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

Department of Revenue, Washington State

Form 84 0001a

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: Bennett Trust dated February 3, 1999

Ronald D. Larson, Successor Trustee

Mailing address: 102 Country Club Dr

City/state/zip: Jerome, ID 83338

Phone (including area code): ____

2 Buyer/Grantee

Name: Raymond Corder

Cathay Reta

Mailing address: 2670 Critchfield rd

City/state/zip: Clarkston, WA 99403

Phone (including area code): ____

3 Send all property tax correspondence to: ☒ Same as Buyer/Grantee

Name: Raymond Corder Cathay Reta

Mailing address: ____

City/state/zip: ____

List all real and personal property tax parcel account numbers	Personal property?	Assessed value(s)
11620006700000000	☐	174,000.00
	☐	
	☐	

4 Street address of property: 2670 Critchfield Road, Clarkston, WA 99403

This property is located in: Asotin Unincorp *(for unincorporated locations please select your county)* X

☐ 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).

-Lot 67 of Laurel Addition, according to the official plat thereof, re recorded in Book D of Plats at Page(s) 69, records of Asotin County,

5 Land use code: 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.

If claiming an exemption, list WAC number and reason for exemption.
WAC number (section/subsection) ____
Reason for exemption ____

Type of document: Statutory Warranty Deed (SWD)
Date of document: 11/27/23

Gross selling price	330,000.00
*Personal property (deduct)	0.00
Exemption claimed (deduct)	0.00
Taxable selling price	330,000.00
Excise tax: state	
Less than $525,000.01 at 1.1%	3,630.00
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	3,630.00
Local	825.00
*Delinquent interest: state	0.00
Local	0.00
*Delinquent penalty	0.00
Subtotal	4,455.00
*State technology fee	5.00
Affidavit processing fee	0.00
Total due	4,460.00

A MINIMUM OF $10.00 IS DUE IN FEE(S) AND/OR TAX
*SEE INSTRUCTIONS

0200

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

Signature of grantor or agent: Ronald Larson Successor Trustee for Bennett Trust

Name (print): Bennett Trust dated February 3, 1999

Date & city of signing: 11/27/2023

Signature of grantee or agent: Raymond Corder

Name (print): Raymond Corder

Date & city of signing: KC 11/28/23

Spokane Valley

Perjury in the second degree is a class C felony [illegible]

To ask about the availability of this publication in an alternate format [illegible], please call 360-705-6705. Teletype [illegible]

REV 84 0001a (09/06/22)

THIS SPACE TREASURER'S USE ONLY

COUNTY TREASURER

DATE 11/29/2023 - RECEIPT No. 56489 - Alliance Title - Clarkston

Print on legal size paper

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-007364 LOCAL FILE NUMBER: 1329 DATE ISSUED: 04/26/2013
FEE NUMBER: 00032040G0

GIVEN NAMES: MAX WILLIAM
LAST NAME: BENNETT

COUNTY OF DEATH: SPOKANE
DATE OF DEATH: APRIL 22,2013
HOUR OF DEATH: 12:35 P.M.
SEX: MALE
AGE: 85 YEARS
SOCIAL SECURITY NUMBER: [redacted]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: DECEMBER 27,1927
BIRTHPLACE: WESTERN, NEBRASKA

MARITAL STATUS: MARRIED
SPOUSE: DELLA VIVIAN SKINNER

OCCUPATION: EQUIPMENT OPERATOR
INDUSTRY: HIGHWAY CONSTRUCTION
EDUCATION: 9-12TH GRADE, NO DIPLOMA
US ARMED FORCES? YES

INFORMANT: DELLA VIVIAN BENNETT
RELATIONSHIP: WIFE
ADDRESS: 2670 CRITCHFIELD ROAD, CLARKSTON, WA 99403

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: PROVIDENCE SACRED HEART MEDICAL CENTER
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99204

RESIDENCE STREET: 2670 CRITCHFIELD ROAD
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
INSIDE CITY LIMITS? NO
COUNTY: ASOTIN
TRIBAL RESERVATION? NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 7 YEARS

FATHER: FRANK MILO BENNETT
MOTHER: MINNIE BAAT

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: PACIFIC NORTHWEST CREMATORY
CITY, STATE: SPOKANE, WA
DISPOSITION DATE: APRIL 25,2013

FUNERAL FACILITY: COMMUNITY CREMATION AND FUNERAL (SPOKANE)
ADDRESS: 4407 N. DIVISION STREET, #103
CITY, STATE, ZIP: SPOKANE WA 99207
FUNERAL DIRECTOR: CRYSTAL L WEAVER

CAUSE OF DEATH:
A. STROKE
INTERVAL: 3 DAYS
B. ATRIAL FIBRILLATION
INTERVAL: YEARS
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
SEVERE CARDIOMYOPATHY, ACUTE ON CHRONIC CONGESTIVE HEART FAILURE, ACUTE KIDNEY INJURY

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

LOCATION OF INJURY:

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

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

MANNER OF DEATH: NATURAL
AUTOPSY? NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: LOUISE A. HARDER, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 104 N. FIFTH AVENUE, SUITE 400 WEST
CITY, STATE, ZIP: SPOKANE, WA 99204
DATE SIGNED: APRIL 24,2013

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
MULTIPLE CHART REVIEW MD

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

LOCAL DEPUTY REGISTRAR:
REGGY WETMORE
DATE RECEIVED: APRIL 25,2013

DOH 01-003 (12/11)

56489

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2021-015462

DATE ISSUED: 04/07/2021
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DELLA VIVIAN
LAST NAME(S): BENNETT

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: MARCH 23, 2021
HOUR OF DEATH: 01:26 PM
SEX: FEMALE AGE: 87 YEARS
[redacted]

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

BIRTH DATE: MARCH 15, 1934
BIRTHPLACE: BENTON, IA

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: SELF EMPLOYED, OWNER/OPERATOR
INDUSTRY: FOOD SERVICE
EDUCATION: 8TH GRADE OR LESS
US ARMED FORCES: NO

INFORMANT: RON LARISON
RELATIONSHIP: SON
ADDRESS: 2670 CRITCHFIELD RD., CLARKSTON, WA 99403

CAUSE OF DEATH:
A: BILATERAL PNEUMONIA
INTERVAL: 6 DAYS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: SEPSIS, DIASTOLIC HEART FAILURE

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: HOSPITAL
FACILITY OR ADDRESS: TRI-STATE MEMORIAL HOSPITAL, INC.
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 2670 CRITCHFIELD RD
CITY, STATE, ZIP: CLARKSTON, WA 99403-1660
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 16 YEARS

FATHER: JUNE HENRY SKINNER
MOTHER: VIRGIE LAVON SMITH

METHOD OF DISPOSITION: REMOVAL FROM STATE
PLACE OF DISPOSITION: MOUNTAIN VIEW FUNERAL HOME & CREMATORY
CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: APRIL 01, 2021

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: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: LEIF P. KANOOTH, DO
TITLE: DO
CERTIFIER ADDRESS: 1221 HIGHLAND AVE
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
DATE SIGNED: APRIL 01, 2021

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

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: APRIL 01, 2021

DOH 422-232 (9/18)

56489