



REAL ESTATE EXCISE TAX AFFIDAVIT
CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED

(See back of last page for instructions)

Check box if partial sale of property

If multiple owners, list percentage of ownership next to name.

Form section 1 and 2: Seller/Grantor (Joanna Henry, Administrator) and Buyer/Grantee (David L. Chase, Sena R. Chase) with addresses and contact information.

Form section 3: Correspondence information for David L. Chase and Sena R. Chase, including address and phone number.

Form section 4: Property address (1387 Sycamore Street, Clarkston, WA) and location details (Asotin County).

Form section 5: Land Use Code (11 Household, single family units) and exemption information.

Form section 6: Continuation of use notice and compliance information for forest land or historic property.

Table listing personal property included in selling price and a detailed financial summary including Gross Selling Price, Excise Tax, and Total Due (\$3,785.00).

Form section 8: Signature and date of signing for both Joanna Henry and David L. Chase.

Perjury: Perjury is a class C felony which is punishable by imprisonment in the state correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars (\$5,000.00), or by both imprisonment and fine (RCW 9A.20.020 (1C)).

EFT



State of Washington
 Department of Revenue
 Special Programs Division
 Miscellaneous Tax
 PO Box 47477
 Olympia WA 98504-7477

AFFIDAVIT (LACK OF PROBATE)

Joanna L. Henry being first duly sworn, deposes and says:

The undersigned affiant is the rightful heir to the real property described below, and is daughter

(relationship to decedent) of Vernon E. Heustis (decedent), who died on (date)

August 15, 2022, at

Clarkston Asotin Washington
City County State

***** A CERTIFIED COPY OF THE DEATH CERTIFICATE MUST BE PRESENTED. PLEASE NOTE: A copy may be used for recording at the discretion of the county.**

REGARDING DISPOSITION OF REAL PROPERTY:

Attach the full legal description of the property with county and parcel number being transferred which is located at a commonly recognized address of: 1387 Sycamore Street

Clarkston WA 99403
City State Zip Code

- Decedent left no Last Will and Testament and/or Community Property Agreement; OR Decedent left a Community Property Agreement in favor of surviving spouse (A COPY OF WHICH IS ATTACHED for review), or has been recorded under _____ County recording number _____; OR
- Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked (A COPY OF WHICH IS ATTACHED for review)

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

Maria A. Geffre, daughter

 Full name, age, relationship, address
Vernon Dale Heustis, son

 Full name, age, relationship, address
Angela L. Roundtree, daughter

 Full name, age, relationship, address
Joanna L. Henry (affiant), daughter

 Full name, age, relationship, address

(Continued on next page)

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Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: November 25, 2022

Joanna L. Henry

Affiant's full name

509-540-7904

Telephone number

720 Edgewood Street

Walla Walla
City

Street

WA
State

99362
Zip Code

Joanna L. Henry
Signature

11-25-22
Date

State of Washington

County of WALLA WALLA

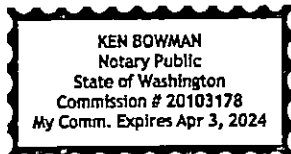
I know or have satisfactory evidence that JOANNA L. HENRY
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 11/25/2022

Ken Bowman
Signature of Notary Public

(SEAL OR STAMP)



Residing at: BOSTON CONWAY

Notary Public In and for the State of WASHINGTON

My appointment expires: 4/3/2024

For tax assistance call (360) 534-1503, option 2. To request this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711.

REV 84 0017 (5/16/16)

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-041901

DATE ISSUED: 08/18/2022
FEE NUMBER:

FIRST AND MIDDLE NAME(S): VERNON EUGENE
LAST NAME(S): HEUSTIS

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: AUGUST 15, 2022
HOUR OF DEATH: 01:15 AM
SEX: MALE AGE: 87 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: MARCH 30, 1935
BIRTHPLACE: WESTVILLE, OK

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: SHIRLEY DARLENE MAYBEARY

OCCUPATION: CARPENTER
INDUSTRY: CARPENTRY
EDUCATION: 8TH GRADE OR LESS
US ARMED FORCES: NO

INFORMANT: JOANNA HENRY
RELATIONSHIP: DAUGHTER
ADDRESS: 720 EDGEWOOD ST, WALLA WALLA WA, 99362

CAUSE OF DEATH:
A: CONGESTIVE HEART FAILURE
INTERVAL: UNKNOWN
B: HYPERTENSION
INTERVAL: UNKNOWN
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CORONARY ARTERY DISEASE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

LOCATION OF INJURY:
CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 1387 SYCAMORE ST
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 1387 SYCAMORE ST
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 40 YEARS

FATHER: CHARLES HEUSTIS
MOTHER: RUTH FOWLER

METHOD OF DISPOSITION: REMOVAL FROM STATE
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: AUGUST 17, 2022

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES
LLC
ADDRESS: PO BOX 107
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
FUNERAL DIRECTOR: RICHARD LASSITER

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ELIZABETH N. BLACK, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1271 HIGHLAND AVE STE B
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
DATE SIGNED: AUGUST 17, 2022

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: AUGUST 17, 2022

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Affidavit for Correction

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

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

STATE OFFICE USE ONLY				
State File Number	Fee Number	Initials	Date	Affidavit Number

Required	Required information must match current information on record.					
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)					
	1. Name on Record:			2. Date of Event:		3. Place of Event:
	First Middle Last			MM/DD/YYYY		(City or County)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		
	First Middle Last/Malden			First Middle Last/Malden		
6. Name of Person Requesting Correction: Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____						

7. Return Mailing Address:				City	State	Zip
PO Box or Street Address						
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 foregoing is true and correct.

14a. Signature:		14b. Signature of 2 nd parent (if required):	
Printed name:	Date:	Printed name:	Date:

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

- 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.
- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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, or omitted and/or any 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.

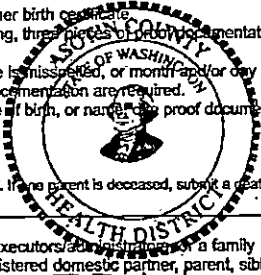
*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If no parent is deceased, submit a death certificate with request.

Death Certificates

- Only the informant may change the non-medical information without proof documentation. The funeral director, executor, administrator, 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

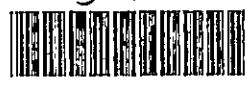
- Personal facts (minor spelling changes in name, date or place of birth, or residence) may be changed by the person with one piece of proof documentation.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



Bob Lutz, M.D., MPH

AUG 18 2022

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FILED

2022 OCT 20 AM 11:53

MCKENZIE A. CAMPBELL
COUNTY CLERK
ASOTIN COUNTY, WA

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SUPERIOR COURT OF WASHINGTON FOR ASOTIN COUNTY

In re the Estate of:

SHIRLEY D. HEUSTIS,

Deceased.

NO. 22-4-00111-02

LETTERS TESTAMENTARY

(RCW 11.28.090)

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On October 20, 2022, the last *Will* of the above-named Decedent was
duly exhibited, proven, and filed in the foregoing Superior Court.

In the *Will*, Decedent named JOANNA L. HENRY, to act as her Executor and she has
duly qualified.

Now, therefore, by Order of this Court, JOANNA L. HENRY, is authorized to execute
the *Will* according to law.

LETTERS TESTAMENTARY:

Jones, Brower & Callery, P.L.L.C.
1304 Idaho Street, P.O. Box 854
Lewiston, ID 83501
(208) 743-3591
Facsimile: (208) 746-9553

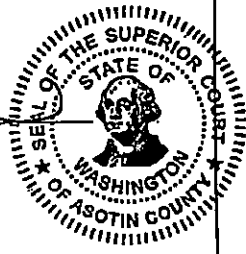
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Witness my hand and the seal of this Court on October 20, 2022

Clerk of the Superior Court

By: S. Bergen
Deputy Clerk



STATE OF WASHINGTON)
) ss.
COUNTY OF ASOTIN)

I, MCKENZIE CAMPBELL, County Clerk in and for said County and State, do hereby certify that the foregoing is a true and correct copy of the original Letters Testamentary as the same appear on file and of record in my office and that said Letters Testamentary are now in full force and effect and have never been revoked.

In TESTIMONY WHEREOF, I have hereunto set my hand and affixed my seal this day of _____, 2022.

Clerk of the Superior Court

By: _____
Deputy Clerk

LETTERS TESTAMENTARY:

Jones, Brower & Callery, P.L.L.C.
1304 Idaho Street, P.O. Box 854
Lewiston, ID 83501
(208) 743-3591
Facsimile: (208) 746-9553

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