

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

Only for sales in a single location code on or after July 1, 2022.  
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 % 50 sold.

List percentage of ownership acquired next to each name.

**1 Seller/Grantor**

Name Nancy Joy Freeman, aka Nancy J. Freeman, Deceased

**2 Buyer/Grantee**

Name John F. Freeman

Mailing address 2945 27th Street

City/state/zip Clarkston, WA 99403

Phone (including area code) (509) 758-6338

Mailing address 2945 27th Street

City/state/zip Clarkston, WA 99403

Phone (including area code) (509) 758-6338

**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)
<u>11320019700000000</u>	<input type="checkbox"/>	<u>\$ 147,700.00</u>
<u>11320022000030000</u>	<input type="checkbox"/>	<u>\$ 48,600.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>

**4** Street address of property 2945 27th Street, Clarkston, WA

This property is located in Clarkston (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).

See Exhibit A

**5** 11 - Household, single family units

Enter any additional codes 91

(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 John F. Freeman

Name (print) John F. Freeman

Date & city of signing June 30 2022 Lewiston, ID

Signature of grantee or agent John F. Freeman

Name (print) John F. Freeman

Date & city of signing June 30 2022, 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.

CREASON, MOORE,  
DOKKEN & SEDL

JUL - 6 2022

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CL# 14286A

**EXHIBIT A**

**PARCEL 1:**

That part of Section 6 of Township 10 North, Range 46 East of the Willamette Meridian, Asotin County, Washington, more particularly described as follows:

Commencing at the monument at the intersection of Critchfield Road and 6<sup>th</sup> Avenue; thence North 89°04'44" West along the centerline of 6<sup>th</sup> Avenue for a distance of 2310.0 feet; thence South 0°55'16" West a distance of 2310.0 feet to the True Point of Beginning; thence continue South 0°55'16" a distance of 330.00 feet; thence South 89°04'44" East a distance of 609.50 feet; thence North 6°55'16" East a distance of 3.0 feet; then South 89°04'44" East a distance of 3.0 feet; thence South 0°55'16" West a distance of 3.0 feet; thence South 89°04'44" East a distance of 3.5 feet; thence North 0°55'16" East a distance of 9.0 feet; thence North 89°04'14" West a distance of 4.0 feet; thence South 49°06'16" West a distance of 9.0 feet; thence North 89°04'44" West a distance of 131.29 feet; thence North 0°55'16" East a distance of 327.0 feet; thence North 89°04'44" West a distance of 474.00 feet to the True Place of Beginning.

RESERVING from the above described tract for road and utility easements the West 25 feet thereof.

**PARCEL 2:**

That part of Section 6 of Township 10 North, Range 46 East of the Willamette Meridian, Asotin County, Washington, more particularly described as follows:

Commencing at the monument at the intersection of Critchfield Road and 6<sup>th</sup> Avenue; thence North 89 04 44" West along the centerline of 6<sup>th</sup> Avenue a distance of 2310.00 feet; thence South 0 55 16 West a distance of 2640.0 feet; thence South 89°04'44" East a distance of 168.0 feet to the True Place of Beginning; thence continue South 89°04'44" East a distance of 128.0 feet; thence South 0°55'16" West a distance of 200.0 feet; thence North 89°04'44" West a distance of 128.0 feet; thence North 0°55'16" East a distance of 200.00 feet to the True Place of Beginning.

SUBJECT to utility and drainage easements of record and an easement over and across the North 15 feet thereof.

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**AFTER RECORDING, RETURN TO:**

Paul B. Burris  
Creason, Moore, Dokken & Geidl, PLLC  
P. O. Drawer 835  
Lewiston ID 83501

**COMMUNITY PROPERTY AGREEMENT**

***Reference Numbers of Related Documents:*** N/A

***Grantor:*** Freeman, Nancy J., also known as Freeman, Nancy Joy

***Grantee:*** Freeman, John F.

***Legal Description:***

1. Real property located in Asotin County, Washington, described as follows:

A part of Section 6 of Township 10 North, Range 465 East of the Willamette Meridian, Asotin County, Washington.

2. Assessor's Parcel Nos: 11320019700000000  
11320022000030000

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**COMMUNITY PROPERTY AGREEMENT**

THIS AGREEMENT entered into on this 6<sup>th</sup> day of November, 2012, between JOHN F. FREEMAN and NANCY JOY FREEMAN, husband and wife, for the purposes contained herein:

In consideration of the love and affection that each party has for the other, and in consideration of the mutual benefits to be derived hereunder, the parties agree as follows:

I.

All property of whatever nature or description whether real, personal or mixed and wherever situated, irrespective of the source, now owned or hereafter acquired by either or both parties, shall be considered and is hereby declared to be community property from this day forward.

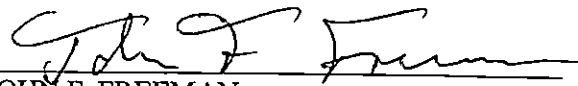
II.

Upon the death of either party, title to all community property shall immediately vest in fee simple in the surviving party.

III.

The parties hereto are executing contemporaneously with this Agreement Last Wills and Testaments. The purpose of each such Last Will and Testament is to supplement this agreement and to effectuate the complete transfer of each party's property. However, nothing contained herein shall be construed to be a contract to make mutual wills.

IN WITNESS WHEREOF, parties have signed this agreement on the date first written above.

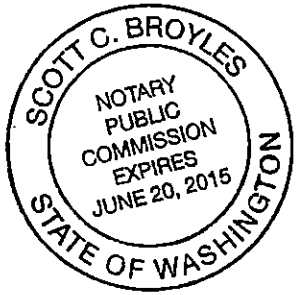
  
\_\_\_\_\_  
JOHN F. FREEMAN

  
\_\_\_\_\_  
NANCY JOY FREEMAN

STATE OF WASHINGTON )  
 ) ss  
County of Asotin )

This is to certify that on this 6 day of November, 2012, personally appeared JOHN F. FREEMAN and NANCY JOY FREEMAN, husband and wife, to me known to be the individuals described in and who executed the within instrument, and acknowledged to me that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have set my hand and seal this 6 day of November, 2012.



[Signature]  
NOTARY PUBLIC in and for the State of Washington,  
Residing at: Asotin  
My appointment expires: 6/20/2015

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STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-019397

DATE ISSUED: 04/26/2022  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): NANCY J  
LAST NAME(S): FREEMAN

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: APRIL 10, 2022  
HOUR OF DEATH: 11:30 AM  
SEX: FEMALE AGE: 76 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY  
FACILITY OR ADDRESS: PRESTIGE CARE & REHABILITATION  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

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

RESIDENCE STREET: 2945 27TH STREET  
CITY, STATE, ZIP: CLARKSTON, WA 99403  
INSIDE CITY LIMITS: NO COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 15 YEARS

BIRTH DATE: OCTOBER 03, 1945  
BIRTHPLACE: PEORIA, IL

FATHER: VICTOR VISSERING  
MOTHER: FRANCES FELTER

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: JOHN FREEMAN

METHOD OF DISPOSITION: REMOVAL FROM STATE  
PLACE OF DISPOSITION: MOUNTAIN VIEW FUNERAL HOME

OCCUPATION: REALTOR  
INDUSTRY: REALTY  
EDUCATION: MASTER'S DEGREE  
US ARMED FORCES: NO

CITY, STATE: LEWISTON, IDAHO  
DISPOSITION DATE: APRIL 13, 2022

INFORMANT: JOHN FREEMAN  
RELATIONSHIP: SPOUSE  
ADDRESS: 2945 27TH STREET, CLARKSTON, WASHINGTON, 99403

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

- CAUSE OF DEATH:
- A: ALZHEIMER'S DISEASE  
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: NO  
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, WASHINGTON 99403  
DATE SIGNED: APRIL 12, 2022

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: MAURINE L. NICHOLSON  
DATE RECEIVED: APRIL 13, 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
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**Required information must match current information on record**

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)      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  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:

8. The record now shows:	9. The asserted fact is:
10.	11.
12.	13.
14.	15.

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

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

Printed name:      Date:      Printed name:      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
- |   |  |
|---|--|
| <b>Child under 18</b>   | <b>Adult (18 years or older)</b>   |
| <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> | <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> |
- \*To change any part of the names 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.

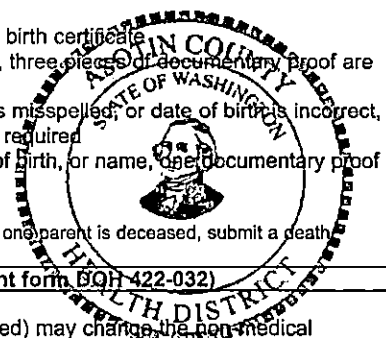
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

#### 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



Bob Lutz, M.D., MPH  
Health Officer



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

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