

Real Estate Excise Tax Affidavit (RCW 82.45 WAC 458-61A)

Only for sales in a single location code on or after January 1, 2023.
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.*

Form 84 0001a

Check box if partial sale, indicate % _____ sold.

List percentage of ownership acquired next to each name.

1 Seller/Grantor

Name Tia Reece

Mailing address 1520 Highland Avenue

City/state/zip Clarkston WA 99403

Phone (including area code) _____

2 Buyer/Grantee

Name Terry O'Keefe and Wendi O'Keefe

Mailing address PO Box 502

City/state/zip Monitor WA 98836

Phone (including area code) _____

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

Name Terry O'Keefe and Wendi O'Keefe

Mailing address PO Box 502

City/state/zip Monitor WA 98836

List all real and personal property parcel account numbers	Personal property?	Assessed value(s)
10560009600410000	<input type="checkbox"/>	35,750.00
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

4 Street address of property NNA NNA Anatone, WA 99401

This property is located in Asotin Unincorp (for unincorporated locations please select your county) X

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 Exhibit "A"

5 Land use code 19 Vacation and Cabin

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 Tia Reece

Name (print) Tia Reece

Date & city of signing 6/8/23 Clarkston

Signature of grantee or agent Terry O'Keefe

Name (print) Terry O'Keefe and Wendi O'Keefe

Date & city of signing 6/8/23 Clarkston

Perjury in this record is a Class C felony which is punishable by a fine of not more than \$5,000 or imprisonment for not more than 5 years or both.

To ask about the availability of this publication, or for more information, please call 360-705-6705. Teletype _____

REV 84 0001a (09/08/22)

THIS SPACE TREASURER'S USE ONLY

COUNTY TREASURER

DATE 06/12/2023 - RECEIPT No. 56136 - Alliance Title - Clarkston

File No. 638938

Exhibit 'A'

That part of the Southeast Quarter of the Northeast Quarter of Section 8 of Township 7 North, Range 45 East of the Willamette Meridian, Asotin County, Washington, more particularly described as follows:

Commencing at the Southeast corner of said Southeast Quarter of the Northeast Quarter; thence North $0^{\circ}35'18''$ East along the East line of the Southeast Quarter of Northeast Quarter a distance of 335.01 feet to the TRUE PLACE OF BEGINNING; thence continue North $0^{\circ}35'18''$ East, 335.01 feet; thence North $89^{\circ}48'$ West, 651.00 feet; thence South $0^{\circ}35'18''$ West, 335.06 feet; thence South $89^{\circ}48'16''$ East, 651.00 feet to the true place of beginning.

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Return Address:

1520 Highland Ave.
Clarkston, WA
99403

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Tia Reece, being first duly sworn
Name of Affiant
deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real
property described below, and is Daughter
Relationship to decedent
of Tommy Reece, who died on 08/13/21
Decedent/Grantor date
at Lewiston Nez Perce Idaho
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Assessor's Property Tax Parcel/Account Number: 1 056 00 096 0041 0000
(Attach full legal description of the property)

- Decedent left no Last Will and Testament.
- Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"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)

(Page 1 of _____)

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Tia Reece, Daughter, 1520 Highland Ave

Clarkston, WA 99402

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

56136

Dated: 05/15/23

Tia Mae Reece
Affiant's full name

509-295-7369
Telephone number

1520 Highland Ave.
Street

Clarkston WA 99403
City State Zip Code

Tia Reece 05/15/23
Signature Date

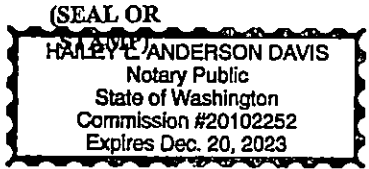
State of Washington County of Astoria

I know or have satisfactory evidence that Tia M. Reece
(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: 5/15/2023

[Signature]
Signature of Notary Public



Residing at: Clarkston, WA

Notary Public in and for the State of Washington

My appointment expires: 12/20/2022

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

DECEASED	1. DECEASED'S LEGAL NAME (Include Alias if any) (Print, Middle, Last, Suffix) TOMMY DEAN REECE		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
	4. AGE AND BIRTH DATE (Month/Day/Year) 21	5. DATE OF BIRTH (Month/Day/Year) 02/27/1950	6. BIRTH PLACE (City and State, Territory, or Foreign Country) LEWISTON, IDAHO	
MORTUARY	7. RESIDENCE, STATE OR FOREIGN COUNTRY WASHINGTON	7a. COUNTY ASOTIN	7b. CITY OR TOWN CLARKSTON	
	8. STREET AND NUMBER 1111 7TH STREET	9. APT. NO. OR ZIP CODE 99403	10. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
PARENTS	11. MARRITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Single <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		11a. BIRTH PLACE (State, Territory, or Foreign Country) NORTH CAROLINA	
	11b. FATHER'S NAME (Print, Middle, Last, Suffix) CHARLES REECE		11c. BIRTH PLACE (State, Territory, or Foreign Country) NORTH DAKOTA	
INFORMANT	12. INFORMANT'S NAME (Type of Informant) JUDY NUXOLE		12b. RELATIONSHIP TO DECEASED, (Print, Mailing Address (Street and Number, City, State, ZIP Code) SISTER 12839 WEST GRANADIER DRIVE BOISE, ID 83713	
	13. MANNER OF DEPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify) Mountain View Crematory 3211 SEVENTH STREET LEWISTON, IDAHO 83501		13a. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY MERCHANT FUNERAL HOME 1000 SEVENTH STREET CLARKSTON, WASHINGTON 99403	
PLACE OF DEATH	14. SIGNATURE OF FUNERAL DEALER OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: RICHARD C. LASSITER			
	14a. LICENSE NUMBER OF DECEASED F1558		14b. WAS CORDON CONTACTED PRIOR TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DATE OF DEATH	15. PLACE OF DEATH (If not at home) <input type="checkbox"/> Home <input type="checkbox"/> Other (Specify) LEWISTON TRANSITIONAL CARE OF CAROLINA			
	16. CITY, TOWN OR LOCATION OF DEATH AND ZIP CODE LEWISTON, ID 83501		16a. COUNTY OF DEATH NEZ PERCE	
CAUSE OF DEATH	17. DATE OF DEATH (Month/Day/Year) (Exact month) August 13, 2021		17a. TIME OF DEATH (Hour/Minute) 10:45	
	18. DATE ANNOUNCED DEATH (Month/Day/Year) (Exact month) August 13, 2021		18a. TIME ANNOUNCED DEATH (Hour/Minute) 10:45	
CAUSE OF DEATH	19. CAUSE OF DEATH (Specify) ACUTE FAILURE TO THRIVE			
	20. UNDERLYING CAUSE (Specify) CONGENITAL STENOSIS AND STRICTURE OF ESOPHAGUS			
CAUSE OF DEATH	21. HEPATITIS C WITH LIVER FAILURE AND ASCITES			
	22. DO TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> No <input type="checkbox"/> Yes			
CAUSE OF DEATH	23. DATE OF INJURY (Month/Day/Year) (Exact month) [REDACTED]			
	24. LOCATION OF INJURY [REDACTED]			
CAUSE OF DEATH	25. DESCRIBE HOW INJURY OCCURRED, IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, Truck, motorcycle, ATV, bicycle, etc.) [REDACTED]			
	26. CERTIFIER (Check only one, based on which capacity you are certifying) <input type="checkbox"/> Physician <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Advanced Practice Registered Nurse <input type="checkbox"/> Coroner <input type="checkbox"/> Other (Specify) ELECTRONICALLY SIGNED: SETH T. SIX			
CAUSE OF DEATH	27. NAME, ADDRESS AND ZIP CODE OF CERTIFIER (Do not print) SETH T. SIX, 615 SIXTH STREET LEWISTON, ID 83501		28. LICENSE NUMBER N-65849	
	29. SIGNATURE OF REGISTRAR James B. Aydelotte		30. DATE SIGNED 8 / 17 / 2021	

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: **AUG 17 2021**

JAMES B. AYDELOTTE
STATE REGISTRAR

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