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 DALE LAIRD and ARLENE LAIRD, husband and wife
Mailing address 701 2nd Street
City/state/zip Clarkston, WA 99403
Phone (including area code) 509-758-7286

2 Buyer/Grantee
Name DALE LAIRD, a widower
Mailing address 701 2nd Street
City/state/zip Clarkston, WA 99403
Phone (including area code) 509-758-7286

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)
1-001-15-014-0000	☐	~~$0.00~~ 207,000
1-001-15-015-0000	☐	~~$0.00~~ 100,200
	☐	$ 0.00

4 Street address of property 701 2ND ST & 711 2ND ST, CLARKSTON
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).

Lots Thirteen (13) and Fourteen (14) of Block Fifteen (15) of Clarkston, Asotin County, Washington, according to the recorded plat thereof.

5 11 - Household, single family units
Enter any additional codes 91 - Undeveloped land (land only)
(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) 458-61A-202 ~~(2b)~~ (6) (7)
Reason for exemption
Inheritance

Type of document Lack of Probate Affidavit
Date of document March 21, 2024

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
0.0025 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

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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 Dale Laird
Name (print) Dale Laird
Date & city of signing 04/02/2024; Lewiston, ID

Signature of grantee or agent Dale Laird
Name (print) Dale Laird
Date & city of signing 04/02/2024; Lewiston, ID

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

COX & WAGNER
CK# 8501

PAID
APR - 4 2024
ASOTIN COUNTY TREASURER

#56717

Print on legal size paper.

Return to:

Kerry A. Wagner
Cox & Wagner, PLLC
Attorneys at Law
Post Office Box 446
Lewiston, ID 83501

Lack of Probate Affidavit

Grantor: **ARLENE LAIRD**, deceased

Grantee: **DALE LAIRD**, a widower

Legal Description:

Lots Thirteen (13) and Fourteen (14) of Block Fifteen (15) of Clarkston, Asotin County, Washington, according to the recorded plat thereof.

Tax Parcel Nos. 1-001-15-014-0000 and 1-001-15-015-0000

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

STATE OF IDAHO)
: SS
COUNTY OF NEZ PERCE)

The undersigned, **DALE LAIRD**, executes this affidavit relating to the estate of **ARLENE LAIRD** (herein "Decedent"), who died on September 6, 2019, in the County of Nez Perce, State of Idaho, then being a resident of the City of Clarkston, County of Asotin, State of Idaho.

(A copy of the death certificate is attached hereto.)

That the undersigned is:

The lawful surviving spouse of the Decedent.

That the undersigned has listed below all of the heirs at law and next of kin of Decedent, including but not limited to:

1) Spouse or registered domestic partner; and
2) children, adopted children, the issue of any predeceased child or adopted child (if Decedent left no surviving children, then the undersigned has listed below all of the surviving parents, brothers and sisters of Decedent); and
3) 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):

Name & Relationship: **DALE LAIRD, spouse**
Address: **701 2nd**
Clarkston, WA 99403

Name & Relationship: **BRIANNE R. LAIRD, granddaughter**
Address: **201 2nd Street S, Apt. 309**
Kirkland, WA 98033

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Name & Relationship: Address:	**BRENDAN R. LAIRD, grandson** **21024 NE 61st Street** **Redmond, WA 98053**
Name & Relationship: Address:	**JOSHUA D. LAIRD, grandson** **8915 W Sugar Street** **Cheney, WA 99004**
Name & Relationship: Address:	**KARLEY A. POXLEITNER, granddaughter** **115 Hallet Street** **Juliaetta, ID 83535**

That immediately prior to the date of death of the Decedent was an owner of the that certain real estate situate in Asotin County, State of Washington, more particularly described as follows, to-wit:

Lots Thirteen (13) and Fourteen (14) of Block Fifteen (15) of Clarkston, Asotin County, Washington, according to the recorded plat thereof.

Tax Parcel No. 1-001-15-014-0000 and 1-001-15-015-0000

and that the Decedent's ownership interest was:

Community Property

THE UNDERSIGNED FURTHER STATES THE FOLLOWING:

1. That on the date the Real Estate was purchased the Decedent was:

   Married to Dale Laird

2. That on the date of the death the Decedent was:

   Married to Dale Laird

3. That the Decedent left a Will, a copy of which is attached hereto.

4. That the Decedent's estate is not being probated.

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5. That the estate of the Decedent is exempt from State and/or Federal succession or inheritance taxes.

6. That the Decedent has not received assistance from the State of Washington for medical care.

That the undersigned knows of his own knowledge, and so states, that each and all of the obligations against the estate of the 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.

That the value of the Decedent's estate at date of death, including all real and personal property, as approximately $250,000.00, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately $500,000.00, and including the value of Decedent's separate property, if any, of approximately zero, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately zero.

DATED this 21st day of March, 2024.

DALE LAIRD
701 2nd
Clarkston, WA 99403
509-758-7286

SUBSCRIBED and SWORN TO before me this 21st day of March, 2024.

Notary Public in and for the State of Idaho
Residing at Lewiston
My Commission Expires: 2-3-2030

KERRY A. WAGNER NOTARY PUBLIC Comm No 10946 STATE OF IDAHO

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

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

State of Idaho
CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THE DEATH UNDER §39-311(1)(a) OR §39-271, IDAHO CODE.

Local Reg. No.

DECEDENT

TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN.

FOR INSTRUCTIONS SEE HANDBOOKS

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix): ARLENE P. LAIRD
2. SEX: FEMALE
3. SOCIAL SECURITY NUMBER:
4a. AGE-Last Birthday (Years): 81
4b. UNDER 1 YEAR – Months / Days
4c. UNDER 1 DAY – Hours / Minutes
5. DATE OF BIRTH (Mo/Day/Yr): 11/23/1937
6. BIRTHPLACE (City and State, Territory, or Foreign Country): LEWISTON, IDAHO
7a. RESIDENCE - STATE OR FOREIGN COUNTRY: WASHINGTON
7b. COUNTY: ASOTIN
7c. CITY OR TOWN: CLARKSTON
7d. STREET AND NUMBER: 701 2ND ST
7e. APT. NO.:
7f. ZIP CODE: 99403
7g. INSIDE CITY LIMITS? ☒ Yes ☐ No
8. MARITAL STATUS AT TIME OF DEATH: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown
8. SURVIVING SPOUSE'S NAME (If wife, give maiden name): DALE LAIRD

PARENTS

10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
11a. FATHER'S NAME (First, Middle, Last, Suffix): GEORGE F. DENNLER
11b. BIRTHPLACE (State, Territory, or Foreign Country): IDAHO
12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix): PHYLLIS CUMMINGS
12b. BIRTHPLACE (State, Territory, or Foreign Country): IDAHO

INFORMANT

13a. INFORMANT'S NAME (Type or print): DALE LAIRD
13b. RELATIONSHIP TO DECEDENT: HUSBAND
13c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 701 2ND ST CLARKSTON, WA 99403

DISPOSITION

14. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify)
15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place): MOUNTAIN VIEW CREMATORY, 3521 SEVENTH STREET, LEWISTON, IDAHO 83501
16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY: MERCHANT FUNERAL HOME, 1000 SEVENTH STREET, CLARKSTON, WASHINGTON 99403

MORTICIAN: Complete/Verify and File Within 5 Days of Death

17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: ELECTRONICALLY FILED: RICHARD C. LASSITER
17b. LICENSE NUMBER (If licensed): F1558
18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No

PLACE OF DEATH

19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ 1 Inpatient ☐ 2 ER/Outpatient ☐ 3 DOA
19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ 4 Hospice facility ☒ 5 Nursing home/long term care facility ☐ 6 Decedent's home ☐ 7 Other (Specify)
20. FACILITY NAME (If not facility, give street and number): LEWISTON TRANSITIONAL CARE OF CASCADIA
21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE: LEWISTON, ID 83501
22. COUNTY OF DEATH: NEZ PERCE

DATE OF DEATH

23. DATE OF DEATH (Mo/Day/Yr) (Spell month): September 6, 2019
24. TIME OF DEATH (24hr): 17:40
25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month): September 6, 2019
26. TIME PRONOUNCED DEAD (24hr): 17:40

CAUSE OF DEATH

CERTIFIER: Complete Within 72 Hours of Death

PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line.

27. CAUSE OF DEATH

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. METASTATIC LUNG CARCINOMA
DUE TO (or as a consequence of):
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death): b.
DUE TO (or as a consequence of):
c.
DUE TO (or as a consequence of):
d.

Approximate Time Interval Onset to Death: UNKNOWN

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I: HYPERTENSION

28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No
29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☒ Yes ☐ Probably ☐ No ☐ Unknown
30. IF FEMALE (Aged 10-54): ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year
31. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined

ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)

32. DATE OF INJURY (Mo/Day/Yr) (Spell month)
33. TIME OF INJURY (24hr)
34. PLACE OF INJURY (Decedent's home, farm, street, construction site, restaurant, wooded area, etc.)
35. INJURY AT WORK? ☐ Yes ☐ No
36. LOCATION OF INJURY: State / City, Town or County / Street and Number or Location / Zip Code / Apartment Number
37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable.
TRANSPORTATION INJURY ONLY
38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
38b. WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown

CERTIFIER

IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE

39a. CERTIFIER (Check only one, based on official capacity for this certificate):
☒ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE REGISTERED NURSE
To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated.
☐ CORONER
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) and manner stated.
39b. LICENSE NUMBER: M-09634
Signature and Title of Certifier: ELIZABETH L. BLACK, M.D.
39c. DATE SIGNED: 9 / 11 / 2019 (MM DD YYYY)
39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print): ELIZABETH L. BLACK, 1271 HIGHLAND AVENUE STE B CLARKSTON, WA 99403

REGISTRAR

40a. REGISTRAR'S SIGNATURE: James B. Gillette
This is a true and correct reproduction of the record as it is currently registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.
40b. DATE SIGNED: 9 / 11 / 2019 (MM DD YYYY)

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DATE ISSUED: SEP 12 2019

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

James B. Gillette
JAMES B. AYDELOTTE
STATE REGISTRAR

PRINCO (Rev. 5/19)

ANY ALTERATION OR ERASURE VOIDS THIS

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STATE OF IDAHO County of Lewiston

This copy of a death certificate was issued by the District Health Department on behalf of the the Bureau of Vital Records and Health Statistics.

Local Vital Statistics Registration Official

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