

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 Estate of Lavonne G. Oglesby

Mailing address 1044 Washington St.

City/state/zip Clarkston, WA 99403

Phone (including area code) _____

2 Buyer/Grantee

Name Melvin W. Oglesby

Mailing address 1044 Washington St.

City/state/zip Clarkston, WA 99403

Phone (including area code) 208-861-4501

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)
<u>10770003300010000</u>	☐	<u>\$ 167,400.00</u>
_____	☐	<u>\$ 0.00</u>
_____	☐	<u>\$ 0.00</u>

4 Street address of property 1044 Washington St., Clarkston, WA 99403

This property is located in Select Location (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 56 feet of Lot 32 and the South 28 feet of Lot 33, of Curtiss Second Addition, being a sub-division of the East Half of Lot 6 of Block "11" of Vineland, Asotin County, Washington, according to the recorded plat thereof.

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 its 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 Kellie Earle

Name (print) Kellie Earle

Date & city of signing 5/24/24, Lewiston, ID

Signature of grantee or agent Melvin Oglesby

Name (print) Melvin Oglesby

Date & city of signing 5/24/24, 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.



I-15 CP
Pgs=3 Fee:\$305.50
CREASON, MOORE, DOKKEN &

AFTER RECORDING, RETURN TO:

Paul B. Burris
Creason, Moore, Dokken & Geidl, PLLC
P. O. Drawer 835
Lewiston ID 83501

COMMUNITY PROPERTY AGREEMENT

Reference Numbers of Related Documents: N/A

Grantor: Oglesby, Lavonne G.

Grantee: Oglesby, Melvin W.

Legal Description:

1. Real property located in Asotin County, Washington, described as follows:

The North 56 feet of Lot 32 and the South 28 feet of Lot 33, of Curtiss Second Addition, being a sub-division of the East Half of Lot 6 of Block "11" of Vineland, Asotin County, Washington, according to the recorded plat thereof.
2. Assessor's Parcel No. 10770003300010000

COMMUNITY PROPERTY AGREEMENT

Creason, Moore, Dokken & Geidl, PLLC
P.O. Drawer 835, Lewiston, ID 83501
(208)743-1516; Fax (208)746-2231

56861

After Recording Return to:

Thomas L. Ledgerwood
922 6th Street
Clarkston, WA 99403

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, Made and entered into this 8th day of January, 2010, by and between MELVIN W. OGLESBY and LaVONNE G. OGLESBY, husband and wife,

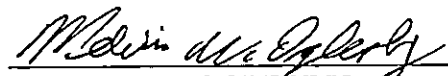
WITNESSETH:

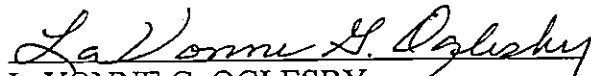
WHEREAS, The parties are husband and wife and residents of Asotin County, Washington; and it is the intention of the parties that all of the property now owned or hereafter acquired by them, or either of them, shall be community property and shall vest in the survivor upon the death of one of them,

NOW, THEREFORE, for and in consideration of the covenants herein contained and the mutual benefits to be derived therefrom, the parties hereto covenant and agree that every piece, parcel and item of property, whatever its nature and wherever situate, be and have the status of community property, and all of such property is hereby conveyed by each and both to themselves as a marital community, and upon the death of either party, title to such property shall immediately pass to, and become vested in, the survivor as his or her sole and separate property.

THIS AGREEMENT will be automatically revoked by a decree of legal separation or dissolution, unless otherwise provided in such decree. This agreement will not control the division of property in any such proceeding.

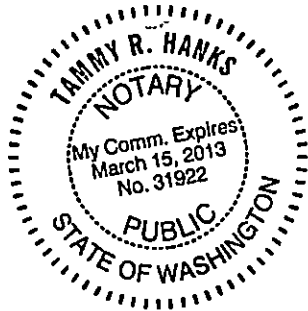
IN WITNESS WHEREOF, the parties hereunto have set their hands and seals the day and year first above-written.


MELVIN W. OGLESBY


LaVONNE G. OGLESBY

5686d

SIGNED AND SWORN to before me this 8th day of January, 2010, by MELVIN W. OGLESBY and LaVONNE G. OGLESBY.




NOTARY PUBLIC in and for the State of
Washington, residing at Clarkston.
Commission expires: March 15, 2013



I-131 DC
Pgs=3 Fee:\$20.00
CREASON, MOORE, DOKKEN &

AFTER RECORDING, RETURN TO:

Paul B. Burris
Creason, Moore, Dokken & Geidl, PLLC
P. O. Drawer 835
Lewiston ID 83501

DEATH CERTIFICATE

Reference Numbers of Related Documents: N/A

Decedent: Oglesby, Lavonne G.

DEATH CERTIFICATE

Creason, Moore, Dokken & Geidl, PLLC
P.O. Drawer 835, Lewiston, ID 83501
(208)743-1516; Fax (208)746-2231

56861

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, SHALL BE USED AS PROOF OF DEATH FOR ANY PURPOSE. Local Reg. No. _____

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) LAVONNE G OGLESBY		2. SEX FEMALE	3. SOCIAL SECURITY NUMBER 1-11-111111
	4a. AGE Last Birthday 83 (Years)		5. DATE OF BIRTH (Mo/Day/Yr) 03/18/1940	
MORTICIAN	7a. RESIDENCE - STATE OR FOREIGN COUNTRY WASHINGTON		7b. COUNTY ASOTIN	7c. CITY OR TOWN CLARKSTON
	7d. STREET AND NUMBER 1044 WASHINGTON ST.		7e. APT. NO. 99403	7f. ZIP CODE 99403
PARENTS	8. MARITAL STATUS AT TIME OF DEATH ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown		9. SURVIVING SPOUSE'S NAME (if wife, give maiden name) MELVIN OGLESBY	
	10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		11a. BIRTHPLACE (State, Territory, or Foreign Country) NEBRASKA	
INFORMANT	11b. BIRTHPLACE (State, Territory, or Foreign Country) NORTH DAKOTA		12. BIRTHPLACE (State, Territory, or Foreign Country) NORTH DAKOTA	
	13a. INFORMANT'S NAME (Type or print) RASHELLE GUSSNER		13b. RELATIONSHIP TO DECEDENT DAUGHTER	
DISPOSITION	14. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Donation ☐ Removal from Idaho ☐ Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, burial 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		17. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: RICHARD C. LASSITER	
PLACE OF DEATH	18. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ Outpatient ☐ DCA ☐ Hospice facility ☐ Nursing home/Long-term care facility ☐ Decedent's home ☐ Other (Specify)		19. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Inpatient ☐ Outpatient ☐ DCA ☐ Hospice facility ☐ Nursing home/Long-term care facility ☐ Decedent's home ☐ 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	
DATE OF DEATH	22. DATE OF DEATH (Mo/Day/Yr) (Spell month) March 4, 2024		23. TIME OF DEATH (24hr) 01:15	
	24. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) March 4, 2024		25. TIME PRONOUNCED DEAD (24hr) 01:15	
CAUSE OF DEATH	26. 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 stating the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. ACUTE RESPIRATORY FAILURE WITH HYPOXIA		Approximate Time Interval Onset to Death DAYS	
	27. CAUSE OF DEATH PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I. END STAGE RENAL DISEASE, HTN; HYPERLIPIDEMIA		Approximate Time Interval Onset to Death DAYS	
CERTIFIER	28. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown		29. IF FEMALE (Aged 10-54): ☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 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	
	30. DATE OF INJURY (Mo/Day/Yr) (Spell month) March 4, 2024		31. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined	
REGISTRAR	32. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____		33. INJURY AT WORK? ☐ Yes ☒ No	
	34. 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 - 38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)		35. WHAT SAFETY DEVICES(D) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown	
CERTIFIER	36. 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. Signature and Title of Certifier: ELECTRONICALLY SIGNED: CONNIE SPEARS, N.P.		37. LICENSE NUMBER N-66110	
	38. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) CONNIE SPEARS, P.O. BOX 3697-3400 E FERNAN HIL, COEUR D'ALENE, ID 83816		39. DATE SIGNED 3 / 5 / 2024	
REGISTRAR	40a. REGISTRAR'S SIGNATURE James B. Aydelotte		40b. DATE SIGNED 3 / 8 / 2024	

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 08 2024

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

Rev. 07/20/20

JAMES B. AYDELOTTE
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



This certified copy of an Idaho death record
was issued by Public Health – Idaho North
Central District on behalf of the State of
Idaho Bureau of Vital Records and Health
Statistics.

Cher Hudson

Local Registrar



001955035

56861

56861