Department of Revenue
Washington State

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

Form 84 0001a

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.*

☐ Check box if partial sale, indicate % _____ sold. List percentage of ownership acquired next to each name.

1 Seller/Grantor
Name Robin Sue Pewtress, Surviving Trustee
Baker Living Trust, dated October 22, 1997
Mailing address 11505 W. Gunsmoke Road
City/state/zip Boise ID 83713
Phone (including area code)

2 Buyer/Grantee
Name Ronald K. Sydenham
Sharon E. Sydenham
Mailing address 1032 Liberty Drive
City/state/zip Clarkston, WA 99403
Phone (including area code)

3 Send all property tax correspondence to: ☒ Same as Buyer/Grantee
Name Ronald K. Sydenham Sharon E. Sydenham
Mailing address
City/state/zip

List all real and personal property tax parcel account numbers	Personal property?	Assessed value(s)
14120000400000000	☐	386,600.00
	☐	
	☐	

4 Street address of property 1032 Liberty Drive, Clarkston, WA 99403
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).
Lot 4 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 Land use code 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.

If claiming an exemption, list WAC number and reason for exemption.
WAC number (section/subsection)
Reason for exemption

Type of document Statutory Warranty Deed (SWD)
Date of document 11/06/23

Gross selling price	435,000.00
*Personal property (deduct)	0.00
Exemption claimed (deduct)	0.00
Taxable selling price	435,000.00
Excise tax: state	
Less than $525,000.01 at 1.1%	4,785.00
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	4,785.00
Local	1,087.50
*Delinquent interest: state	0.00
Local	0.00
*Delinquent penalty	0.00
Subtotal	5,872.50
*State technology fee	5.00
Affidavit processing fee	0.00
Total due	5,877.50

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

02 00

8 I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT
Signature of grantor or agent
Name (print) Robin Sue Pewtress, Surviving Trustee
Date & city of signing 11/6/23 Clarkston

Signature of grantee or agent Ronald K Sydenham
Name (print) Ronald K. Sydenham
Date & city of signing 11-3-23 Clarkston

Perjury in the second degree is a class C felony which is punishable by confinement in a state correctional facility for a maximum term of five years, a fine of up to $10,000, or by both confinement and fine (RCW 9A.20.021).

To ask about the availability of this publication in alternate formats, please call 360-705-6705. Teletype

REV 84 0001a (09/08/22) THIS SPACE TREASURER'S USE ONLY COUNTY TREASURER

DATE 11/06/2023 - RECEIPT No. 56451 - Alliance Title - Clarkston

Print on legal size paper

Return Address

Alliance Title & Escrow
735 5th Street
Clarkston, WA 99403

Please print or type information

Document Title(s) (or transactions contained therein):
1.Certifcate of Death
2.
3.
4.

Grantor(s) (Last name first, then first name and initials):
1. Baker, Robert S.
2.
3.
4.
☐ Additional names on page __ of document.

Grantee(s) (Last name first, then first name and initials):
1. To the public
2.
3.
4.
☐ Additional names on page __ of document.

Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.)

☐ Additional legal is on page __ of document.

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page __ of document.

Assessor's Property Tax Parcel/Account Number

☐ Property Tax Parcel ID is not yet assigned
☐ Additional parcel numbers on page __ of document

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

56451

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2023-041157

DATE ISSUED: 08/25/2023
FEE NUMBER: 310823

FIRST AND MIDDLE NAME(S): ROBERT S
LAST NAME(S): BAKER

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: AUGUST 24, 2023
HOUR OF DEATH: 10:56 AM
SEX: MALE AGE: 87 YEARS
SOCIAL SECURITY NUMBER: [redacted]

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

BIRTH DATE: JUNE 07, 1936
BIRTHPLACE: STAYTON, OR

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: ADMINISTRATOR
INDUSTRY: HEALTH CARE
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: NO

INFORMANT: ROBIN SUE PEWTRESS
RELATIONSHIP: DAUGHTER
ADDRESS: 11505 WEST GUN SMOKE ST., BOISE, ID 83713

CAUSE OF DEATH:
A: METASTATIC MALIGNANT NEOPLASM OF PROSTATE
INTERVAL: 20 YEARS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: LEUKOPENIA, HYPOCALCEMIA

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: 1032 LIBERTY DR
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 1032 LIBERTY DR
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 43 YEARS

FATHER: RALPH S BAKER
MOTHER: ROSE M MCLEOD

METHOD OF DISPOSITION: REMOVAL FROM STATE
PLACE OF DISPOSITION: MEDCURE

CITY, STATE: PORTLAND, OREGON
DISPOSITION DATE: AUGUST 25, 2023

FUNERAL FACILITY: FUNERAL & CREMATION CARE - KENNEWICK

ADDRESS: 8350 W GRANDRIDGE BLVD
CITY, STATE, ZIP: KENNEWICK, WASHINGTON 99336-1678
FUNERAL DIRECTOR: MICHAEL GALAVIZ

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 24, 2023

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

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: AUGUST 24, 2023

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DOH 422-132 Snohomish (12/22)

NOT VALID IF PHOTOCOPIED OR ALTERED

Washington State Department of Health

DOH 422-034 August 2019

Affidavit for Correction

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

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

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number

Required information must match current information on record

Record Type: ☐ **Birth** ☐ **Death** ☐ **Marriage** ☐ **Dissolution (Divorce)**

Required

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): First Middle Last/Maiden
5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution): First Middle Last/Maiden
6. Name of Person Requesting Correction: Relationship to Person on Record: ☐ Self ☐ Guardian ☐ Informant ☐ Hospital ☐ 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:

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 forgoing is true and correct.

14a. Signature:		14b. Signature of 2nd 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
- Certificate of Naturalization
- Military record (DD-214)
- Hospital/medical record
- School transcripts
- Copy of Passport / Enhanced ID
- Social Security Numident Report
- 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

1. 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.
2. **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.
3. Proof documentation must be five or more years old or established within five years of birth.
4. 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 Acknowledgement 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.

*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.

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 month and/or day 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.

Death Certificates

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

Marriage/Dissolution (Divorce) Certificates

1. 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.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

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

CERTIFIED

James Lewis, MD
HEALTH OFFICER

SNOHOMISH COUNTY HEALTH DEPARTMENT
STATE OF WASHINGTON

56451

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