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 LARRY MCCONNELL, DECEASED
Mailing address 711 24TH AVE
City/state/zip CLARKSTON, WA 99403
Phone (including area code) _____

2 Buyer/Grantee
Name DENISE MCCONNELL, SURVIVING SPOUSE
Mailing address 711 24TH AVE
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)
1-004-11-004-0004	☐	~~$ 0.00~~ 251,100
	☐	$ 0.00
	☐	$ 0.00

4 Street address of property 711 24TH AVE, CLARKSTON
This property is located in Select Location ASOTIN CO. *(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, LACK OF PROBATE

Type of document LACK OF PROBATE AFF.
Date of document 9-29-23

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

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

Signature of grantor or agent Denise McConnell
Name (print) Denise McConnell
Date & city of signing 11-2-23 Asotin

Signature of grantee or agent Denise McConnell
Name (print) Denise McConnell
Date & city of signing 11-2-23 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
NOV - 2 2023
ASOTIN COUNTY TREASURER

COUNTY TREASURER
#56439

Print on legal size paper.

EXHIBIT A

The following described real property in Clarkston, Washington:

Part of Lot 4, Block "R" of Vineland, Asotin County, Washington, according to the recorded plat thereof, described as follows:

From the Northwesterly corner of Lot 4, Block "R" of Vineland, said point being on the centerline of the County Road; thence Southeasterly 170.2 feet along said centerline; thence deflect left 46°30', 174.68 feet along said centerline to the true place of beginning; thence continue on the last above mentioned course 173.02 feet to a point on the Westerly boundary of the Primary State Highway No. 3; thence deflect right 109°00', 48.26 feet along said highway boundary; thence deflect right 15°30', 131.10 feet; thence deflect right 72°20', 124.0 feet; thence deflect right 90°00', 123.05 feet to the true place of beginning. ALSO, a portion of Lot 4 of Block "R" of Vineland, Asotin County, Washington, particularly described as follows:

Beginning at the Southwesterly corner of Lot 4 of Block "R" of Vineland; thence Easterly along the Southerly boundary line of said Lot 4, 301.17 feet; thence deflect left 90°00', 278.0 feet to the true place of beginning; thence deflect right 90°00', 13.91 feet; thence deflect left 90°00', 123.05 feet to a point on the centerline of the County Road; thence deflect left 106.50' along the centerline of the County Road, 14.54 feet; thence Southerly 121.83 feet, more or less, to the place of beginning;

SUBJECT TO all rights of way for public utilities and public roads as the same now exist over and across the hereinabove described property.

56439

RETURN NAME and ADDRESS

Denise McConnell
711 24th ave
Clarkston WA 99403

Please Type or Print Neatly and Clearly All Information

Document Title(s)
Lack of probate affidavit

Reference Number(s) of Related Documents

Grantor(s) (Last Name, First Name, Middle Initial)
McConnell, Larry Deceased

Grantee(s) (Last Name, First Name, Middle Initial)
McConnell, Denise

Legal Description (Abbreviated form is acceptable, i.e. Section/Township/Range/Qtr Section or Lot/Block/Subdivision)
~~SEE~~ ATTACHED

Assessor's Tax Parcel ID Number 1-004-11-004-0004

The County Auditor will rely on the information provided on this form. The Staff will not read the document to verify the accuracy and completeness of the indexing information provided herein.

Sign below only if your document is Non-Standard.

I am requesting an emergency non-standard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some parts of the text of the original document. Fee for non-standard processing is $50.

Signature of Requesting Party

Asotin County, WA
Darla McKay Auditor

381839
10/02/2023 08:16 AM

00049009202303818390040042

I-127 LOP
Pgs=4 Fee:$206.50
DENISE MCCONNELL

56439

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SUBJECT TO all rights of way for public utilities and public roads as the same now exist over and across the hereinabove described property.

AFFIDAVIT
LACK OF PROBATE

File No: 5034538 Date: 9/29/23

STATE OF Washington)
)-ss.
COUNTY OF Asotin)

_____,
being first duly sworn, deposes and says:

1. That the undersigned Affiant is the Denise McConnell (relationship to decedent)
of Larry James McConnell (decedent name),
who died on December 11, 2020 (date of death), at Clarkston (City),
State of Washington, then being a legal resident of _____ (City),
Asotin (County), Washington (State).

AFFIANT MUST PROVIDE A DEATH CERTIFICATE OF DECEDENT

2. Check the appropriate box below:
[ ] Decedent and surviving spouse executed a Community Property Agreement dated _____, a copy of which is attached hereto; or
[ ] Decedent left no last Will; or
[✓] Decedent left a last Will which has not been probated nor revoked; a copy of which is attached hereto; or
[ ] Decedent left a last Will which was probated in _____ County, State of _____. A copy of an Order Admitting Will to Probate, Decree of Distribution or equivalent court documentation is attached hereto.

3. Please read and initial the following:

The undersigned acknowledges that without a full probate of the Decedent's estate, there may be additional excise tax requirements as per WAC 458-61A-202. DMC

4. The heirs at law of decedent, including spouse, natural or adopted children, children of any predeceased child, brothers and sisters of decedent and any surviving parents are as follows: DMC

HEIRS AT LAW

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File No.: Affidavit Lack of Probate - continued Date: 9/29/23

(full name)	(age)	(relationship)	(residence)
Denise Green McConnell	64	wife	Clarkston
Dustin Joseph McConnell	32	son	Spokane
KC McConnell Hughes	29	daughter	Spokane

5. All the debts of the decedent's and/or the marital community, including but not limited to, all expenses due to decedent's last illness, funeral and burial and all applicable federal and state succession or inheritance taxes, have been fully paid, except as follows:

6. The decedent [ ] had [ ] had never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance.

7. As of the date of death, the value of all community property of decedent was approximately $ 1,600,000. The value of all separate property of decedent was approximately $_____.

8. Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction:

This affidavit is made to induce First American Title Insurance Company, (The Company) to issue its policy or policies of Title Insurance on real property passing to the Affiant(s) in reliance upon the representations set forth above. Affiant agrees to indemnify and hold The Company harmless from loss or damage which it may suffer as a result of said reliance.

Denise Green McConnell 9/29/23

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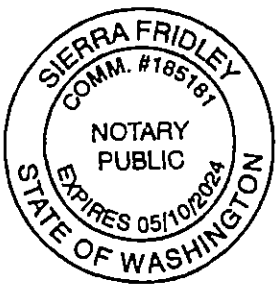
File No.: Affidavit Lack of Probate - continued Date: 9/27/23

STATE OF Washington)
)-ss.
COUNTY OF Asotin)

I certify that I know or have satisfactory evidence that , is/are the person(s) who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: 9/29/2023



Notary Public in and for the State of Washington
Residing at: Clarkston
My appointment expires: May 10, 2024

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2020-057962

DATE ISSUED: 12/14/2020
FEE NUMBER:

FIRST AND MIDDLE NAME(S): LARRY JAMES
LAST NAME(S): MCCONNELL

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: DECEMBER 11, 2020
HOUR OF DEATH: 03:55 AM
SEX: MALE AGE: 64 YEARS
SOCIAL SECURITY NUMBER: [redacted]

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

BIRTH DATE: JUNE 17, 1956
BIRTHPLACE: SPOKANE, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: DENISE GREEN

OCCUPATION: PHYSICAL EDUCATION TEACHER
INDUSTRY: PUBLIC EDUCATION
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: NO

INFORMANT: DENISE MCCONNELL
RELATIONSHIP: SPOUSE
ADDRESS: 711 24TH AVE, CLARKSTON, WA 99403

CAUSE OF DEATH:
A: CONGESTIVE HEART FAILURE
INTERVAL: 2 YEARS
B: AMYLOIDOSIS
INTERVAL: UNKNOWN
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CEREBROVASCULAR ACCIDENT

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: 711 24TH AVE
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 711 24TH AVE
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 30 YEARS

FATHER: GEORGE AMOS MCCONNELL
MOTHER: LOUIS IRENE WOODS

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

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: DECEMBER 14, 2020

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES LLC
ADDRESS: PO. BOX 107
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
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, WA 99403
DATE SIGNED: DECEMBER 13, 2020

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

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: DECEMBER 14, 2020

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DOH 422-132 (6/18)

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 information must match current information on record

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

1. Name on Record: First Middle Last	2. Date of Event: MM/DD/YYYY	3. Place of Event: (City or County)
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden	5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	

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

7. Return Mailing Address:
PO Box or Street Address City State Zip

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
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- 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 using this form, **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). 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 the affidavit

DOH 422-034 January 2015

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

CERTIFIED

DEC 14 2020

Dr. Larry Jecha
Health District Officer
Garfield County Health District

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