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 DIANE NELSEN
Mailing address 1575 HILLCREST WAY
City/state/zip CLARKSTON, WA 99403
Phone (including area code) _____

2 Buyer/Grantee
Name Janessa Neilsen
Mailing address 1575 Hillcrest Way
City/state/zip Clarkston WA 99403
Phone (including area code) 509-780-9434

3 Send all property tax correspondence to: ☒ Same as Buyer/Grantee
Name Janessa Neilsen or Johnathan Neilsen
Mailing address 1575 Hillcrest Way
City/state/zip Clarkston WA 99403

List all real and personal property tax parcel account numbers	Personal property?	Assessed value(s)
1-041-25-004-0001	☐	$0.00 242,800
	☐	$ 0.00
	☐	$ 0.00

4 Street address of property 1575 HILLCREST WAY, 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-202(6)(i)
Reason for exemption
INHERITANCE, NON PROBATED WILL

Type of document GENERAL WARRANTY DEED
Date of document 3-6-23

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

200

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

Signature of grantor or agent Janessa Neilsen
Name (print) Janessa Neilsen
Date & city of signing 5/18/23 Asotin Co.

Signature of grantee or agent Janessa Neilsen
Name (print) Janessa Neilsen
Date & city of signing 9/29/23 Asotin 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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PAID

REV 84 0001a (02/28/23)

CASH $10.00

THIS SPACE TREASURER'S USE ONLY
SEP 29 2023
ASOTIN COUNTY TREASURER

COUNTY TREASURER
#36384

Print on legal size paper.

Beginning at the Northeast corner of Lot 4, Block "H-1" of the Clarkston Heights, said point being a concrete monument of the center line of the county road, thence Southerly along the east boundary line of said Lot 4 a distance of 375.1 feet; thence deflect right 85 degrees 11' a distance of 196.8 feet; thence deflect right 94 degrees 49' a distance of 513.6 feet to a point on the center line of the county road; thence deflect right 121 degrees 53' a distance of 230.9 feet along the center line of county road to the PLACE OF BEGINNING. Containing Two acres, more or less. Parcel # 1-041-25-004-0001.

54384

Asotin County, WA
Darla McKay Auditor

367884
09/11/2020 02:32 PM

Return Address:
Diane Neilsen
1575 Hillcrest Way
Clarkston WA. 99403

00032995202003678840030034

I-127 LOP
Pgs=3 Fee:$105.50
DIANE NEILSEN

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Diane R. Neilsen (*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 Daughter (*Relationship to decedent*) of Minerva J. Proferes (*Decedent/Grantor*), who died on June 18, 2020 (*Date*) at Clarkston (*City*) Asotin (*County*) WA. (*State*)

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:
Beginning at the NorthEast corner of Lot 4, Block "H-1" of Clarkston Heights, said point ~~beginning~~ being a concrete monument on the centerline of County road, thence Southerly along the east boundary line of said Lot 4 a distance of 375.1 ft. thence deflect right 85 degrees 11' a distance of 196.8 ft; thence deflect right 94 degrees 49" a distance of 513.6 ft to a point on the centerline of county road; thence deflect right 121 degrees 53' a distance of 230.9 ft. along the center line of County road to the PLACE OF BEGINNING. Containing two acres, more or less.

Assessor's Property Tax Parcel/Account Number: 1-041-25-004-0001-0000
(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)

REV 84 00 17 (1/3/17)

56384

Diane Rae Neilsen, 60, Daughter
1575 Hillcrest way Clarkston WA. 99403
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

Full name, age, relationship, address

56384

Dated: 9/3/2020

Diane Rae Nielsen

Affiant's full name

(775) 741-0060

Telephone number

1575 Hillcrest Way

Street

Clarkston | WA. | 99403

City | *State* | *Zip Code*

Diane Rae Nielsen

Signature

09/08/20

Date

State of Idaho County of Nez Perce

I know or have satisfactory evidence that Diane R Nielsen

(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: 9/8/2020

Signature of Notary Public

(SEAL OR STAMP)

JENNIE HAUER
NOTARY PUBLIC
COMM. #20190160
STATE OF IDAHO

Residing at: Lewiston Idaho

Notary Public in and for the State of Id

My appointment expires: 1/28/2024

REV 84 00 17 (1/3/17)

56384

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

DATE ISSUED: 09/19/2022
FEE NUMBER:

CERTIFICATE NUMBER: 2022-047472

FIRST AND MIDDLE NAME(S): DIANE RAE
LAST NAME(S): NEILSEN

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: SEPTEMBER 14, 2022
HOUR OF DEATH: 10:15 AM
SEX: FEMALE AGE: 62 YEARS
SOCIAL SECURITY NUMBER: [redacted]

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

BIRTH DATE: MARCH 28, 1960
BIRTHPLACE: LEWISTON, ID

MARITAL STATUS: SEPARATED
SURVIVING SPOUSE: BRADY ROSS NEILSEN

OCCUPATION: OWNER/OPERATOR
INDUSTRY: RECLAMATION
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: NO

INFORMANT: JANESSA M NEILSEN
RELATIONSHIP: DAUGHTER
ADDRESS: 1575 HILLCREST WAY, CLARKSTON, WASHINGTON 99403

CAUSE OF DEATH
A. CHRONIC RESPIRATORY FAILURE WITH HYPERCAPNIA AND HYPOXIA
INTERVAL: UNKNOWN
B: CHRONIC OBSTRUCTIVE PULMONARY DISEASE
INTERVAL: UNKNOWN
C
INTERVAL:
D
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: PRESTIGE CARE & REHABILITATION
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 1575 HILLCREST WAY
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: JOHN PROFERES
MOTHER: MINERVA JOSEPHINE LOWMAN

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: VALLEY CREMATORY

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: SEPTEMBER 19, 2022

FUNERAL FACILITY: VASSAR-RAWLS FUNERAL HOME

ADDRESS: 920 21ST AVENUE
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
FUNERAL DIRECTOR: DENNIS W. HASTINGS

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

CERTIFIER NAME: SETH SIX, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 1618 6TH ST
CITY, STATE, ZIP: LEWISTON IDAHO 83501
DATE SIGNED: SEPTEMBER 16, 2022

CASE REFERRED TO MEDICAL EXAMINER: NO
FILED WITHOUT: NOT APPLICABLE
ATTENDED DECEASED: NOT APPLICABLE

LOCAL REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: SEPTEMBER 16, 2022

NOT VALID IF PHOTOCOPIED OR ALTERED