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 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)
10770003300010000	☐	$ 167,400.00
	☐	$ 0.00
	☐	$ 0.00

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 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.
N/A

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(6)(a)
Reason for exemption
Inheritance, see attached death certificate and CPA

Type of document Death Certificate and Community Prop. Agreement
Date of document 1-8-2010

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
0.0000 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

0200

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 Kellie Earle
Name (print) Kellie Earle
Date & city of signing 5/24/24, Lewiston, ID

Signature of grantee or agent Kellie Earle
Name (print) Kellie Earle
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.

REV 84 0001a (03/12/24)

THIS SPACE TREASURER'S USE ONLY

COUNTY TREASURER

CLEARSON, MOORE, DOKKEN & GEIDL
CLIENT 5278

MAY 29 2024
ASOTIN COUNTY TREASURER

#56861

Print on legal size paper.

Asotin County, WA
Darla McKay Auditor

383618
05/29/2024 10:58 AM

00051216202403836180030035

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

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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,

W I T N E S S E T H :

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
MELVIN W. OGLESBY

LaVonne G. Oglesby
LaVONNE G. OGLESBY

5686

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

56861

Asotin County, WA
Darla McKay Auditor

383617
05/29/2024 10:57 AM

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.

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

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:
4a. AGE-Last Birthday (Years): 83
5. DATE OF BIRTH (Mo/Day/Yr): 03/18/1940
6. BIRTHPLACE (City and State, Territory, or Foreign Country): FARGO, NORTH DAKOTA
7a. RESIDENCE - STATE OR FOREIGN COUNTRY: WASHINGTON
7b. COUNTY: ASOTIN
7c. CITY OR TOWN: CLARKSTON
7d. STREET AND NUMBER: 1044 WASHINGTON ST.
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
9. SURVIVING SPOUSE'S NAME (if wife, give maiden name): MELVIN OGLESBY

PARENTS

10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
11a. FATHER'S NAME (First, Middle, Last, Suffix): PAT HUGHES
11b. BIRTHPLACE (State, Territory, or Foreign Country): NEBRASKA
12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix): STELLA ERICKSON
12b. BIRTHPLACE (State, Territory, or Foreign Country): NORTH DAKOTA

INFORMANT

13a. INFORMANT'S NAME (Type or print): RASHELLE GUSSNER
13b. RELATIONSHIP TO DECEDENT: DAUGHTER
13c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 779 E HIGHLAND VIEW DR BOISE, ID 83702

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
17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: ELECTRONICALLY FILED: RICHARD C. LASSITER
17b. LICENSE NUMBER (Of licensee): 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): March 4, 2024
24. TIME OF DEATH (24hr): 01:15
25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month): March 4, 2024
26. TIME PRONOUNCED DEAD (24hr): 01:15

CAUSE OF DEATH

27. 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.

	Cause	Approximate Time Interval: Onset to Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	DAYS
Due to (or as a consequence of) b.	COPD WITH ACUTE EXACERBATION	DAYS
Due to (or as a consequence of) c.	DEMENTIA	YEARS
Due to (or as a consequence of) d.	HYPERPARATHYROIDISM	YEARS

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)

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

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 ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before 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, nursing home, restaurant, forest, etc.):
35. INJURY AT WORK? ☐ Yes ☐ No
36. LOCATION OF INJURY: State / City, Town or County / Zip Code / Street and Number or Location / 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
38a. TRANSPORTATION INJURY ONLY - 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

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.

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

39b. LICENSE NUMBER: N-66110
39c. DATE SIGNED: 3 / 5 / 2024
Signature and Title of Certifier: ELECTRONICALLY SIGNED: CONNIE SPEARS, N.P.
39d. 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

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.

56861

DATE ISSUED: MAR 0 8 2024

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

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

Rev. 07/26/20

GREAT SEAL OF THE STATE OF IDAHO — ESTO PERPETUA

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.

Amber Hudson

Local Registrar

0019550 35

56861