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 % 50 sold.

List percentage of ownership acquired next to each name.

1 Seller/Grantor
Name Dennis W. Hathaway, deceased
Mailing address 2260 Chukar Ln
City/state/zip Clarkston WA 99403
Phone (including area code) N/A

2 Buyer/Grantee
Name Georgia A. Hathaway, surviving spouse
Mailing address 2260 Chukar Ln
City/state/zip Clarkston WA 99403
Phone (including area code) (509) 295-4805

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)
1-297-01-012-0000-0000	☐	$ 363,850.00
	☐	$ 0.00
	☐	$ 0.00

4 Street address of property 2260 Chukar Ln, Clarkston WA 99403
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).

Parcel I: Lot 12 of Block 1 of Lower Dove Addition, according to plat recorded under Instrument No. 211919, records of Asotin County, Washington.
Parcel II: Together with, but subject to, the rights of others an easement for ingress, egress and utilities as described in documents recorded August 19, 1991, under Instrument No. 192028 and recorded August 7, 1992, under Instrument No. 195237.

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.

If claiming an exemption, enter exemption code and reason for exemption. *See dor.wa.gov/REET for exemption codes*
WAC number (section/subsection) WAC 458-61A-202(6)(h)
Reason for exemption
Transfer by inheritance of community property interest to surviving spouse absent the situations in WAC 458-61A-202(6)(a)-(g).

Type of document Lack of Probate Affidavit
Date of document 05/07/2024

Gross selling price	181,925.00
*Personal property (deduct)	0.00
Exemption claimed (deduct)	181,925.00
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 Georgia A Hathaway
Name (print) Georgia A. Hathaway, surviving spouse
Date & city of signing 05/07/2024, Clarkston, WA

Signature of grantee or agent Georgia A. Hathaway
Name (print) Georgia A. Hathaway
Date & city of signing 05/07/2024, Clarkston, WA

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

PAID
MAY 13 2024
ASOTIN COUNTY TREASURER

COUNTY TREASURER
#56812

G. HATHAWAY Ck# 7501

Print on legal size paper.

After recording return to:

Lucy L. Dukes
843 Seventh Street, P. O. Box 191
Clarkston, WA 99403

Grantor: Dennis W. Hathaway, deceased
Grantee: Georgia A. Hathaway, surviving spouse
Legal: Lot 12, Blk 1, Lower Dove Addition, Asotin County, Washington
Parcel No. 1-297-01-012-0000-0000

AFFIDAVIT
(Lack of Probate)

STATE OF WASHINGTON)
: ss.
County of Asotin)

Georgia A. Hathaway, being first duly sworn, on oath, deposes and says:

1. Dennis W. Hathaway died on the 30th day of October, 2023, in Nez Perce County, Idaho, then being a resident of Clarkston, Washington, and the owner of property located in the County of Asotin, State of Washington. At the time of his death, Dennis W. Hathaway was married to me, Georgia A. Hathaway.

2. That the heir at law of decedent is as follows:

Name and Address	Relationship	Age
Georgia A. Hathaway 2260 Chukar Ln Clarkston, WA 99403	Surviving Spouse	L

56812

3. Dennis W. Hathaway died intestate. A certified copy of Dennis W. Hathaway's death certificate is attached as **Exhibit A.** The real property described below was community property owned jointly by Dennis W. Hathaway and his surviving spouse, Georgia A. Hathaway. Pursuant to RCW 11.04.015(1)(a), Georgia A. Hathaway is the lawful surviving heir and owner of the following-described real property:

Parcel I:

Lot 12 of Block 1 of Lower Dove Addition, according to plat recorded under Instrument No. 211919, records of Asotin County, Washington.

Parcel II:

Together with, but subject to, the rights of others an easement for ingress, egress and utilities as described in documents recorded August 19, 1991, under Instrument No. 192028 and recorded August 7, 1992, under Instrument No. 195237.

Property Tax Parcel No. 1-297-01-012-0000-0000

more commonly known as 2260 Chukar Ln, Clarkston, WA 99403.

5. This Affidavit is made solely to induce the title insurance company to insure title to real property in which decedent held an interest at the time of his death, and to comply with the provisions of WAC 458-61A-202(6)(h).

Dated this 7th day of May, 2024.

Georgia A. Hathaway

GEORGIA A. HATHAWAY

STATE OF WASHINGTON)
:ss
County of Asotin)

On this day personally appeared before me Georgia A. Hathaway, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

56812

Given under my hand and official seal this 7th day of May, 2024.

Notary Public for Washington
Residing at Clarkston
My appointment expires June 9, 2027

Notary **Public**
State of **Washington**
LUCY DUKES
My Commission Expires
June 9, 2027
License Number 178927

56812

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

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

*1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix): DENNIS W. HATHAWAY		*2. SEX: MALE	3. SOCIAL SECURITY NUMBER:
4a. AGE-Last Birthday: 82 (Years)	4b. UNDER 1 YEAR: Months / Days	4c. UNDER 1 DAY: Hours / Minutes	5. DATE OF BIRTH (Mo/Day/Yr): 09/20/1941
6. BIRTHPLACE (City and State, Territory, or Foreign Country): COLFAX, WASHINGTON			
7a. RESIDENCE - STATE OR FOREIGN COUNTRY: WASHINGTON	7b. COUNTY: ASOTIN	7c. CITY OR TOWN: CLARKSTON	
7d. STREET AND NUMBER: 2260 CHUKAR LANE	7e. APT. NO.	7f. ZIP CODE: 99403	7g. INSIDE CITY LIMITS? ☒ 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): GEORGIA CLUTCHER	

PARENTS

10. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No	11a. FATHER'S NAME (First, Middle, Last, Suffix): WALLACE HATHAWAY	11b. BIRTHPLACE (State, Territory, or Foreign Country): WASHINGTON
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix): IRENE UNKNOWN	12b. BIRTHPLACE (State, Territory, or Foreign Country): WASHINGTON

INFORMANT

13a. INFORMANT'S NAME (Type or print): GEORGIA HATHAWAY	13b. RELATIONSHIP TO DECEDENT: SPOUSE	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 2260 CHUKAR LANE CLARKSTON, WA 99403

DISPOSITION

*14. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify)	15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place): VALLEY CREMATORY 920 21ST AVENUE LEWISTON, IDAHO 83501	*16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY: MERCHANT FUNERAL HOME 1000 SEVENTH STREET CLARKSTON, WASHINGTON 99403
*17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: ELECTRONICALLY FILED: RICHARD C. LASSITER	*17b. LICENSE NUMBER (If licensed): F1558	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No

PLACE OF DEATH

PLACE OF DEATH (19-22)

*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:

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

DATE OF DEATH

*23. DATE OF DEATH (Mo/Day/Yr) (Spell month): October 30, 2023	24. TIME OF DEATH (24hr): 23:21	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month): October 30, 2023	26. TIME PRONOUNCED DEAD (24hr): 23:23

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) →	LOWER GASTROINTESTINAL BLEED	3 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) *	DUE TO (or as a consequence of): ATRIAL FIBRILATION	2 YEARS
	DUE TO (or as a consequence of): PNEUMOTHORAX	1 WEEK
	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

28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No	28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No	
29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown	30. IF FEMALE (Aged 10-54): ☐ 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	31. MANNER OF DEATH: ☒ 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 (Residence's home, farm, street, construction site, nursing home, restaurant, forest, etc.)
35. INJURY AT WORK? ☐ Yes ☐ No		

36. LOCATION OF INJURY: State _____ City, Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____

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

TRANSPORTATION INJURY ONLY: 38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____

38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? ☐ 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 - To the best of my knowledge, death occurred at the time, date, and place, and due to the *natural* cause(s)/manner stated. ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE REGISTERED NURSE

☐ 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: O-00610

Signature and Title of Certifier: ELECTRONICALLY SIGNED: JOHN LOFFARELLI, D.O.

39c. DATE SIGNED: 11 / 2 / 2023 (MM / DD / YYYY)

39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print): JOHN LOFFARELLI, 415 SIXTH STREET LEWISTON, ID 83501

REGISTRAR

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

40b. DATE SIGNED: 11 / 2 / 2023 (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.

56812

DATE ISSUED: NOV 02 2023

James B. Gillette

JAMES B. AYDELOTTE
STATE REGISTRAR

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

Rev. 07/20

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.

Local Registrar

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56812