

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

1-001-15-015-0000

Personal
property?

Assessed
value(s)

☐

~~\$0.00~~ 100,200

☐

\$0.00

☐

\$0.00

4 Street address of property 711 2nd Street

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).

Lot Fifteen (15) of Block Fifteen (15) of Clarkston, According to Plat thereof recorded in Book B of Plats, Page 6, Records of Asotin County, Washington.

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 _____

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 04/11/2024; Lewiston, ID

Signature of grantee or agent Dale Laird

Name (print) Dale Laird

Date & city of signing 04/11/2024; 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.

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:

Lot Fifteen (15) of Block Fifteen (15) of Clarkston, According to Plat thereof recorded in Book B of Plats, Page 6, Records of Asotin County, Washington.

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

56747

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: **BRENDAN R. LAIRD, grandson**
Address: **21024 NE 61st Street**
Redmond, WA 98053

Name & Relationship: **JOSHUA D. LAIRD, grandson**
Address: **8915 W Sugar Street**
Cheney, WA 99004

Name & Relationship: **KARLEY A. POXLEITNER, granddaughter**
Address: **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:

Lot Fifteen (15) of Block Fifteen (15) of Clarkston, According to Plat thereof recorded in Book B of Plats, Page 6, Records of Asotin County, Washington.

Tax Parcel No. 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.

Lack of Probate Affidavit – State of Washington (5/08)
(Community Property, Separate Property, Joint Tenancy Property)

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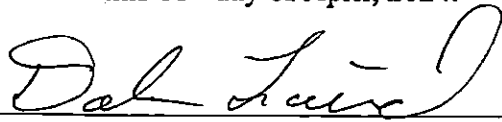
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5. That the estate of the Decedent is exempt from State and/or Federal succession or inheritance taxes.
6. That the Decedent has not received assistance from the State of Washington for medical care.

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 11th day of April, 2024.



DALE LAIRD

701 2nd

Clarkston, WA 99403

509-758-7286

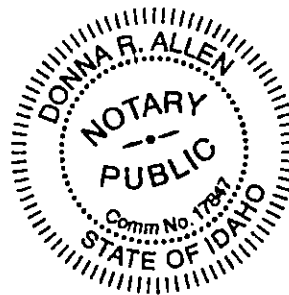
SUBSCRIBED and SWORN TO before me this 11th day of April, 2024.



Notary Public in and for the State of Idaho

Residing at Lewiston

My Commission Expires: 8/15/27



56747

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

State of Idaho
CERTIFICATE OF DEATH

ONLY ACCEPTED FOR DEPOSIT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE
AFTER THE DEATH HAS BEEN VERIFIED AS A NATURAL CAUSE OF DEATH BY THE LOCAL HEALTH OFFICIAL

Local Reg. No.

DECEDENT		1. DECEDENT'S LEGAL NAME (Include AKA's if any) First, Middle, Last, Suffix ARLENE P. LAIRD		2. SEX FEMALE		3. SOCIAL SECURITY NUMBER	
4. AGE at Birth (Years, Months, Days) 81 (Years)		5. DATE OF BIRTH (Mo/Day/Yr) 11/23/1937		6. BIRTHPLACE (City and State, Territory, or Foreign Country) LEWISTON, IDAHO			
7. RESIDENCE - STATE OR FOREIGN COUNTRY WASHINGTON		8. COUNTY ASOTN		9. CITY OR TOWN CLARKSTON		10. ZIP CODE 99403	
11. STREET AND NUMBER 701 2ND ST		12. INSIDE CITY LIMITS ☒ Yes ☐ No		13. SURVIVING SPOUSE'S NAME (If wife, give maiden name) DALE LAIRD			
14. MARITAL STATUS AT TIME OF DEATH ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown		15. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO		16. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO			
17. EVER IN U.S. ARMY FORCES? ☒ Yes ☐ No		18. FATHER'S NAME (First, Middle, Last, Suffix) GEORGE F. DENNLER		19. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) PHYLLIS CUMMINGS			
20. INFORMANT'S NAME (Type as print) DALE LAIRD		21. RELATIONSHIP TO DECEDENT HUSBAND		22. MAILING ADDRESS (Street and Number, City, State, Zip Code) 701 2ND ST CLARKSTON, WA 99403			
23. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Donation ☐ Removal from Idaho ☐ Other (Specify)		24. PLACE OF DISPOSITION (Name and address of cemetery or other place) MOUNTAIN VIEW CREMATORY 1621 SEVENTH STREET LEWISTON, IDAHO 83501		25. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY MERCHANT FUNERAL HOME 1800 SEVENTH STREET CLARKSTON, WASHINGTON 99403			
26. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: RICHARD C. LASSITER		27. LICENSE NUMBER (Of licensee) F1558		28. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No			
29. PLACE OF DEATH (18-22) ☒ In hospital ☐ In long-term care facility ☐ In nursing home ☐ In hospice ☐ In private home ☐ In other (Specify)		30. IF DEATH OCCURRED IN A HOSPITAL, 31. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL, 32. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE LEWISTON TRANSITIONAL CARE OF CASCADIA LEWISTON, ID 83501		33. COUNTY OF DEATH NEZ PERCE			
34. DATE OF DEATH (Mo/Day/Yr) (Spell month) September 6, 2019		35. TIME OF DEATH (24hr) 17:40		36. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) September 6, 2019		37. TIME PRONOUNCED DEAD (24hr) 17:40	
38. IMMEDIATE CAUSE (Final disease or condition resulting in death) METASTATIC LUNG CARCINOMA		39. DUE TO (or as a consequence of) (Specify)		40. APPROXIMATE TIME INTERVAL FROM CAUSE TO DEATH UNKNOWN			
41. UNDERLYING CAUSE (Last disease or injury that led to the event resulting in death) HYPERTENSION		42. DUE TO (or as a consequence of) (Specify)		43. PART II: Enter general condition(s) contributing to death, but not resulting in the underlying cause given in Part I HYPERTENSION			
44. IF TOBACCO USE CONTRIBUTED TO DEATH? ☒ Yes ☐ Probably ☐ No ☐ Unknown		45. 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 past year		46. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No		47. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No	
48. DATE OF INJURY (Mo/Day/Yr) (Spell month)		49. TIME OF INJURY (24hr)		50. PLACE OF INJURY (Describe the home, farm, street, construction site, nursing home, restaurant, etc.)		51. MAIN INJURY AT WORK? ☐ Yes ☒ No	
52. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____		53. DESCRIBE HOW INJURY OCCURRED, IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.)		54. TRANSPORTATION INJURY ONLY: ☐ Pedestrian ☐ Other (Specify)			
55. CERTIFIER (Check only one, based on official capacity for this certificate) ☒ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE REGISTERED NURSE ☐ CORONER		56. WHAT SAFETY DEVICES DID DECEDENT USE EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown		57. LICENSE NUMBER M-09634			
58. SIGNATURE AND Title of Certifier ELIZABETH L. BLACK, M.D.		59. DATE SIGNED 9 / 11 / 2019		60. DATE SIGNED 9 / 11 / 2019			
61. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type as print) ELIZABETH L. BLACK, 1271 HIGHLAND AVENUE STE B CLARKSTON, WA 99403		62. REGISTRAR'S SIGNATURE JAMES B. AYDELOFFE		63. DATE SIGNED 9 / 11 / 2019			

This is a true and correct reproduction of the original, duly registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: **SEP 12 2019**

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

JAMES B. AYDELOFFE
STATE REGISTRAR

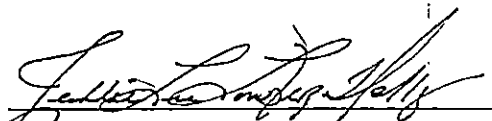




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STATE OF IDAHO County of Lewiston

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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