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 April 1, 2024.
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 Carolyn Ann McCabe
Mailing address 816 13th Street
City/state/zip Clarkston, WA 99403
Phone (including area code)

2 Buyer/Grantee
Name Jerick Staker
Ashley Jordan Staker
Mailing address 1330 10th Street
City/state/zip Clarkston, WA 99403
Phone (including area code)

3 Send all property tax correspondence to: ☑ Same as Buyer/Grantee
Name Jerick Staker
Ashley Jordan Staker
Mailing address
City/state/zip

List all real and personal property tax parcel account numbers	Personal property?	Assessed value(s)
1-003-04-010-0001-0000	☐	$ 243,400.00
	☐	$ 0.00
	☐	$ 0.00

4 Street address of property 1330 10th Street, 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).

The North 90 feet of the East Half of Lot 10 in Block 4 of South Clarkston according to the official plat thereof, filed in Book B of Plats at Page(s) 28, records of Asotin County, Washington.

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.

If claiming an exemption, enter exemption code and reason for exemption. *See dor.wa.gov/REET for exemption codes*
WAC number (section/subsection)
Reason for exemption

Type of document Statutory Warranty Deed
Date of document 04/02/2024

Gross selling price	425,000.00
*Personal property (deduct)	0.00
Exemption claimed (deduct)	0.00
Taxable selling price	425,000.00
Excise tax: state	
Less than $525,000.01 at 1.1%	4,675.00
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	4,675.00
0.0025 Local	1,062.50
*Delinquent interest: state	0.00
Local	0.00
*Delinquent penalty	0.00
Subtotal	5,737.50
*State technology fee	5.00
Affidavit processing fee	0.00
Total due	5,742.50

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

0202

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

Signature of grantor or agent
Name (print) Carolyn Ann McCabe
Date & city of signing 4/2/24 Clarkston

Signature of grantee or agent
Name (print) Jerick Star
Date & city of signing 4/2/24 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)).

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 (03/12/24) THIS SPACE TREASURER'S USE ONLY COUNTY TREASURER

EFT

DATE 04/02/2024 - RECEIPT No. 56710 - Alliance Title - Clarkston

Print on legal size paper.

LACK OF PROBATE AFFIDAVIT
STATE OF WASHINGTON
FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, OR JOINT TENANCY PROPERTY

Title Insurance Commitment No: 657013

STATE OF Washington)
SS:
COUNTY OF Asotin)

(herein, "Affiant"), being first duly sworn, on oath deposes and says:

That Affiant is (check one):

- ☒ the lawful surviving spouse of the Decedent
- ☐ Surviving child of the Decedent
- ☐ Registered domestic partner of the Decedent
- ☐ One of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on _____ [*mm/dd/yyyy*], under Recording No. _____, in _____ County, Washington,
- ☐ other (Identify:) _____

All with respect to the estate of Bernard Patrick McCabe (herein "Decedent"), who died on September 05, 2021, in the County of Asotin, State of Washington, then being a resident of the City of Clarkston, County of Asotin, State of Washington. **(A copy of the death certificate is attached hereto.)**

That Affiant has herein below identified each and all of the heirs at law and next of kin of decedent, including but not limited to children, adopted children, the issue of any predeceased child or adopted child (if decedent left no surviving children, then Affiant has listed below all of the surviving parents, brothers and sisters of decedent), spouse, registered domestic partner, and ***including all parties who would have been heirs at law if the decedent had not been married or a registered domestic partner on the date of death:***

That the heirs at law and next of kin of the decedent are (list all parties, using the reverse side or attaching a list if necessary):

56710

Name & relationship Carolyn McCabe Spouse
Address: 816 13th Street, Clarkston, WA 99403
Name & relationship _____
Address: _____
Name & relationship _____
Address: _____
Name & relationship _____
Address: _____

That among items of real property owned by the Decedent at the time of death was real estate located in Asotin County, Washington, and described in the above referenced Title Insurance Commitment.

As to the Decedent, said real estate was [*check one*]

☒ Community property
☐ Separate property
☐ Joint tenancy property

CHECK ALL BOXES WHICH APPLY IN EACH SECTION:

1. That on the date the real property was purchased the Decedent was:
   ☒ married to Carolyn McCabe.
   ☐ unmarried, not a registered domestic partner
   ☐ unmarried, a registered domestic partner of _____.
2. That on the date of death the Decedent was
   ☒ married to Carolyn McCabe.
   ☐ unmarried, not a registered domestic partner
   ☐ unmarried, a registered domestic partner of _____.
3. ☐ That the decedent left a Will, a copy of which is attached hereto.
   ☒ That the decedent left no Will.
   ☐ That the decedent executed a Community Property Agreement. It was recorded under _____ County recording number _____. *(if unrecorded, attach a copy)*

56710

4. ☒ That the decedent's estate is not being probated.
☐ That the decedent's estate is subject to probate proceedings in _____ County, State of _____, under Probate No. _____

5. ☐ That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.
☐ That State and/or Federal succession or inheritance taxes in the amount of $_____ have been paid. Copies of the release/discharge are attached hereto.
☐ That State and/or Federal succession or inheritance taxes are due, but have not been paid.

5. ☒ That the decedent has not received assistance from the State of Washington for medical care.
☐ That the decedent has received assistance from the State of Washington for medical care.
☐ That the State of Washington has been fully reimbursed for assistance for medical care.

That, with respect to the property, if any, owned by the Decedent in joint tenancy as described above, at all times from the time of the execution of the instrument by which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the above described joint tenancy property was held in joint tenancy, and that the interest of no one or more of said joint tenants has ever been conveyed, encumbered or otherwise separated from the interest of the other joint tenant(s), either voluntarily or involuntarily, whether by specific act or by operation of law; and that said joint tenancy continued in full force until the death of the Decedent with respect to the interest of the Decedent and, if there are two or more surviving joint tenants, including the Affiant, the joint tenancy continues with respect to the interests of the said surviving joint tenants.

That Affiant knows of the Affiant's own knowledge, and so states, that each and all of the obligations against the estate of said Decedent (including, but not limited to: all the debts of decedent; all of the expenses of Decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon Decedent's estate, if applicable) have been paid in full, except as follows (*use reverse side or attach a list if necessary*): _____

56710

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately $ 425,000.00, including the value of community property of Decedent and Decedent's surviving spouse, if any, of approximately $_____, and including the value of Decedent's separate property, if any, of approximately $_____, and including the full value of .all other property, if any, held by the Decedent in joint tenancy of approximately $_____.

This affidavit is made to induce Alliance TITLE INSURANCE COMPANY (the Company) to insure real property covered by the Company's order number set forth above, in which Decedent held an interest at the time of the Decedent's death. Affiant urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein. The Affiant, for the Affiant and for the Affiant's heirs, executors and administrators, covenants to indemnify said Company or any other person, including a purchaser of said real estate, for any loss arising from reliance on any misstatement of fact herein.

DATED: April 2nd, 2024

Carolyn Ann McCabe
(Signature)

Carolyn Ann McCabe
(Print or type Affiant's full name)

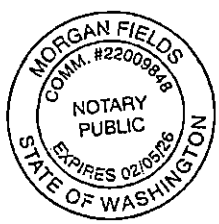
816 13th Street, Clarkston, WA 99403
(Full address and telephone number)

208-305-7726

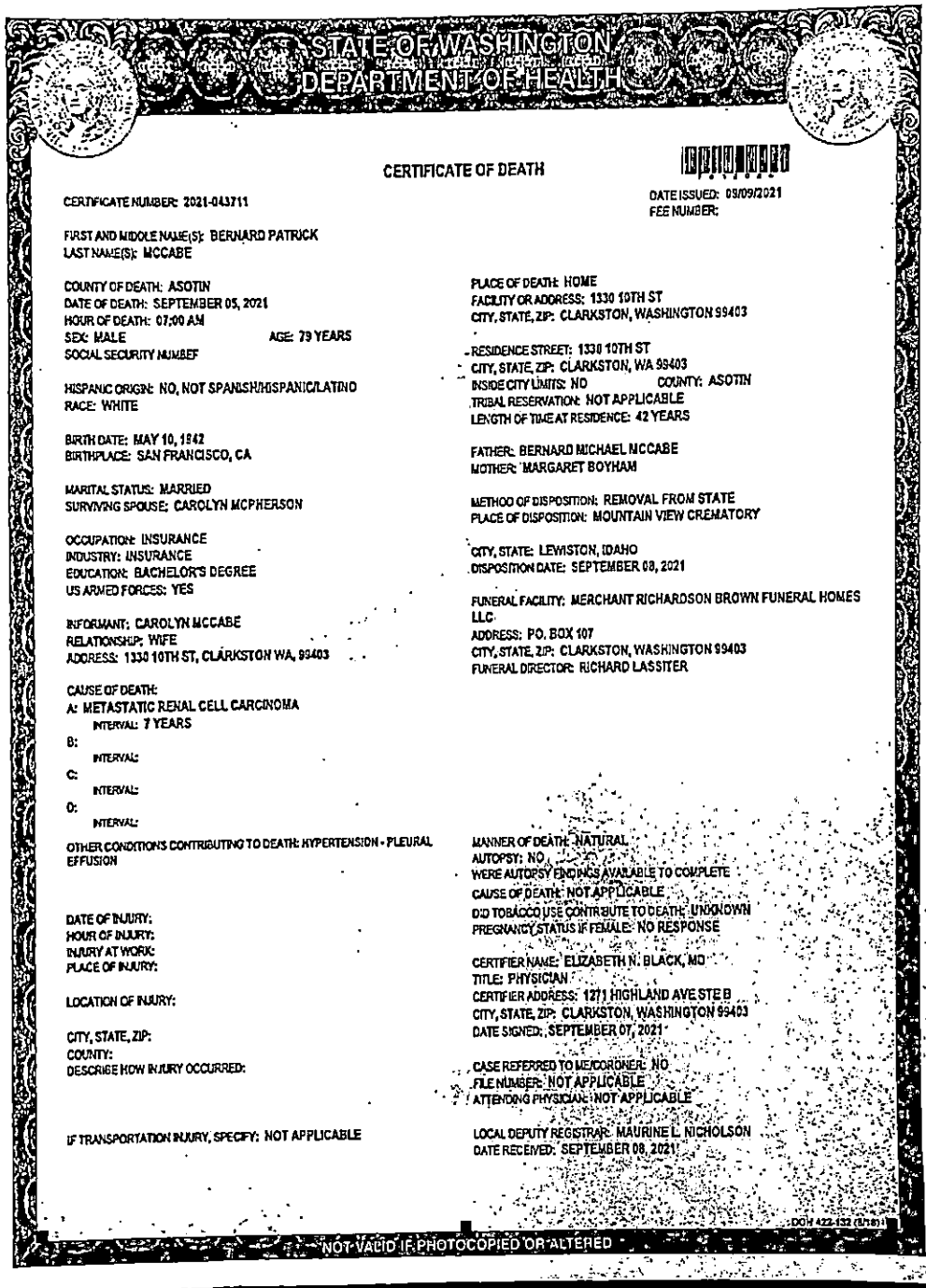
SUBSCRIBED and SWORN TO before me this 2nd day of April, 2024

5L710

Notary Public in and for the State of Washington, residing at Lewiston, ID



56710



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2021-043711

DATE ISSUED: 09/09/2021
FEE NUMBER:

FIRST AND MIDDLE NAME(S): BERNARD PATRICK
LAST NAME(S): MCCABE

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: SEPTEMBER 05, 2021
HOUR OF DEATH: 07:00 AM
SEX: MALE AGE: 79 YEARS
SOCIAL SECURITY NUMBER

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

BIRTH DATE: MAY 10, 1942
BIRTHPLACE: SAN FRANCISCO, CA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: CAROLYN MCPHERSON

OCCUPATION: INSURANCE
INDUSTRY: INSURANCE
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: YES

INFORMANT: CAROLYN MCCABE
RELATIONSHIP: WIFE
ADDRESS: 1330 10TH ST, CLARKSTON WA, 99403

CAUSE OF DEATH:
A: METASTATIC RENAL CELL CARCINOMA
INTERVAL: 7 YEARS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION - PLEURAL EFFUSION

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: 1330 10TH ST
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 1330 10TH ST
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 42 YEARS

FATHER: BERNARD MICHAEL MCCABE
MOTHER: MARGARET BOYHAM

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

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: SEPTEMBER 08, 2021

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, WASHINGTON 99403
DATE SIGNED: SEPTEMBER 07, 2021

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

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: SEPTEMBER 08, 2021

DOH 422-132 (6/18)

NOT VALID IF PHOTOCOPIED OR ALTERED

56710