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 Delbert Dee Wolfe
by Vickey Wilson, Attorney-in-fact
Mailing address 602 Washington Ave SE
City/state/zip Ortine, WA 99836
Phone (including area code) _____

2 Buyer/Grantee
Name Corey Ian Sharp
Mailing address 1456 Maple Street
City/state/zip Clarkston, WA 99403
Phone (including area code) _____

3 Send all property tax correspondence to: ☒ Same as Buyer/Grantee
Name Corey Ian Sharp
Mailing address _____
City/state/zip _____

List all real and personal property tax parcel account numbers	Personal property?	Assessed value(s)
10042202000040000	☐	181,000.00
	☐	
	☐	

4 Street address of property 1456 Maple Street, 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).

-The West half of the South half of Lot 20 in Block GG of Vineland, according to the official plat thereof, filed in Book B of Plats at Page(s) 60, records of 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, 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 (SWD)
Date of document 04/04/24

Gross selling price	235,000.00
*Personal property (deduct)	0.00
Exemption claimed (deduct)	0.00
Taxable selling price	235,000.00
Excise tax: state	
Less than $525,000.01 at 1.1%	2,585.00
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	2,585.00
Local	587.50
*Delinquent interest: state	0.00
Local	0.00
*Delinquent penalty	0.00
Subtotal	3,172.50
*State technology fee	5.00
Affidavit processing fee	0.00
Total due	3,177.50

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 Delbert Dee Wolfe by Vickey Wilson, A/F
Name (print) Delbert Dee Wolfe
Date & city of signing 4/4/24 Clarkston

Signature of grantee or agent C Sharp
Name (print) Corey Ian Sharp
Date & city of signing 4/12/24 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 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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REV 84 0001a ((02/21/24)

THIS SPACE TREASURER'S USE ONLY COUNTY TREASURER

DATE 04/12/2024 - RECEIPT No. 56732 - 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: 658981

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 Viola Louise Brown (herein "Decedent"), who died on March 27, 2017, in the County of Nez Perce, State of Idaho, 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):
Name & relationship Delbert Dee Wolfe
Address: 602 Washington Ave SE, Orting, WA 98360

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Name & relationship Vickey Wilson daughter
Address: 1002 Washington AVE SE, Orting, WA 98360
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 _____.

   ☒ unmarried, not a registered domestic partner

   ☐ unmarried, a registered domestic partner of _____.

2. That on the date of death the Decedent was

   ☒ married to Delbert Dee Wolfe.

   ☐ 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)*

4. ☒ That the decedent's estate is not being probated.

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☐ 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*): _____

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That the value of the Decedent's estate at date of death, including all real and personal property, was approximately $ 235,000.00, 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 4, 2024

Delbert Dee Wolfe by Vickey Wilson, AIF
(Signature)

Delbert Dee Wolfe by Vickey Wilson, AIF
(Print or type Affiant's full name)

602 Washington Ave SE, Orting, WA
(Full address and telephone number)

SUBSCRIBED and SWORN TO before me this 4th day of April, 2024

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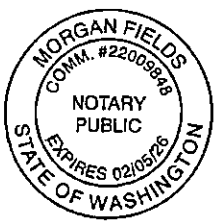
Notary Public in and for the State of
Washington, residing at Lewiston, ID



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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

DECEDENT

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix): VIOLA LOUISE BROWN
2. SEX: FEMALE
3a. AGE-Last Birthday (Years): 82
3b. UNDER 1 YEAR (Months / Days)
3c. UNDER 1 DAY (Hours / Minutes)
4. DATE OF BIRTH (mm/dd/yyyy): 09/12/1934
5. BIRTHPLACE (City and State, Territory, or Foreign Country): CAVENDISH, IDAHO
6a. RESIDENCE - STATE OR FOREIGN COUNTRY: WASHINGTON
6b. COUNTY: ASOTIN
6c. CITY OR TOWN: CLARKSTON
6d. STREET AND NUMBER: 1458 MAPLE ST.
6e. APT. NO.
6f. ZIP CODE: 99403
6g. INSIDE CITY LIMITS? ☐ Yes ☒ No
7. 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)

PARENTS

9a. EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No
9b. FATHER'S NAME (First, Middle, Last, Suffix): GIFFORD BROWN
9c. BIRTHPLACE (State, Territory, or Foreign Country): UNKNOWN
10a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix): LEAH MARTIN
10b. BIRTHPLACE (State, Territory, or Foreign Country): UNKNOWN

INFORMANT

11a. INFORMANT'S NAME (Type or print): DELBERT WOLFE
11b. RELATIONSHIP TO DECEDENT: EXECUTIVE
11c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1458 MAPLE ST. CLARKSTON, WA 99403

DISPOSITION

12. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify)
13. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place): MOUNTAIN VIEW CREMATORY 3521 8 EVENTH STREET LEWISTON, IDAHO 83501
14. NAME AND STREET OR LOCATION ADDRESS OF FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME 3521 SEVENTH STREET LEWISTON, IDAHO 83501
15. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: ELECTRONICALLY FILED: GERALD E. BARTLOW
16. LICENSE NUMBER (Or ID Number): M0771
16a. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☐ No

PLACE OF DEATH

17. PLACE OF DEATH (Check only one): ☒ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)
18. IF DEATH OCCURRED IN A HOSPITAL: ☐ If death occurred in ER/Outpatient or other than a hospital:
19a. FACILITY NAME (If not hospital, give street and number): ST. JOSEPH REGIONAL MEDICAL CTR
19b. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE: LEWISTON, ID 83501
19c. COUNTY OF DEATH: NEZ PERCE

DATE OF DEATH

20. DATE OF DEATH (mm/dd/yyyy): March 27, 2017
21. TIME OF DEATH: 00:21
22. DATE PRONOUNCED DEAD (mm/dd/yyyy): March 27, 2017
23. TIME PRONOUNCED DEAD: 00:21

CAUSE OF DEATH

24. CAUSE 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.

		Approximate Time Interval: Onset to Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. ACUTE RESPIRATORY FAILURE	DAYS
Sequentially list conditions, if any, leading to the immediate cause. Enter the UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST.	b. CHRONIC RESPIRATORY FAILURE	YEARS
	c. SEVERE COPD	YEARS
	d. TOBACCO ABUSE	YEARS

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
ACUTE INTERSTITIAL NEPHROPATHY, PERIPHERAL VASCULAR DISEASE, DIABETES MELLITUS

25. DID TOBACCO USE CONTRIBUTE TO DEATH? ☒ Yes ☐ Probably ☐ No ☐ Unknown
26. 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 43 days of death ☐ Unknown if pregnant within the past year
26A. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
26B. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No
27. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined

ITEMS 28-31 TO BE USED FOR EXTERNAL CAUSES ONLY (ICD-10-CM)

28. DATE OF INJURY (mm/dd/yyyy) (Enter date)
29. TIME OF INJURY (Enter time)
30. PLACE OF INJURY (Decedent's home; construction site; restaurant; wooded area; street or highway; factory, office building, etc.)
31. INJURY AT WORK? ☐ Yes ☐ No
32. LOCATION OF INJURY: State; City/Town or County; Zip Code; Street and Number or Location; Apartment Number
33. DESCRIBE HOW INJURY OCCURRED (If transportation injury, state one type(s) of vehicle(s) involved (Automobile, pickup, motorcycle, ATV, bicycle, etc.) specify which vehicle decedent occupied, if applicable)
TRANSPORTATION INJURY ONLY: ☐ Pedestrian ☐ Driver/Operator ☐ Passenger ☐ Other (Specify)
34a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Other (Specify)
34b. WHAT SAFETY DEVICES, IF ANY, WERE USED? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown

CERTIFIER

35a. CERTIFIER (Check only one, based on who is certifying the death): ☒ 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 cause(s) and 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.
35b. LICENSE NUMBER: M-13455
35c. DATE SIGNED: 3 / 29 / 2017 (MM DD YYYY)
Signature and Title of Certifier: ELECTRONICALLY SIGNED: KENNETH A. MILLER, M.D.
35d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print): KENNETH A. MILLER, 416 SIXTH STREET LEWISTON, ID 83501

REGISTRAR

40a. REGISTRAR'S SIGNATURE: James B. Gillette
40b. DATE SIGNED: 3 / 30 / 2017 (MM DD YYYY)

CERTIFIER: Complete Within 72 Hours of Death and File Within 5 Days of Death

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: MAR 3 0 2017

James B. Gillette
JAMES B. AYDELOTTE
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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November 18, 1998

These are the wishes of Delbert Wolfe and Viola Brown in the event of their death.

If passing first, Viola Brown leaves all property to Delbert Wolfe. This includes house and property, household furnishings, vehicles, boats, contents of barn, Black Hills gold jewelry, diamond ring, 30-30 rifle and all fishing equipment.

Exceptions are Mother's ring goes to Patty Bonner; Black Hills Gold with ruby setting ring goes to Rick Brown; set of white dishes with gold trim (in china hutch) and dish with roses goes to Pam Fry;

If passing first, Delbert Wolfe leaves all property to Viola Brown. This includes house and property, household furnishings, vehicles, boats, contents of barn, coins, 22 rifle, pistol and all fishing equipment.

Exceptions are antique cup and sauce to DeAnne Stack; bronze shoes to Vicki Walkup; muzzleloader gun to Darren Wolfe; automatic shotgun to DeAnne Stack; model 12 shotgun to Vicki Walkup and 270 rifle to Ron Wolfe.

In the event both Delbert Wolfe and Viola Brown pass at the same time, everything but the exceptions are to be sold. The money is to be used for burial purposes. Any remaining money is to be divided equally among the eight children of Delbert Wolfe and Viola Brown. (Darren Wolfe, Vicki Walkup, DeAnne Stack, Ron Wolfe, Rick Brown, Mike Fry, Patricia Bonner and Pamela Fry.

We will both be cremated and we are both organ donors.

Delbert Wolfe — Nov. 23, 1998
Delbert Wolfe — Date

Viola Brown — Nov. 23, 1998
Viola Brown — Date

Notary Public — Date

STATE OF IDAHO
County of Nez Perce

Subscribed and sworn to before me this 23rd day of November, 1998

MICHAEL L. SELDERS
NOTARY PUBLIC
STATE OF IDAHO

Michael L. Selders, Notary Publ
RESIDING AT LEWISTON, ID

EJ4732