE OR FOREIGN COUNTRY: WASHINGTON
7b. COUNTY: ASOTIN
7c. CITY OR TOWN: CLARKSTON
7d. STREET AND NUMBER: 422 9TH STREET
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):

PARENTS

10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
11a. FATHER'S NAME (First, Middle, Last, Suffix): EARL SCOTT BROWN
11b. BIRTHPLACE (State, Territory, or Foreign Country): OHIO
12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix): SARAH MALINDA MILLER
12b. BIRTHPLACE (State, Territory, or Foreign Country): OHIO

INFORMANT

13a. INFORMANT'S NAME (Type or print): STEVE WADDLE
13b. RELATIONSHIP TO DECEDENT: SON
13c. MAILING ADDRESS (Street and Number, City, State, Zip Code): PO BOX 161 ELK RIVER, ID 83827

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: MOUNTAIN VIEW FUNERAL HOME, 3521 SEVENTH STREET, 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: GERALD E. BARTLOW
17b. LICENSE NUMBER (If license): M0771
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): August 30, 2023
24. TIME OF DEATH (24hr): 19:20
25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month): August 30, 2023
26. TIME PRONOUNCED DEAD (24hr): 19:20

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. PNEUMONIA	7 DAYS
	DUE TO (or as a consequence of):	
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. CHRONIC WEAKNESS	1-2 MONTHS
	DUE TO (or as a consequence of):	
	c. PROBABLE COPD	10 YEARS
	DUE TO (or as a consequence of):	
	d.	

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I: HISTORY OF CANCER; CORONARY ARTERY DISEASE; WEAKNESS

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

CERTIFIER: Complete Within 72 Hours of Death

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 DEVICES(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: M-17043
39c. DATE SIGNED: 8 / 31 / 2023 (MM / DD / YYYY)
Signature and Title of Certifier: ELECTRONICALLY SIGNED: GUSTAVO A. AVILA-AMAT, M.D.
* 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print): GUSTAVO A. AVILA-AMAT, 415 SIXTH STREET LEWISTON, ID 83501

REGISTRAR

40a. REGISTRAR'S SIGNATURE: James B. Gelotte
40b. DATE SIGNED: 9 / 5 / 2023 (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: SEP 0 5 2023

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

James B. Gelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

56359

Rev. 07/29/20

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

This certified copy of an Idaho death record was issued by Public Health – Idaho North Central District on behalf of the State of Idaho Bureau of Vital Records and Health Statistics.

Local Registrar

001855693

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