

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 % 50 sold.

List percentage of ownership acquired next to each name.

1 Seller/Grantor

Name Michael S. Noel, as Trustee of the Louis W. Noel Trust

Mailing address 3126 4th Street

City/state/zip Lewiston, ID 83501

Phone (including area code) (208) 743-6387

2 Buyer/Grantee

Name Michael S. Noel, a single man

Mailing address 3126 4th Street

City/state/zip Lewiston, ID 83501

Phone (including area code) (208) 743-6387

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

1-004-17-006-0005-0000

Personal
property?

☐

Assessed
value(s)

\$ 190,300.00

☐

\$ 0.00

☐

\$ 0.00

4 Street address of property 1234 Libby St, Clarkston, WA 99403

This property is located in Clarkston (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).

Please 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 _____

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

Signature of grantor or agent Michael S Noel

Name (print) Michael S. Noel, Trustee

Date & city of signing 01/02/2024, Clarkston, WA

Signature of grantee or agent Michael S Noel

Name (print) Michael S. Noel

Date & city of signing 01/02/2024, Clarkston, 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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JAN - 4 2024

ASOTIN COUNTY
TREASURER

#56562

EXHIBIT A

Legal Description

That portion of the East half of Lot 6, Block "X" of Vineland, Asotin County, Washington, according to the recorded plat thereof, more particularly described as follows:

Commencing at the monument of the intersection of the centerline of University Street on Libby Street; thence North along the centerline of University Street 20 feet; thence West 97 feet to a point on the North line of Libby Street, which point is the TRUE POINT OF BEGINNING; thence continue West along the North line of Libby Street 66 feet; thence at right angles North 129 feet; thence East parallel with the North line of Libby Street 68 feet; thence South to the TRUE POINT OF BEGINNING.

Property Tax Parcel No. 1-004-17-006-0005-0000

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO IDAHO DEPARTMENT OF HEALTH AND WELFARE BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

CERTIFICATE OF DEATH

Date Filed **JANUARY 13, 2021**

State File No. **2020-16328**

DECEDENT - LEGAL NAME LOUIS WILLIAM NOEL			
SEX MALE	SOCIAL SECURITY NUMBER	AGE 91 YEARS	DATE OF BIRTH DECEMBER 29, 1928
BIRTHPLACE YAKIMA, WASHINGTON		PLACE OF RESIDENCE CLARKSTON, WASHINGTON	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (if wife, maiden name) AGNES N. CARPENTER	
		WAS DECEDENT EVER IN U.S. ARMED FORCES? YES	
FATHER - NAME LEO NOEL		BIRTHPLACE WASHINGTON	
MOTHER - MAIDEN NAME CLARA CREWDSON		BIRTHPLACE WASHINGTON	
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE JAMIE M. CLONINGER	
NAME AND ADDRESS OF FUNERAL FACILITY VASSAR-RAWLS FUNERAL HOME, LEWISTON, IDAHO			
DATE OF DEATH DEC. 28, 2020	TIME OF DEATH 7:54 P.M.	CITY, TOWN OR LOCATION OF DEATH LEWISTON, IDAHO	COUNTY OF DEATH NEZ PERCE
CAUSE OF DEATH (underlying cause last) a. COPD			Approximate Interval Between Onset and Death YEARS
DUE TO (or as a consequence of): b. AFIB			YEARS
DUE TO (or as a consequence of): c.			
DUE TO (or as a consequence of): d.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above NONE STATED			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL		NAME OF CERTIFIER CARSON D. SEEGER, M.D.	TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

DATE ISSUED: **JANUARY 14, 2021**

This copy is not valid unless prepared on engraved border displaying state seal and signature of the Registrar

Rev. 07/28/20

James B. Aydelette
JAMES B. AYDELOTTE
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





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