Department of Revenue
Washington State

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

Form 84 0001a

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.*

eck box if partial sale, indicate %. _____ sold. List percentage of ownership acquired next to each name.

1 Seller/Grantor
Name Lillian Francine Caradine, Successor Trustee of the Bill and Fran Caradine Revocable Trust, dated October 1, 2015
Mailing address P.O. Box 787
City/state/zip Asotin, WA 99402
Phone (including area code)

2 Buyer/Grantee
Name Lillian Francine Caradine
Mailing address P.O. Box 787
City/state/zip Asotin, 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)
1-047-20-011-0001-0000	☐	$ 245,513.00
	☐	$ 0.00
	☐	$ 0.00

4 Street address of property 1108 1st Street, Asotin, WA 99402
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).

See Attached Exhibit A

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.
None

If claiming an exemption, list WAC number and reason for exemption.
WAC number (section/subsection) 458-61A-211
Reason for exemption
See attached narrative, involving 458-61A-210.

Type of document Limited Warranty Deed
Date of document 10-6-23

Gross selling price	111,610.50
*Personal property (deduct)	0.00
Exemption claimed (deduct)	0.00
Taxable selling price	111,610.50
Excise tax: state	
Less than $525,000.01 at 1.1%	1,227.72
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	1,227.72
0.0075 Local	837.08
*Delinquent interest: state	0.00
Local	0.00
*Delinquent penalty	0.00
Subtotal	2,064.80
*State technology fee	5.00
Affidavit processing fee	0.00
Total due	2,069.80

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 Lillian Francine Caradine Signature of grantee or agent Lillian Francine Caradine
Name (print) Lillian Francine Caradine, Successor Trustee Name (print) Lillian Francine Caradine, a single person
Date & city of signing Oct 6 2023 Kennewick Wa Date & city of signing Oct 6 2023 Kennewick 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)).

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) THIS SPACE TREASURER'S USE ONLY COUNTY TREASURER

DATE 10/20/2023 - RECEIPT No. 56413 - Alliance Title - Clarkston

Print on legal size paper.

EXHIBIT A

Lots 9, 10 and 11 in Block 20 of Shank and Reed's First Addition to Town of Asotin, according to the official plat thereof, filed in Book A of Plats at Page(s) 5, Official Records of Asotin County, Washington.

TOGETHER with the portion of the vacated (alley/street) adjacent to said lot as vacated by ordinance #93, recorded December 1, 2004, as Instrument No. 280356, which attached by operation of law.

APN: 1-047-20-011-0001-0000.

56413

WAC 458-61A-211

Narrative

Lillian Francine Caradine, as Successor Trustee of the Bill and Fran Caradine Revocable Trust, is conveying her ½ interest in the property from the Trust to herself, and following Bill's death is purchasing Bill's ½ interest in the property in the amount of $111,610.50. Because the transfer involves both a present change in the beneficial interest (after Bill's death, assets in Bill's trust are legally separate from assets belonging to Fran) and there is valuable consideration being paid for Bill's ½ interest. The real estate excise tax is due only on the amount of the consideration ($111,610.50).

Lillian Francine Caradine

56413

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2019-034216

DATE ISSUED: 08/22/2019
FEE NUMBER:

FIRST AND MIDDLE NAME(S): BILLIE CHARLES
LAST NAME(S): CARADINE

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: JULY 31, 2019
HOUR OF DEATH: 08:22 PM
SEX: MALE AGE: 90 YEARS
SOCIAL SECURITY NUMBER: 419-30-3735

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

BIRTH DATE: DECEMBER 03, 1928
BIRTHPLACE: FLAT CREEK, AL

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: LILLIAN FRANCINE MENNET

OCCUPATION: EPISCOPAL PRIEST
INDUSTRY: MINISTRY
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: YES

INFORMANT: FRANCINE CARADINE
RELATIONSHIP: WIFE
ADDRESS: 404 GARFIELD ST., ASOTIN, WA 99402

CAUSE OF DEATH:
A: ALZHEIMER'S DISEASE
INTERVAL: UNKNOWN
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: LUNG CANCER

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: HOME
FACILITY OR ADDRESS: 404 GARFIELD ST
CITY, STATE, ZIP: ASOTIN, WASHINGTON 99402-0198

RESIDENCE STREET: 404 GARFIELD ST
CITY, STATE, ZIP: ASOTIN, WA 99402-0198
INSIDE CITY LIMITS: YES COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE

FATHER/PARENT: TOMMIE E CARADINE
MOTHER/PARENT: GLADYS GRAY

METHOD OF DISPOSITION: REMOVAL FROM STATE
PLACE OF DISPOSITION: MOUNTAIN VIEW FUNERAL HOME & CREMATORY
CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: AUGUST 05, 2019

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME

ADDRESS: 3521 7TH STREET
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
FUNERAL DIRECTOR: GERALD E. BARTLOW

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY
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, WA 99403
DATE SIGNED: AUGUST 03, 2019

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

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: AUGUST 05, 2019

DOH 422-132 (4/16)

Affidavit for Correction

Washington State Department of Health

This is a legal document. Complete in ink and do not alter.

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number

Required

Required information must match current information on record

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution (Divorce)

1. Name on Record:	2. Date of Event:	3. Place of Event:

4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution)	5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)

6. Name of Person Requesting Correction: Relationship to Person on Record: ☐ Self ☐ Parent(s) ☐ Guardian ☐ Funeral Director ☐ Informant ☐ Other (specify) ☐ Hospital

7. Return Mailing Address:

Telephone Number: ( )

Email Address:

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

16a. Signature:		16b. Signature of 2nd parent (if required):	
Printed name:	Date:	Printed name:	Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Certificate of Naturalization
- Military record (DD-214)
- Hospital/medical record
- School transcripts
- Passport
- Social Security Numident Report
- Green/Permanent Resident card (I-551)

Birth Certificates

1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
2. The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
3. Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, a court order is required to change the last name
- No proof is required to change the first or middle name*
- To correct parent's information, one documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required

Adult (18 years or older)

- Only the adult can change his or her birth certificate
- If the first or middle name is missing, three pieces of documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit a new affidavit.

DOH 422-034 October 2015

Bob Lutz, M.D., MPH
Health Officer

AUG 2 2 2019

Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

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