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 March 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 Harry William Greer, Trustee of the Greer Living Trust, dated December 13, 1996
Mailing address 1415 Oak Street
City/state/zip Alameda, CA 94501
Phone (including area code) (510) 368-3892

**2 Buyer/Grantee**
Name Harry William Greer, an unmarried person
Mailing address 1415 Oak Street
City/state/zip Alameda, CA 94501
Phone (including area code) (510) 368-3892

**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) |
|---|---|---|
| 1-004-18-012-0001-0000 | ☐ | $ 350,600.00 |
| | ☐ | $ 0.00 |
| | ☐ | $ 0.00 |

**4** Street address of property 1247 Sycamore Street, Clarkston, Washington
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).

The West Half of the North Half of Lot 12, Block "Y" of VINELAND, according to plat recorded in Book "A" of Plats, page 19, in Asotin County, Washington

**5** 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.
None

If claiming an exemption, list WAC number and reason for exemption.
WAC number (section/subsection) ~~82.45.197(1)(b)~~
Reason for exemption 458-61A-202(6)(e)
Inheritance-Trust

Type of document Trustee's Deed
Date of document 12/20/23

| | |
|---|---|
| Gross selling price | 0.00 |
| *Personal property (deduct) | 0.00 |
| Exemption claimed (deduct) | 0.00 |
| Taxable selling price | 0.00 |
| Excise tax: state | |
| Less than $525,000.01 at 1.1% | 0.00 |
| 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 | 0.00 |
| 0.0025 Local | 0.00 |
| *Delinquent interest: state | 0.00 |
| Local | 0.00 |
| *Delinquent penalty | 0.00 |
| Subtotal | 0.00 |
| *State technology fee | 5.00 |
| Affidavit processing fee | 5.00 |
| Total due | 10.00 |

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

0202

**8 I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT**

Signature of grantor or agent _____
Name (print) Harry William Greer, Trustee
Date & city of signing 12/20/2023, ALAMEDA, CA

Signature of grantee or agent _____
Name (print) Harry William Greer
Date & city of signing 12/20/2023 ALAMEDA

**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.

REV 84 0001a (02/28/23)

THIS SPACE TREASURER'S USE ONLY
PAID
DEC 29 2023
ASOTIN COUNTY TREASURER

COUNTY TREASURER
#56554
*Print on legal size pape*
Page 1 of

Creason, Moore, Dikken & Geidl
CLL# 15112 MH

# STATE OF WASHINGTON
# DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2017-004083

DATE ISSUED: 07/20/2023
FEE NUMBER: 165273263

FIRST AND MIDDLE NAME(S): RALPH H
LAST NAME(S): GREER

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: JANUARY 22, 2017
HOUR OF DEATH: 12:45 PM
SEX: MALE AGE: 97 YEARS
SOCIAL SECURITY NUMBER:

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

BIRTH DATE: SEPTEMBER 25, 1919
BIRTHPLACE: RED DEER CANADA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: FREDA FAY RAHMGREN

OCCUPATION: OWNER/FUNERAL DIRECTOR
INDUSTRY: FUNERAL SERVICE
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: YES

INFORMANT: HARRY WILLIAM GREER
RELATIONSHIP: SON
ADDRESS: 1415 OAK STREET ALAMEDA, CA 94501

CAUSE OF DEATH:
A: MULTIPLE MYELOMA
INTERVAL: 3 YEARS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CORONARY ARTERY DISEASE, PNEUMONIA, CHRONIC KIDNEY DISEASE, ANEMIA

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: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: PRESTIGE CARE AND REHABILITATION
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 1247 SYCAMORE ST
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: YES COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 23 YEARS

FATHER: WILLIAM ORLANDO GREER
MOTHER: NORA MAE MILLER

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: VINELAND CEMETERY

CITY, STATE: CLARKSTON, WASHINGTON
DISPOSITION DATE: FEBRUARY 03, 2017

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES LLC
ADDRESS: 1000 7TH ST
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: NO
PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: WARREN ELLISON
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1119 HIGHLAND AVE STE 10
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
DATE SIGNED: JANUARY 23, 2017

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

LOCAL DEPUTY REGISTRAR: SUNDIE HOFFMAN
DATE RECEIVED: JANUARY 27, 2017



56554

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)**

| 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
- 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**

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 from 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 their own 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.

*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.

**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.

THE SEAL OF THE STATE OF WASHINGTON 1889

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

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58A RCW, and at the direction of Katherine Hutchinson, PhD, MSPH, State Registrar.

Katherine Hutchinson

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# STATE OF CALIFORNIA
## CERTIFICATION OF VITAL RECORD

# ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
## PUBLIC HEALTH DEPARTMENT

3052023143746 — STATE FILE NUMBER

**CERTIFICATE OF DEATH**
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 3/09)

3202301005005 — LOCAL REGISTRATION NUMBER

**DECEDENT'S PERSONAL DATA**

| 1. NAME OF DECEDENT – FIRST (Given) | 2. MIDDLE | 3. LAST (Family) |
|---|---|---|
| FREDA | FAY | GREER |

AKA, ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST):

| 4. DATE OF BIRTH mm/dd/ccyy | 5. AGE Yrs | IF UNDER ONE YEAR Months / Days | IF UNDER 24 HOURS Hours / Minutes | 6. SEX |
|---|---|---|---|---|
| 11/01/1926 | 96 | | | F |

| 8. BIRTH STATE/FOREIGN COUNTRY | EVER IN U.S. ARMED FORCES? | 12. MARITAL STATUS/SRDP* (at Time of Death) | 7. DATE OF DEATH mm/dd/ccyy | 8. HOUR (24 Hours) |
|---|---|---|---|---|
| AZ | ☐ YES ☒ NO ☐ UNK | WIDOWED | 06/27/2023 | 1422 |

| 13. EDUCATION – Highest Level/Degree (see worksheet on back) | 14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) | 16. DECEDENT'S RACE – Up to 3 races may be listed (see worksheet on back) |
|---|---|---|
| ASSOCIATE | ☐ YES ☒ NO | WHITE |

| 17. USUAL OCCUPATION – Type of work for most of life. DO NOT USE RETIRED | 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) | 19. YEARS IN OCCUPATION |
|---|---|---|
| ASSISTANT BUYER | RETAIL STORES | 30 |

**USUAL RESIDENCE**

20. DECEDENT'S RESIDENCE (Street and number, or location)
1247 SYCAMORE STREET

| 21. CITY | 22. COUNTY/PROVINCE | 23. ZIP CODE | 24. YEARS IN COUNTY | 25. STATE/FOREIGN COUNTRY |
|---|---|---|---|---|
| CLARKSTON | ASOTIN | 99403 | 30 | WA |

**INFORMANT**

| 26. INFORMANT'S NAME, RELATIONSHIP | 27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) |
|---|---|
| HARRY WILLIAM GREER, SON | 1415 OAK STREET, ALAMEDA, CA 94501 |

**SPOUSE/SRDP AND PARENT INFORMATION**

| 28. NAME OF SURVIVING SPOUSE/SRDP* – FIRST | 29. MIDDLE | 30. LAST (BIRTH NAME) |
|---|---|---|
| - | - | - |

| 31. NAME OF FATHER/PARENT – FIRST | 32. MIDDLE | 33. LAST | 34. BIRTH STATE |
|---|---|---|---|
| FRIDOLF | HERBERT | RAHMGREN | IA |

| 35. NAME OF MOTHER/PARENT – FIRST | 36. MIDDLE | 37. LAST (BIRTH NAME) | 38. BIRTH STATE |
|---|---|---|---|
| LETTIE | ALMA | GREER | KS |

**FUNERAL DIRECTOR/ LOCAL REGISTRAR**

| 39. DISPOSITION DATE mm/dd/ccyy | 40. PLACE OF FINAL DISPOSITION |
|---|---|
| 07/07/2023 | VINELAND CEMETERY<br>1141 VINELAND DRIVE, CLARKSTON, WA 99403 |

| 41. TYPE OF DISPOSITION(S) | 42. SIGNATURE OF EMBALMER | 43. LICENSE NUMBER |
|---|---|---|
| TRANSIT/BURIAL | ▸ DELL DANFORD CRANE | EMB7239 |

| 44. NAME OF FUNERAL ESTABLISHMENT | 45. LICENSE NUMBER | 46. SIGNATURE OF LOCAL REGISTRAR | 47. DATE mm/dd/ccyy |
|---|---|---|---|
| ALAMEDA FUNERAL AND CREMATION SERVICES | FD2139 | ▸ NICHOLAS J. MOSS, MD, MPH | 06/30/2023 |

**PLACE OF DEATH**

| 101. PLACE OF DEATH | 102. IF HOSPITAL, SPECIFY ONE | 103. IF OTHER THAN HOSPITAL, SPECIFY ONE |
|---|---|---|
| ALTA BATES SUMMIT MEDICAL CENTER | ☒ IP ☐ ER/OP ☐ DOA | ☐ Hospice ☐ Nursing Home/LTC ☐ Decedent's Home ☐ Other |

| 104. COUNTY | 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) | 106. CITY |
|---|---|---|
| ALAMEDA | 350 HAWTHORNE AVENUE | OAKLAND |

**CAUSE OF DEATH**

107. CAUSE OF DEATH — Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without stating the etiology. DO NOT ABBREVIATE.

| | | Time Interval Between Onset and Death | 108. DEATH REPORTED TO CORONER? |
|---|---|---|---|
| IMMEDIATE CAUSE (Final disease or condition resulting in death) | (A) ACUTE HYPOXIC RESPIRATORY FAILURE | (AT) DAYS | ☐ YES ☒ NO |
| Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST | (B) ASPIRATION PNEUMONIA BOTH LOWER LOBE ORAL SECRETIONS | (BT) DAYS | 109. BIOPSY PERFORMED? ☐ YES ☒ NO |
| | (C) ACUTE ON CHRONIC HEART FAILURE WITH PRESERVED EJECTION FRACTION | (CT) DAYS | 110. AUTOPSY PERFORMED? ☐ YES ☒ NO |
| | (D) | (DT) | 111. USED IN DETERMINING CAUSE? ☐ YES ☐ NO |

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107
BREAST CANCER, LUNG CANCER, ADVERSE EFFECTS OF CHEMOTHERAPY

| 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) | 113A. DECEDENT PREGNANT IN LAST YEAR? |
|---|---|
| NO | ☐ YES ☒ NO ☐ UNK |

**PHYSICIAN'S CERTIFICATION**

| 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since (A) mm/dd/ccyy | Decedent Last Seen Alive (B) mm/dd/ccyy | 115. SIGNATURE AND TITLE OF CERTIFIER | 116. LICENSE NUMBER | 117. DATE mm/dd/ccyy |
|---|---|---|---|---|
| 06/26/2023 | 06/27/2023 | ▸ DANIEL MARK MONTES, MD | A91064 | 06/30/2023 |

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: DANIEL MARK MONTES, MD
350 HAWTHORNE AVE, OAKLAND, CA 94609

**CORONER'S USE ONLY**

| 119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Pending Investigation ☐ Could not be determined | 120. INJURED AT WORK? ☐ YES ☐ NO ☐ UNK | 121. INJURY DATE mm/dd/ccyy | 122. HOUR (24 Hours) |
|---|---|---|---|
| | | | |

123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)

124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)

125. LOCATION OF INJURY (Street and number, or location, and city, and zip)

| 126. SIGNATURE OF CORONER / DEPUTY CORONER | 127. DATE mm/dd/ccyy | 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER |
|---|---|---|
| ▸ | | |

| STATE REGISTRAR | A | B | C | D | E | FAX AUTH.# | CENSUS TRACT |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

1 of 1

CAALAMED01

56554

**CERTIFIED COPY OF VITAL RECORDS**
STATE OF CALIFORNIA, COUNTY OF ALAMEDA

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

001505369

DATE ISSUED JUL 03 2023

HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying date and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE