Department of Revenue
Washington State
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 April 1, 2024.
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 Phillips, Timothy D. (Deceased)
Mailing address 1645 Swallows Creat Loop
City/state/zip Clarkston, WA 99403
Phone (including area code) _____

2 Buyer/Grantee
Name Phillips, LeeAnn
Mailing address 1645 Swallows Creat Loop
City/state/zip Clarkston, WA 99403
Phone (including area code) 509-254-1479

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)
1-229-01-014-0000-0000	☐	$ 257,450.00
	☐	$ 0.00
	☐	$ 0.00

4 Street address of property 1645 Swallows Creat Loop, Clarkston, WA 99403
This property is located in Asotin County *(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).

Lot 14, Block 1 of Swallows Crest Addition, according to the official plat thereof, filed in Book E of Plats at page 38, records of 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.
N/A

If claiming an exemption, enter exemption code and reason for exemption. *See dor.wa.gov/REET for exemption codes*
WAC number (section/subsection) 458-61A-202 6(h)
Reason for exemption
Inheritance

Type of document Lack of Probate Affidavit
Date of document 4/25/24

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

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

Signature of grantor or agent Kellie Earle
Name (print) Kellie Earle, agent
Date & city of signing 4/26/24 Lewiston, ID

Signature of grantee or agent Kellie Earle
Name (print) Kellie Earle, agent
Date & city of signing 4/26/24 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.

REV 84 0001a (03/12/24)

THIS SPACE TREASURER'S USE ONLY
APR 30 2024
ASOTIN COUNTY TREASURER

COUNTY TREASURER
#56785

Print on legal size paper.
Page 1 of 6

CREASON, MOORE, DOKKEN & GEIDL
CK#15273L

AFTER RECORDING, RETURN TO:

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

AFFIDAVIT OF LEEANN L. PHILLIPS
LACK OF PROBATE - REAL PROPERTY

Reference Numbers of Related Documents: N/A

Grantor: Phillips, Timothy D.

Grantee: Phillips, LeeAnn, an unmarried person

Legal Description:

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

   Lot 14, Block 1 of Swallows Crest Addition, according to the official plat thereof, filed in Book E of Plats at page 38, records of Asotin County, Washington.

2. Additional legal description is included on page 3 of the Lack of Probate Affidavit.

3. Assessor's Parcel No. 1-229-01-014-0000-0000

Creason, Moore, Dokken & Geidl, PLLC
P.O. Drawer 835, Lewiston ID 83501
(208)743-1516; Fax(208)746-2231

56785

AFTER RECORDING MAIL TO:
Paul B. Burris
P. O. Drawer 835
Lewiston, ID 83501

AFFIDAVIT OF LEEANN L. PHILLIPS
LACK OF PROBATE - REAL PROPERTY

STATE OF WASHINGTON)
: ss.
County of Asotin)

LeeAnn L. Phillips, being first duly sworn, deposes and says:

Affiant is the lawful surviving spouse of Timothy D. Phillips, who died on March 7, 2024, in Lewiston, Nez Perce County, Idaho, then being a resident of Clarkston, Asotin County, Washington. A copy of the Certificate of Death is attached hereto.

Affiant has hereinbelow identified each and all of the heirs at law of decedent.

That the heirs of law of decedent are:

NAME AND ADDRESS	RELATIONSHIP
LeeAnn L. Phillips 1645 Swallows Crest Loop Clarkston, WA 99403	Spouse Adult
Robyn L. Phillips 654 Rockwood Dr. North Salt Lake, UT 84054	Daughter Adult
John L. Phillips 14795 Rio Rancho San Diego, CA 92127	Son Adult

Creason, Moore, Dokken & Geidl, PLLC
P.O. Drawer 835, Lewiston ID 83501
(208)743-1516; Fax(208)746-2231

56785

That affiant knows of her own knowledge, and so states, that each and all of the obligations against the marital community and against the estate of the 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, installment contracts and mortgages, state and federal succession taxes upon decedent's estate, if applicable) have been paid in full.

A copy of the decedent's Last Will and Testament dated January 11, 1985, is attached hereto. LeeAnn Phillips is the sole beneficiary of decedent's estate.

This affidavit is made solely to transfer the Estate's interest in real property commonly referred to as 1645 Swallows Crest Loop, Clarkston, County of Asotin, State of Washington, and more particularly described as follows:

Lot 14, Block 1 of Swallows Crest Addition, according to the official plat thereof, filed in Book E of Plats at page 38, records of Asotin County, Washington.

SUBJECT TO various easements for electric transmission lines and telephone lines, etc., over and across Sections 5 and 8 of Township North, Range 46 East of the Willamette Meridian, as set out by Easements recorded in Book F of Deeds, page 14 and Book 39 of Deeds, page 20, records of Asotin County, Washington.

SUBJECT TO right-of-way easement for electric transmission line and telephone system attached, granted to Washington Water Power Company by easement recorded in Book 45 of deeds, page 50, records of Asotin County, Washington.

SUBJECT TO restrictions contained on plat recorded September 10, 1984, under Instrument No. 163550.

Assessor's Parcel No. 1-229-01-014-0000-0000

Affiants hereby agree to indemnify and hold harmless any person or entity who is damaged economically as the result of transferring or accepting title in reliance upon the representations in this document.

Creason, Moore, Dokken & Geidl, PLLC
P.O. Drawer 835, Lewiston ID 83501
(208)743-1516; Fax(208)746-2231

56785

DATED This 25 day of April, 2024.

LeeAnn L. Phillips
1645 Swallows Crest Loop
Clarkston, WA 99403

STATE OF IDAHO)
: ss.
County of Nez Perce)

On this 25 day of April, 2024, before me, the undersigned, a notary public in and for said state, personally appeared LeeAnn L. Phillips, known or identified to me to be the individual described in and who executed the foregoing instrument and acknowledged that he signed and sealed the same as his own free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN UNDER MY HAND AND OFFICIAL SEAL the day and year in this certificate first above written.

KELLIE EARLE NOTARY PUBLIC (SEAL) No. 20212357 STATE OF IDAHO

Notary Public in and for said state,
residing at or employed in Lewiston.
My Commission Expires: 5-10-2027

Creason, Moore, Dokken & Geidl, PLLC
P.O. Drawer 835, Lewiston ID 83501
(208)743-1516; Fax(208)746-2231

56785

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE

BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

State of Idaho

CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER §39-241(4) AND §39-274, IDAHO CODE

Local Reg. No.

DECEDENT — TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. FOR INSTRUCTIONS SEE HANDBOOKS

* 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix)	2. SEX	3. SOCIAL SECURITY NUMBER
TIMOTHY DEAN PHILLIPS	MALE	

4a. AGE-Last Birthday (Years)	4b. UNDER 1 YEAR (Months, Days)	4c. UNDER 1 DAY (Hours, Minutes)	5. DATE OF BIRTH (Mo/Day/Yr)	6. BIRTHPLACE (City and State, Territory, or Foreign Country)
80			06/09/1943	MOSCOW, IDAHO

7a. RESIDENCE - STATE OR FOREIGN COUNTRY	7b. COUNTY	7c. CITY OR TOWN	7d. STREET AND NUMBER	7e. APT. NO.	7f. ZIP CODE	7g. INSIDE CITY LIMITS?
WASHINGTON	ASOTIN	CLARKSTON	1645 SWALLOWS CREST LOOP		99403	☐ Yes ☒ No

8. MARITAL STATUS AT TIME OF DEATH: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown

9. SURVIVING SPOUSE'S NAME (If wife, give maiden name): LEEANN L LAWTON

PARENTS

10. EVER IN U.S. ARMED FORCES?	11a. FATHER'S NAME (First, Middle, Last, Suffix)	11b. BIRTHPLACE (State, Territory, or Foreign Country)
☐ Yes ☒ No	ARCHIE DEAN PHILLIPS	IDAHO
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix)	**12b. BIRTHPLACE (State, Territory, or Foreign Country)**
	GEORGIA VAN ALLEN	WASHINGTON

INFORMANT

13a. INFORMANT'S NAME (Type or print)	13b. RELATIONSHIP TO DECEDENT	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
LEEANN PHILLIPS	WIFE	1645 SWALLOWS CREST LOOP CLARKSTON, WA 99403

DISPOSITION

14. METHOD OF DISPOSITION	15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place)	* 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY
☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☒ Removal from Idaho ☐ Other (Specify)	MOUNTAIN VIEW CREMATORY 3521 SEVENTH STREET LEWISTON, IDAHO 83501	MERCHANT FUNERAL HOME 1000 SEVENTH STREET CLARKSTON, WASHINGTON 99403

* 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	* 17b. LICENSE NUMBER (If licensee)	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH?
ELECTRONICALLY FILED: RICHARD C. LASSITER	F1558	☒ Yes ☐ No

MORTICIAN: Complete/Verify and File Within 5 Days of Death

PLACE OF DEATH

* 19a. IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 ☐ Hospice facility 5 ☐ Nursing home/Long term care facility 6 ☐ Decedent's home 7 ☐ Other (Specify) _____

* 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:

PLACE OF DEATH (19-22)

* 20. FACILITY NAME (If not facility, give street and number)	* 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE	* 22. COUNTY OF DEATH
ST. JOSEPH REGIONAL MEDICAL CTR	LEWISTON, ID 83501	NEZ PERCE

DATE OF DEATH

* 23. DATE OF DEATH (Mo/Day/Yr) (Spell month)	24. TIME OF DEATH (24hr)	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month)	26. TIME PRONOUNCED DEAD (24hr)
March 7, 2024	21:15	March 7, 2024	21:15

CAUSE OF DEATH

27. CAUSE OF DEATH

PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line.

Approximate Time Interval: Onset to Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. INTRACRANIAL HEMORRHAGE	DAYS
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death)	b. DUE TO (or as a consequence of): FALL	
	c. DUE TO (or as a consequence of):	
	d. DUE TO (or as a consequence of):	

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I: CHRONIC LYMPHOCYTIC LEUKEMIA; AFIB; ANTICOAGULATION

28a. WAS AN AUTOPSY PERFORMED?	28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
☐ Yes ☒ No	☐ Yes ☐ No

29. DID TOBACCO USE CONTRIBUTE TO DEATH?	30. IF FEMALE (Ages 10-54):	31. MANNER OF DEATH
☐ Yes ☐ Probably ☐ No ☒ Unknown	☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year	☐ Natural ☐ Homicide ☒ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined

CERTIFIER: Complete Within 72 Hours of Death

ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)

32. DATE OF INJURY (Mo/Day/Yr) (Spell month)	33. TIME OF INJURY (24hr)	34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	35. INJURY AT WORK?
February 2, 2024	Estimated 16:00 - 21:30	DECEDENTS HOME	☐ Yes ☒ No

36. LOCATION OF INJURY: State: WASHINGTON City, Town or County: CLARKSTON, ASOTIN Zip Code: 99403

Street and Number or Location: 1645 SWALLOWS CREST LOOP Apartment Number:

37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable: DECEDENT FELL STRIKING HEAD

TRANSPORTATION INJURY ONLY	38a. WAS DECEDENT:	38b. WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY?
	☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)	☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown

CERTIFIER

IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE

39a. CERTIFIER (Check only one, based on official capacity for this certificate)

☐ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE REGISTERED NURSE
- To the best of my knowledge, death occurred at the time, date, and place, and due to the *natural* cause(s)/manner stated.

☒ CORONER
- On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

39b. LICENSE NUMBER

39c. DATE SIGNED: 3 / 18 / 2024 (MM / DD / YYYY)

Signature and Title of Certifier: ELECTRONICALLY SIGNED: JOSHUA T. HALL

* 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print): JOSHUA T. HALL PO BOX 896 LEWISTON, ID 83501

REGISTRAR:

40a. REGISTRAR'S SIGNATURE: James B. Aydelotte

40b. DATE SIGNED: 3 / 21 / 2024 (MM / DD / YYYY)

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: MAR 21 2024

James B. Aydelotte

JAMES B. AYDELOTTE
STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

Rev. 07/28/20

GREAT SEAL OF THE STATE OF IDAHO

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

This certified copy of an Idaho death record was issued by Public Health – Idaho North Central District on behalf of the State of Idaho Bureau of Vital Records and Health Statistics.

Amber Hudson

Local Registrar

001955102