

Form 84 0001a

# 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.*

☐ Check box if partial sale, indicate % \_\_\_\_\_ sold.

List percentage of ownership acquired next to each name.

**1 Seller/Grantor**

Name Terry Wheeler

**2 Buyer/Grantee**

Name Jeffrey A. Dietrich

Mailing address 935 Riverview Blvd.

City/state/zip Clarkston, WA 99403

Phone (including area code) \_\_\_\_\_

Mailing address 2828 Frontage Road

City/state/zip Lewiston, ID 83501

Phone (including area code) \_\_\_\_\_

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

Name Jeffrey A. Dietrich

Mailing address \_\_\_\_\_

City/state/zip \_\_\_\_\_

List all real and personal property tax  
parcel account numbers  
1256000010000000

Personal  
property?

Assessed  
value(s)  
81,400.00

**4 Street address of property** 1416 Maple Street, 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 1 of Kinney Addition according to plat recorded in Book E of Plats, Page(s) 62, 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 \_\_\_\_\_

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

Signature of grantor or agent Terry Wheeler

Name (print) Terry Wheeler

Date & city of signing 1/9/24 Clarkston

Signature of grantee or agent Jeffrey A. Dietrich

Name (print) Jeffrey A. Dietrich

Date & city of signing 1/9/24 Clarkston

Perjury is a crime under RCW 9A.02.010 which is punishable by imprisonment in a state or federal prison for up to five years or a fine of up to \$5,000.

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REV 84 0001a (09/08/22)

THIS SPACE TREASURER'S USE ONLY

COUNTY TREASURER

DATE 01/09/2024 - RECEIPT No. 56570 - Alliance Title - Clarkston

Print on legal size paper

Page 1 of 1

**Title Insurance Commitment No: 653702**

That the heirs at law and next of kin of the decedent are (list all parties, using the reverse side or attaching a list if necessary):

Name & relationship Terry Wheeler wife  
Address: 935 Riverview Blvd Clarkston, WA 99403  
Name & relationship \_\_\_\_\_  
Address: \_\_\_\_\_  
Name & relationship \_\_\_\_\_  
Address: \_\_\_\_\_  
Name & relationship \_\_\_\_\_  
Address: \_\_\_\_\_

That among items of real property owned by the Decedent at the time of death was real estate located in Asotin County, Washington, and described in the above referenced Title Insurance Commitment.

As to the Decedent, said real estate was [check one]

- ☒ Community property  
☐ Separate property  
☐ Joint tenancy property

**CHECK ALL BOXES WHICH APPLY IN EACH SECTION:**

1. That on the date the real property was purchased the Decedent was:

- ☒ married to Terry Wheeler  
☐ unmarried, not a registered domestic partner  
☐ unmarried, a registered domestic partner of \_\_\_\_\_

2. That on the date of death the Decedent was

- ☒ married to Terry Wheeler  
☐ unmarried, not a registered domestic partner  
☐ unmarried, a registered domestic partner of \_\_\_\_\_

3. ☐ That the decedent left a Will, a copy of which is attached hereto.  
☒ That the decedent left no Will.

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☐ That the decedent executed a Community Property Agreement. It was recorded under \_\_\_\_\_ County recording number \_\_\_\_\_. (if unrecorded, attach a copy)

4. ☒ That the decedent's estate is not being probated. \_\_\_\_\_  
☐ That the decedent's estate is subject to probate proceedings in \_\_\_\_\_  
County, State \_\_\_\_\_  
of \_\_\_\_\_, under Probate No. \_\_\_\_\_

5. ☒ That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.  
☐ That State and/or Federal succession or inheritance taxes in the amount of \$ \_\_\_\_\_ have been paid. Copies of the release/discharge are attached hereto.  
☐ That State and/or Federal succession or inheritance taxes are due, but have not been paid.

5. ☒ That the decedent has not received assistance from the State of Washington for medical care.  
☐ That the decedent has received assistance from the State of Washington for medical care.  
☐ That the State of Washington has been fully reimbursed for assistance for medical care.

That, with respect to the property, if any, owned by the Decedent in joint tenancy as described above, at all times from the time of the execution of the instrument by which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the above described joint tenancy property was held in joint tenancy, and that the interest of no one or more of said joint tenants has ever been conveyed, encumbered or otherwise separated from the interest of the other joint tenant(s), either voluntarily or involuntarily, whether by specific act or by operation of law; and that said joint tenancy continued in full force until the death of the Decedent with respect to the interest of the Decedent and, if there are two or more surviving joint tenants, including the Affiant, the joint tenancy continues with respect to the interests of the said surviving joint tenants.

That Affiant knows of the Affiant's own knowledge, and so states, that each and all of the obligations against the estate of said Decedent (including, but not limited to: all the debts of decedent; all of the expenses of Decedent's last illness, funeral and burial; promissory notes;

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installment contracts and mortgages; and state and federal succession taxes upon Decedent's estate, if applicable) have been paid in full, except as follows (use reverse side or attach a list if necessary): \_\_\_\_\_

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ 140,000, including the value of community property of Decedent and Decedent's surviving spouse, if any, of approximately \$ 140,000, and including the value of Decedent's separate property, if any, of approximately \$ 0, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ 0.

This affidavit is made to induce Alliance TITLE INSURANCE COMPANY (the Company) to insure real property covered by the Company's order number set forth above, in which Decedent held an interest at the time of the Decedent's death. Affiant urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein. The Affiant, for the Affiant and for the Affiant's heirs, executors and administrators, covenants to indemnify said Company or any other person, including a purchaser of said real estate, for any loss arising from reliance on any misstatement of fact herein.

DATED: January 9, 2024

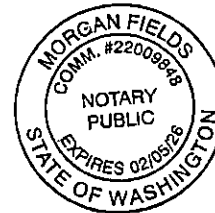
Terry Wheeler  
(Signature)

Terry Wheeler  
(Print or type Affiant's full name)

936 Riverview Blvd Clarkston, WA 99403

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~~Full address and telephone number~~  
~~509-254-1402~~  
SUBSCRIBED and SWORN TO before me this 9th day of January, 2024  
~~Notary Public in and for the State of~~  
Washington, residing at Lewiston, ID



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# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-057525

DATE ISSUED: 11/29/2023  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): GREG ARTHUR  
LAST NAME(S): WHEELER

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: NOVEMBER 26, 2023  
HOUR OF DEATH: 10:45 PM  
SEX: MALE  
SOCIAL SECURITY NUMBER:

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

BIRTH DATE: SEPTEMBER 12, 1956  
BIRTHPLACE: LADYSMITH, WI

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: TERRY ADAIR

OCCUPATION: RETAIL  
INDUSTRY: GROCERY  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

INFORMANT: TERRY WHEELER  
RELATIONSHIP: WIFE  
ADDRESS: 1416 MAPLE ST CLARKSTON, WASHINGTON 99403

CAUSE OF DEATH:  
A: MALIGNANT NEOPLASM OF THE BRAIN  
INTERVAL: 2 WEEKS

B: INTERVAL:

C: INTERVAL:

D: INTERVAL:

E: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: CLARKSTON HEALTH AND REHAB OF CASCADIA  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 1416 MAPLE ST  
CITY, STATE, ZIP: CLARKSTON, WA 99403-2344  
INSIDE CITY LIMITS: NO COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 23 YEARS

FATHER: WILLIAM THOMAS WHEELER  
MOTHER: LORRAINE JOHANNA RASMUSSEN

METHOD OF DISPOSITION: REMOVAL FROM STATE  
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

CITY, STATE: LEWISTON, IDAHO  
DISPOSITION DATE: NOVEMBER 30, 2023

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME  
ADDRESS: 3521 7TH STREET  
CITY, STATE, ZIP: LEWISTON, IDAHO 83501  
FUNERAL DIRECTOR: GERALD E. BARTLOW JR.

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

CERTIFIER NAME: BRANDON L. WHITLOCK, ARNP  
TITLE: ARNP  
CERTIFIER ADDRESS: 17121 E 8TH AVE  
CITY, STATE, ZIP: SPOKANE VALLEY, WASHINGTON 99016  
DATE SIGNED: NOVEMBER 28, 2023

CASE REFERRED TO MEICORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: BRANDON WHITLOCK, ARNP

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON  
DATE RECEIVED: NOVEMBER 28, 2023

NOT VALID IF PHOTOCOPIED OR ALTERED

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