

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 Terry L Buell Estate

Mailing address 3755 Nicklaus Dr

City/state/zip Clarkston, WA 99403

Phone (including area code)

2 Buyer/Grantee

Name Vicki J Buell

Mailing address 3755 Nicklaus Dr

City/state/zip Clarkston, WA 99403

Phone (including area code) (253) 278-9090

3 Send all property tax correspondence to: ☐ Same as Buyer/Grantee

Name Vicki Buell

Mailing address Jesse & Lindsay Gimenez

City/state/zip 3755 Nicklaus Dr

City/state/zip Clarkston, WA 99403

List all real and personal property tax parcel account numbers	Personal property?	Assessed value(s)
<u>1-257-00-030-0000-0000</u>	☐	<u>\$0.00 711,300</u>
<u>1-049-00-006-0015-0000</u>	☐	<u>\$0.00</u>
<u>1-049-00-006-0015-0000</u>	☐	<u>\$0.00 489,150</u>

4 Street address of property 3755 Nicklaus Dr, Clarkston & 31302 Snake River Rd,

This property is located in Select Location ASOTIN County unincorporated locations please select your county ASOTIN

☐ 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).

See Attached

5 Select land use code(s)

11

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

8 I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature of grantor or agent Vicki J. Buell

Name (print) Vicki Buell

Date & city of signing 6/24/24 - ASOTIN

Signature of grantee or agent Vicki J. Buell

Name (print) Vicki Buell

Date & city of signing 6/24/24 - ASOTIN

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 Relay Service by calling 711.

Property No. 1:

Parcel No: 1-257-00-030-0000-0000

Legally described as:

Lot 30 in Block Two of Swallows Crest Addition, according to the official plat thereof, filed in Book E of Plats at Page(s) 63, Official Records of Asotin County, Washington.

Property No. 2:

Parcel No: 1-049-00-006-0015-0000

Legally described as:

That part of Government Lot 1 of Section 5 and of Government Lot 1 of Section 6 of Township 7 North, Range 47 East, W.M., Asotin County, Washington, more particularly described as follows: Commencing at the Northeast corner of said Lot 1 Of Section 6; thence N.88°54'30" W, along the North line of said Lot 1 a distance of 875.00 feet; thence S.3°14'E., 918.13 feet to the true place of beginning; thence continue S.3°14'E, 134.96 feet, thence S 81degrees 06'E, 1116.57 feet to a point on the ordinary high water line of the Snake River, thence N 14 degrees 06'E 19.35 feet, along said high water line of the Snake River; thence N.3°58'E. along said high water line a distance of 189.18 feet; thence N.19°28'E. along said high water line a distance of 106.06 feet; thence East a distance of 1163.88 feet to the place of beginning. EXCEPTING THEREFROM all that portion lying in the right-of-way of the County Road, Records of Asotin County, Washington.

EXHIBIT "B"

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3. The parties to the Agreement were legally competent at the time of the Agreement and executed no subsequent Wills or agreements that would have the effect of abrogating or nullifying the Agreement. They were married continuously from the date of the Agreement to decedent's death. A copy of the Last Will and Testament of TERRY L. BUELL executed on February 8, 2014 is attached hereto as Exhibit ("D"). The original Last Will and Testament has been filed with the Asotin County Superior Court.

4. The community property of the Decedent and the Affiant that has not passed of record to Affiant or by operation of law outside of the Agreement is the real property described hereinabove and any other assets or property held in Decedent's name, which is transferred to Affiant by the Community Property Agreement and the death of Decedent.

5. The Decedent left no separate real property.

6. All obligations of the marital community composed of the Decedent and the affiant owing at the date of the Decedent's death have been paid in full or will be paid upon presentment and receipt. The same is true of all expenses of the last illness and for funeral and burial services of the Decedent have been paid.

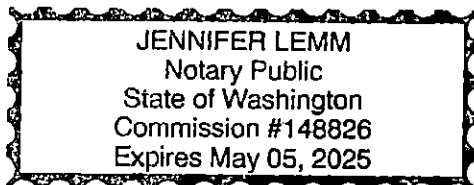
7. The Decedent was survived by affiant:

VICKI J. BUELL
3755 NICKLAUS DRIVE
CLARKSTON, WA 99403-1773

Dated this 11 day of June, 2024.

Vicki J. Buell
VICKI J. BUELL

SUBSCRIBED AND SWORN TO before me this 11th day of June, 2024.



Jennifer Lemm
Notary Public in and for the State of
Washington, residing at
May 5th 2025
My appointment expires:

56908

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-025634

DATE ISSUED: 06/03/2024

FEE NUMBER:

FIRST AND MIDDLE NAME(S): TERRY LLOYD

LAST NAME(S): BUELL

COUNTY OF DEATH: ASOTIN

DATE OF DEATH: MAY 26, 2024

HOUR OF DEATH: 09:00 AM

SEX: MALE

AGE: 78 YEARS

SOCIAL SECURITY NUMBER:

PLACE OF DEATH: DECEDENT'S HOME

FACILITY OR ADDRESS: 31302 SNAKE RIVER ROAD

CITY, STATE, ZIP: ASOTIN, WASHINGTON 99402

RESIDENCE STREET: 3755 NICKLAUS DR

CITY, STATE, ZIP: CLARKSTON, WA 99403-1773

INSIDE CITY LIMITS: NO

COUNTY: ASOTIN

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 2 YEARS

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: SEPTEMBER 21, 1945

BIRTHPLACE: SEATTLE, WA

FATHER: JOHN CALVIN BUELL

MOTHER: JOYCE LOUISE LANG

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: VICKIE ESCENE

METHOD OF DISPOSITION: REMOVAL FROM STATE

PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

OCCUPATION: MACHINIST

INDUSTRY: AIRCRAFT

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

CITY, STATE: LEWISTON, IDAHO

DISPOSITION DATE: MAY 30, 2024

INFORMANT: VICKIE BUELL

RELATIONSHIP: WIFE

ADDRESS: 3755 NICKLAUS DR. CLARKSTON, WASHINGTON 99403

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME - LEWISTON

ADDRESS: 3521 7TH STREET

CITY, STATE, ZIP: LEWISTON, IDAHO 83501

FUNERAL DIRECTOR: GERALD E. BARTLOW

CAUSE OF DEATH:

A: ATHEROSCLEROTIC CARDIO VASCULAR DISEASE

INTERVAL: 5 YEARS

B: HYPERTENSION

INTERVAL: 10 YEARS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HISTORY OF
CEREBROVASCULAR ACCIDENT

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: YES

PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CERTIFIER NAME: LISA WEBBER, CHIEF DEPUTY CORONER

TITLE: CORONER/ME

CERTIFIER ADDRESS: PO BOX 220

CITY, STATE, ZIP: ASOTIN, WASHINGTON 99402

DATE SIGNED: MAY 29, 2024

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LORA GITTINS

DATE RECEIVED: MAY 29, 2024

Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required information must match current information on record

Required	Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution (Divorce)			
	1. Name on Record: First Middle Last		2. Date of Event: MM/DD/YYYY	3. Place of Event: (City or County)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
	6. Name of Person Requesting Correction: Relationship to ☐ Self ☐ Guardian ☐ Informant ☐ Hospital Person on Record: ☐ Parent(s) ☐ Funeral Director ☐ Other (specify) _____			

7. Return Mailing Address: PO Box or Street Address City State Zip			
Telephone Number: ()		Email Address:	

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record currently shows:	The true fact is:
8.	9.
10.	11.
12.	13.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

14a. Signature: Printed name: Date:		14b. Signature of 2 nd parent (if required): Printed name: Date:	
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INSTRUCTIONS – go to www.doh.wa.gov for more information

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Copy of Passport / Enhanced ID
- Green/Permanent Resident card (I-551)

You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

Birth Certificates

1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
2. The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
3. Proof documentation must be five or more years old or established within five years of birth.
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

Child under 18

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, a court order is required to change the last name.
- No proof is required to change the first or middle name.*
- To correct parent's information, one proof documentation is required.
- To correct the sex of the child, one proof documentation from a medical provider is required.

Adult (18 years or older)

- Only the adult can change his or her birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- If the first, middle and/or last name is misspelled, on month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

Death Certificates

1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal facts (minor spelling changes in name, date or place of birth, or residence) may be changed by the person with one piece of proof documentation.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

Bob Lutz, M.D., MPH
Health Officer

JUN 03 2024

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