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 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 Velma I. Gosso
Mailing address 156 Mockinghird Way
City/state/zip Caddo Mills TX 75135
Phone (including area code)

2 Buyer/Grantee
Name Neil R. Landrus
Karlioe M. Koch
Mailing address 1836 Suncrest Court
City/state/zip Clarkston, WA 99403
Phone (including area code)

3 Send all property tax correspondence to: ☒ Same as Buyer/Grantee
Name Neil R. Landrus Karlioe M. Koch
Mailing address
City/state/zip

List all real and personal property tax parcel account numbers	Personal property?	Assessed value(s)
11700010007000000	☐	136,700.00
	☐	
	☐	

4 Street address of property 1836 Suncrest Court, 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 afidavit).
Lot 7 of Block One of Sun Crest Addition, according to plat recorded in Book D of Plats, Page 56, Asotin County, Washington

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 01/25/24

Gross selling price	210,000.00
*Personal property (deduct)	0.00
Exemption claimed (deduct)	0.00
Taxable selling price	210,000.00
Excise tax: state	
Less than $525,000.01 at 1.1%	2,310.00
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	2,310.00
Local	525.00
*Delinquent interest: state	0.00
Local	0.00
*Delinquent penalty	0.00
Subtotal	2,835.00
*State technology fee	5.00
Afidavit processing fee	0.00
Total due	2,840.00

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
Name (print) Velma I. Gosso
Date & city of signing 1/25/24 Clarkston

Signature of grantee or agent
Name (print) Neil R. Landrus
Date & city of signing 1/25/24 Clarkston

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 both such confinement and fine (RCW 9A.72.020 and RCW 9A.20.021).

To ask about the availability of this publication in an alternate format for the visually impaired, please call 360-705-6705. Teletype

REV 84 0001a (09/08/22)

THIS SPACE TREASURER'S USE ONLY

COUNTY TREASURER

DATE 01/26/2024 - RECEIPT No. 56589 - Alliance Title - Clarkston

Print on legal size paper

Return Address

Please print or type information

Document Title(s) (or transactions contained therein): 1.Certificate of Death 2. 3. 4.
Grantor(s) (Last name first, then first name and initials): 1.Gosso, Don C. 2. 3. 4. ☐ Additional names on page __ of document.
Grantee(s) (Last name first, then first name and initials): 1.To the public 2. 3. 4. ☐ Additional names on page __ of document.
Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.) ☐ Additional legal is on page __ of document.
Reference Number(s) of Documents assigned or released: ☐ Additional numbers on page __ of document.
Assessor's Property Tax Parcel/Account Number ☐ Property Tax Parcel ID is not yet assigned ☐ Additional parcel numbers on page __ of document
The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

56589

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

STATE OF WASHINGTON DEPARTMENT OF HEALTH
VITAL RECORDS

CERTIFICATE OF DEATH

STATE FILE NUMBER: 146
LOCAL FILE NUMBER: 130

DECEDENT

1. NAME—FIRST, MIDDLE, LAST: Don C. Gosso
2. SEX: Male
3. DEATH DATE (Mo., Day, Yr.): Oct. 19-1991
4. AGE LAST BIRTHDAY (Yrs): 62
5. UNDER 1 YEAR — MOS. / DAYS
6. UNDER 1 DAY — HOURS / MINS.
7. BIRTHDATE (Mo., Day, Yr.): June 2, 1929
8. BIRTH STATE (If not in USA give country): Oregon
9. CITIZEN OF WHAT COUNTRY?: U.S.A.
10. COUNTY OF DEATH: Asotin
11. CITY, TOWN OR LOCATION OF DEATH: Clarkston
12. PLACE OF DEATH — ☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: 1. ☒ HOME 2. ☐ IN TRANSPORT 3. ☐ EMERG. RM/OUT PTN. 4. ☐ HOSP. 5. ☐ NUR. HOME 6. ☐ OTHER PLACE: 1836 Suncrest Ct.
13. SMOKING IN LAST 15 YEARS? (Yes/No): Yes
14. MARITAL STATUS — Married, Never Married, Widowed, Divorced, Married Not Remarried: Married
15. SURVIVING SPOUSE (If wife, give maiden name): Velma Moore
16. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No): Yes
17. SOCIAL SECURITY NO.: [redacted]
18. HIGH SCHOOL GRADUATE? (Yes/No): No
19. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Maintenance Man
20. KIND OF BUSINESS OR INDUSTRY: Potlatch Corp
21. Was Decedent of Hispanic Origin or descent? (Ancestry) (Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.) 1. ☐ Yes 2. ☒ No
22. RACE (White, Black, Asian or Pacific Islander, Am. Ind., Hispanic, etc. (Specify): White
23. RESIDENCE - NUMBER AND STREET: 1836 Suncrest Ct.
24. CITY/TOWN, OR LOCATION: Clarkston
25. INSIDE CITY LIMITS? (Yes/No): No
26. COUNTY: Asotin
27. STATE: Washington
28. ZIP CODE: 99403

PARENTS

29. FATHER'S NAME—FIRST, MIDDLE, LAST: Roy C. Gosso
30. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME: Abbie NMN Williams

DISPOSITION

31. INFORMANT—NAME: Velma Gosso
32. MAILING ADDRESS (STREET OR RFD NO., CITY OR TOWN, STATE, ZIP): 1836 Suncrest Ct. - Clarkston, Washington 99403
33. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
34. DATE (Mo., Day, Yr.): 10-22-1991
35. CEMETERY/CREMATORY—NAME: Vineland Cemetery
36. LOCATION—CITY/TOWN, STATE: Clarkston, Washington
37. FUNERAL DIRECTOR SIGNATURE: X Marie Brown
38. NAME OF FACILITY: Merchant Funeral Home
39. ADDRESS OF FACILITY: 1000-7th St. Clarkston, Washington

CERTIFIER

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

40. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED.
SIGNATURE AND TITLE: X [illegible] MD
41. DATE SIGNED (Mo., Day, Yr.): 10/21/91
42. HOUR OF DEATH (24 Hrs): 1015
43. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

41. 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) STATED.
SIGNATURE AND TITLE: X
42. DATE SIGNED (Mo., Day, Yr.)
43. HOUR OF DEATH (24 Hrs.)
44. PRONOUNCED DEAD (Mo., Day, Yr.)
45. HOUR PRONOUNCED DEAD (24 Hrs.)
46. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Dr. William H. Bond MD - 1522 17th Lewiston, Idaho 83501

CAUSE OF DEATH

47. PART I. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.

IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.

(A) Congestion, Heart 3 days — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(B) COPD — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(C) — Interval between onset and death:

48. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE
49. AUTOPSY? (Yes, No): No
50. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No): Yes
51. ACC., SUICIDE, HO., UNDET., OR PENDING INVEST. (Specify)
52. INJURY DATE (Mo., Day, Yr.)
53. HOUR OF INJURY (24 Hrs.)
54. DESCRIBE HOW INJURY OCCURRED
55. INJURY AT WORK? (Yes/No)
56. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify)
57. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE

58. REGISTRAR SIGNATURE: X Helen A. Rogers M.D.
59. DATE RECEIVED (Mo., Day, Yr.): OCT 23 1991

DOH 110-006 (Rev. 8/89) (formerly OSHS 9-150)

This is to certify that the foregoing is a true copy (photographic) of a record temporarily on file with the Asotin County Health District, Clarkston, Washington.

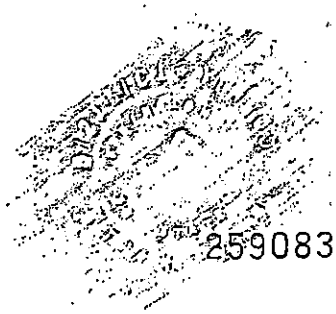
Seal

Helen A. Rogers, M.D.
Health Officer
OCT 24 1991

DOH 01-003 (7/89)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH VITAL RECORDS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL

54589



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