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 Gregory J. Buratto (Deceased)
Mailing address 1104 Liberty Circle
City/state/zip Clarkston, WA 99403
Phone (including area code) _____

2 Buyer/Grantee
Name Susan G. Buratto
Mailing address 1104 Liberty Circle
City/state/zip Clarkston, WA 99403
Phone (including area code) 208-305-2167

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)
14120002400000000	☐	$ 299,500.00
	☐	$ 0.00
	☐	$ 0.00

4 Street address of property 1104 Liberty Circle, Clarkston, WA 99403
This property is located in Asotin County *(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 24 of Liberty West Subdivision, according to the official plat thereof, recorded February 18, 2004 as Instrument No. 274474 Official Records of Asotin County, Washington.

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(h)
Reason for exemption
Inheritance

Type of document Community Property Agreement
Date of document August 8, 2022

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
0.0025 Local	0.00
*Delinquent interest: state	0.00
Local	0.00
*Delinquent penalty	0.00
Subtotal	0.00
*State technology fee	5.00
0200 Affidavit processing fee	5.00
Total due	10.00

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 Susan Buratto
Name (print) Susan Buratto
Date & city of signing 6/26/24 Lewiston, ID

Signature of grantee or agent Susan Buratto
Name (print) Susan Buratto
Date & city of signing 6/26/24 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
JUN 27 2024
ASOTIN COUNTY TREASURER

COUNTY TREASURER
#56913

Creason, Moore, Dokken, + Geidl
CK # 15373

Print on legal size paper.

Asotin County, WA
Darla McKay Auditor
381935
10/18/2023 11:57 AM
00049136202303819350060067
I-15 CP
Pgs=6 Fee:$208.50
CREASON, MOORE, DOKKEN &

AFTER RECORDING, RETURN TO:

_____

_____

_____

COMMUNITY PROPERTY AGREEMENT

This agreement is made between Gregory J. Buratto ("Husband") and Susan G. Buratto ("Wife"), husband and wife, who were married on June 30, 1962, in Clarkston, Washington, and who are currently domiciled within the State of Washington. In consideration of their mutual promises and covenants set forth below, the parties agree as follows:

1. ***Property Covered***: This agreement shall apply to the following described property now owned or hereafter acquired by Husband and Wife even though some items may have been purchased or acquired by one or the other alone or may be registered in the name of one or the other or both:

A. All real property currently owned or hereafter acquired by Husband and/or Wife.

B. All tangible personal property and financial assets now owned or hereafter acquired, including without limitation, household items, tools, firearms, vehicles, art objects, ownership and debt interests in business entities, accounts and notes receivable,

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P.O. Drawer 835, Lewiston ID 83501
(208)743-1516; Fax(208)746-2231

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and all financial accounts of every nature, **except Wife's individual Edward Jones account**.

The above-described property shall be transmuted at death into and declared to be the community property of the parties and is referred to in this agreement as the "described community property."

2. ***Vesting at Death of a Spouse***: If Husband dies and Wife survives him, all of the described community property and/or separate property shall vest in Wife as of the moment of Husband's death. If Wife dies and Husband survives her, all of the described community property and or separate property shall vest in Husband as of the moment of Wife's death.

3. ***Disclaimer***: Upon the death of either spouse, the surviving spouse may disclaim any interest passing under the agreement in whole or in part, or with reference to specific parts, shares or assets thereof, in which event the interest disclaimed shall pass as if the provisions of paragraph 2 had been revoked as to such interest with the surviving spouse entitled to the benefits provided by any alternate disposition.

4. ***Automatic Revocation***: The provisions of paragraph 2 shall be automatically revoked:

(a) Upon the filing by either party of a petition, complaint or other pleading for separation, dissolution, or divorce; or

(b) Immediately prior to death, if the order of death cannot be ascertained, or if both parties hereto die within ninety (90) days of one another.

5. ***Optional Revocation by One Party***: If either party becomes incapacitated, the other party shall have the power to terminate the provisions of paragraph 2 and each party designates the other as attorney-in-fact to become effective upon incapacity to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the incapacitated spouse and to the guardian(s), if any, of the person and of the estate of the incapacitated person. For the purposes of this paragraph, a spouse shall be deemed incapacitated if a person duly licensed to practice medicine signs a statement declaring that the person is unable to manage his or her own financial affairs.

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6. ***Powers of Appointment***: This agreement shall not affect any power of appointment now held by or hereafter given to Husband or Wife or both of them, nor shall it obligate Husband or Wife or both of them, to exercise any such power of appointment in any way.

7. ***Revocation of Inconsistent Agreements***: To the extent this agreement is inconsistent with any provisions of any community property agreement or other arrangement previously made by the parties that affects the described community property, the terms of this agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

IN WITNESS WHEREOF, the parties, Gregory J. Buratto and Susan G. Buratto, have hereunto set their signatures this 8th day of August, 2022.

Gregory J. Buratto, **Husband**

Susan G. Buratto, **Wife**

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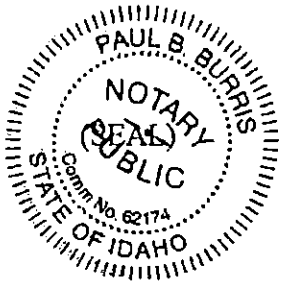
STATE OF IDAHO)
: ss.
County of Nez Perce)

On this day personally appeared before me, Gregory J. Buratto and Susan G. Buratto, husband and wife, to me known to be the individuals described in and who executed the within and foregoing Community Property Agreement, and acknowledged that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

Given under my hand and official seal on this 8th day of August, 2022.



Notary Public in and for said State,
residing at or employed in Lewiston.
My Commission Expires: Sept 9 2025

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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

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER §39-241 (1) AND §39-274, IDAHO CODE.

Local Reg. No.

DECEDENT

TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE PENCIL OR FELT TIP PEN

FOR INSTRUCTIONS SEE HANDBOOK

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix): GREGORY JAMES BURATTO
2. SEX: MALE
3. SOCIAL SECURITY NUMBER:
4a. AGE-Last Birthday (Years): 82
4b. UNDER 1 YEAR (Months, Days, Hours, Minutes):
4c. UNDER 1 DAY:
5. DATE OF BIRTH (Mo/Day/Yr): 05/09/1940
6. BIRTHPLACE (City and State, Territory, or Foreign Country): SEATTLE, WASHINGTON
7a. RESIDENCE - STATE OR FOREIGN COUNTRY: WASHINGTON
7b. COUNTY: ASOTIN
7c. CITY OR TOWN: CLARKSTON
7d. STREET AND NUMBER: 1104 LIBERTY CIRCLE
7e. APT. NO.:
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): SUSAN HOFMAN

PARENTS

10. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
11a. FATHER'S NAME (First, Middle, Last, Suffix): A. R. BURATTO
11b. BIRTHPLACE (State, Territory, or Foreign Country): UNKNOWN
12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix): GAIL FARRINGTON
12b. BIRTHPLACE (State, Territory, or Foreign Country): UNKNOWN

INFORMANT

13a. INFORMANT'S NAME (Type or print): SUSAN BURATTO
13b. RELATIONSHIP TO DECEDENT: WIFE
13c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1104 LIBERTY CIRCLE CLARKSTON, WA 99403

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

MORTICIAN: Complete/Verify and File Within 5 Days of Death

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

PLACE OF DEATH (19-22)

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): LIFE CARE CENTER OF LEWISTON
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): January 8, 2023
24. TIME OF DEATH (24hr): 15:30
25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month): August 6, 2023
26. TIME PRONOUNCED DEAD (24hr): 15:30

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.

		Approximate Time Interval: Onset to Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	ADULT FAILURE TO THRIVE	DAYS
DUE TO (or as a consequence of):		
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) b.	NEUROGENIC COMPLICATIONS R/T DEGENERATIVE DISC DISEASE	MONTHS
DUE TO (or as a consequence of):		
c.	CONGESTIVE HEART FAILURE	YEARS
DUE TO (or as a consequence of):		
d.	ATRIAL FIB	YEARS

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I: HYPERTENSION; BPH

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 15-54): ☐ 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 42 days of death ☐ Unknown if pregnant within the past year
31. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined

CERTIFIER: Complete Within 72 Hours of Death

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

TRANSPORTATION INJURIES ONLY

38a. 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

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

39a. CERTIFIER (Check only one, based on official capacity for the 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) 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.

39b. LICENSE NUMBER: N-66110
39c. DATE SIGNED: 1 / 9 / 2023 (MM / DD / YYYY)
Signature and Title of Certifier: ELECTRONICALLY SIGNED: CONNIE SPEARS, N.P.
39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print): CONNIE SPEARS, 415 SIXTH STREET LEWISTON, ID 83501

REGISTRAR

40a. REGISTRAR'S SIGNATURE: James B. Gillette
40b. DATE SIGNED: 1 / 12 / 2023 (MM / DD / YYYY)

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.

56913

DATE ISSUED: JAN 12 2023

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

James B. Gillette
JAMES B. AYDELOTTE
STATE REGISTRAR

Rev 07/20/20

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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.

Amber Hudson

Local Vital Statistics Registration Official

381935

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