



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 with sections 1 and 2. Section 1: Seller/Grantor Name: Robert S. Hammond, Mailing Address: 1238 12th Street, City/State/Zip: Clarkston WA 99403. Section 2: Buyer/Grantee Name: Keith Hammond, Mailing Address: 1238 12th Street, City/State/Zip: Clarkston WA 99403.

Section 3: Send all property tax correspondence to: [X] Same as Buyer/Grantee Name: Keith Hammond, Mailing Address: 1238 12th Street, City/State/Zip: Clarkston WA 99403. Section 4: Street address of property: 1238 12th Street, Clarkston, WA 99403. This property is located in [X] unincorporated Asotin County OR within [ ] city of [ ].

Section 5: Select Land Use Code(s): 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 chapters 84.56, 84.57, or 84.58 RCW? [ ] YES [X] NO

Section 6: Is this property designated as forest land per chapter 84.33 RCW? [ ] YES [X] NO. Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW? [ ] YES [X] NO. Is this property receiving special valuation as historical property per chapter 84.26 RCW? [ ] YES [X] NO.

(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 RCW 84.34.108). Prior to signing (3) below, you may contact your local county assessor for more information. This land [ ] does [X] does not qualify for continuance.

DEPUTY ASSESSOR 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) does not wish to continue, all additional tax calculated pursuant to chapter 84.26 RCW, shall be due and payable by the seller or transferor at the time of sale. (3) OWNER(S) SIGNATURE PRINT NAME

Section 7: List all personal property (tangible and intangible) included in selling price.

If claiming an exemption, list WAC number and reason for exemption: WAC No. (Section/Subsection) Reason for exemption

Table with columns: Type of Document, Date of Document, Gross Selling Price, Personal Property (deduct), Exemption Claimed (deduct), Taxable Selling Price, Excise Tax - State, Local, Delinquent Interest - State, Local, Delinquent Penalty, Subtotal, State Technology Fee, Affidavit Processing Fee, Total Due.

0202

A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX \*SEE INSTRUCTIONS

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. Signature of Grantor or Grantor's Agent: Robert S. Hammond, Name (print): Robert S. Hammond, Date & city of signing: 7/8/2021 Clarkston. Signature of Grantee or Grantee's Agent: Keith Hammond, Name (print): Keith Hammond, Date & city of signing: 7-8-2021 Clarkston.

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)).

REV 84 0001a (6/26/21) THIS SPACE - TREASURER'S USE ONLY COUNTY TREASURER

EP

DATE 07/09/2021 - RECEIPT No. 54342 - Alliance Title - Clarkston



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

## AFFIDAVIT (LACK OF PROBATE)

~~Keith Hammond~~ Robert S Hammond, being first duly sworn, deposes and says:

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

(relationship to decedent) of Patricia Anne Hammond (decedent), who died on (date)

06/30/2020, at

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:

Street

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)

Keith Hammond-Son

51 years old 1238 12th St Clarkston WA 99403  
 Full name, age, relationship, address

Cecilia Hammond daughter

44 yrs old 6528 Lake Rd apt 3 Windsor WI 53598  
 Full name, age, relationship, address

Heather Hammond daughter

28 yrs old 1238 12th St Clarkston WA  
 Full name, age, relationship, address

\_\_\_\_\_  
 Full name, age, relationship, address

(Continued on next page)

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated :

Robert S. Hammond ✓  
Affiant's full name

509-780-2726 ✓  
Telephone number

123B 12th St ✓  
Clarkston City WA State 99403 Zip Code ✓

Robert S. Hammond ✓ Signature 7/8/2021 ✓ Date

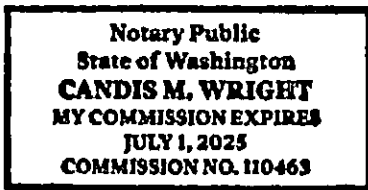
State of Washington County of Asotin

I know or have satisfactory evidence that Robert S. Hammond  
(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: 07/08/2021  
Candis M. Wright  
Signature of Notary Public

(SEAL OR STAMP)



Residing at: \_\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_

My appointment expires: \_\_\_\_\_ / \_\_\_\_\_  
Notary Public for Washington State  
Residing in Whitman County  
My comm. expires 07-01-2025  
Candis M. Wright

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.

54342

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-029779

DATE ISSUED: 07/08/2020  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): PATRICIA ANNE  
LAST NAME(S): HAMMOND

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: JUNE 30, 2020  
HOUR OF DEATH: 07:00 AM  
SEX: FEMALE AGE: 66 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 1238 12TH STREET  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

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

RESIDENCE STREET: 1238 12TH STREET  
CITY, STATE, ZIP: CLARKSTON, WA 99403  
INSIDE CITY LIMITS: YES COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 6 YEARS

BIRTH DATE: MAY 15, 1954  
BIRTHPLACE: LEWISTON, ID

FATHER: RAY RALEIGH MORRIS  
MOTHER: JULIA CECILIA ROUSSEAU

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: ROBERT STEWART HAMMOND

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: VALLEY CREMATORY

OCCUPATION: HOMEMAKER  
INDUSTRY: OWN HOME  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

CITY, STATE: LEWISTON, IDAHO  
DISPOSITION DATE: JULY 03, 2020

INFORMANT: KEITH HAMMOND  
RELATIONSHIP: SON  
ADDRESS: 1238 12TH STREET

FUNERAL FACILITY: MALCOM'S BROWER-WANN FUNERAL HOME  
ADDRESS: 1711 18TH STREET  
CITY, STATE, ZIP: LEWISTON, IDAHO 83501  
FUNERAL DIRECTOR: JASON M. HARWICK

CAUSE OF DEATH:  
A: ISCHEMIC CARDIOMYOPATHY  
INTERVAL: UNKNOWN

B:  
INTERVAL:

C:  
INTERVAL:

D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

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

CERTIFIER NAME: ELIZABETH N. BLACK, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1271 HIGHLAND AVE STE B  
CITY, STATE, ZIP: CLARKSTON, WA 99403  
DATE SIGNED: JUNE 30, 2020

LOCATION OF INJURY:

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BRADY WOODBURY  
DATE RECEIVED: JULY 01, 2020

54342



# 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
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<b>Required</b>	<b>Required information must match current information on record</b>				
	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/Maiden	First	Middle	Last/Maiden
6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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 now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

**I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct**

16a. Signature:	16b. Signature of 2 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	Date:

**INSTRUCTIONS – go to [www.doh.wa.gov](http://www.doh.wa.gov) for more information**

**Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof**

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

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

**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
- Documentary proof must be five or more years old or established within five years of birth

<p><b>Child under 18</b></p> <ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship</li> <li>• Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*</li> <li>• After age one, a court order is required to change the last name</li> <li>• No proof is required to change the first or middle name*</li> <li>• To correct parent's information, one documentary proof is required.</li> <li>• To correct the sex of the child, one documentary proof from a medical provider is required</li> </ul>	<p><b>Adult (18 years or older)</b></p> <ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate</li> <li>• If the first or middle name is missing, three pieces of documentary proof are required</li> <li>• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required</li> <li>• To correct parent's birth date, place of birth, or name, one documentary proof is required</li> </ul>
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\*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.

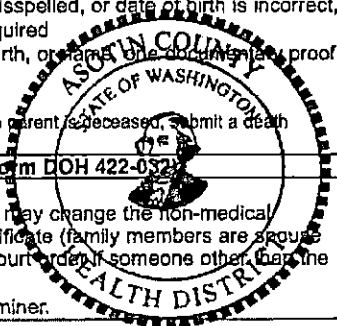
**This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)**

**Death Certificates**

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a 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 documentary proof
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit



DOH 422-032 January 2016  
**Bob Lutz, M.D., MPH**  
 Health Officer  
**JUL 08 2020**



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

# 54342



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