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 Theodore S. Tinjum, unmarried
Mailing address 2204 Highline Drive
City/state/zip Clarkston WA 99403
Phone (including area code)

2 Buyer/Grantee
Name BBA Heights Properties, LLC,
an Idaho limited liability company
Mailing address PO Box 874
City/state/zip Lewiston ID 83501
Phone (including area code)

3 Send all property tax correspondence to: ☒ Same as Buyer/Grantee
Name BBA Heights Properties, LLC, an Idaho limited
Mailing address PO Box 874
City/state/zip Lewiston ID 83501

List all real and personal property tax parcel account numbers	Personal property?	Assessed value(s)
10411901400040000	☐	218,600.00
	☐	
	☐	

4 Street address of property 2204 Highline Drive, Clarkston, WA 99403
This property is located in _____ *(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).
-SEE ATTACHED

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, enter exemption code and reason for exemption. *See dor.wa.gov/REET for exemption codes*
WAC number (section/subsection)
Reason for exemption

Type of document Statutory Warranty Deed (SWD)
Date of document 05/13/24

Gross selling price	225,000.00
*Personal property (deduct)	0.00
Exemption claimed (deduct)	0.00
Taxable selling price	225,000.00
Excise tax: state	
Less than $525,000.01 at 1.1%	2,475.00
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	2,475.00
Local	562.50
*Delinquent interest: state	0.00
Local	0.00
*Delinquent penalty	0.00
Subtotal	3,037.50
*State technology fee	5.00
Affidavit processing fee	0.00
Total due	3,042.50

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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
Name (print) Theodore S. Tinjum, unmarried
Date & city of signing 5-13-2024 Lewiston, ID
Signature of grantee or agent
Name (print) BBA Heights Properties, LLC
Date & city of signing 5-13-2024 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 ((02/21/24)) THIS SPACE TREASURER'S USE ONLY COUNTY TREASURER

DATE 05/16/2024 - RECEIPT No. 56826 - Alliance Title - Clarkston

Print on legal size paper

EXHIBIT "A"

661690

Situate in the County of Asotin, State of Washington, to wit:

Parcel I:

Part of Lots 13 and 14 of Block "G-1" of Clarkston Heights according to plat recorded in Book C of Plats, Page 19, in Asotin County, Washington, particularly described as follows:

From the Southwest corner of Lot 13, Block "G-1" thence North 33°18' West a distance of 21.54 feet along the Westerly boundary line of said lot 13; thence North 56°42' East a distance of 125.0 feet; thence North 86°47' East a distance of 180.3 feet to the True Place of Beginning; thence North 82°52' East a distance of 155.8 feet to a point on the centerline of County Road; thence left around a curve with a radius of 180.0 feet a distance of 141.1 feet; thence North 61°46' West a distance of 25.6 feet; thence around a curve to the right with a radius of 300.0 feet a distance of 39.4 feet; thence South 56°56' West a distance of 143.2 feet; thence South 53°21' East a distance of 135.0 feet to the true place of beginning.

Parcel II:

From the concrete monument at the Northeast corner of lot 4, Block "H-1" of Clarkston Heights according to plat recorded in Book C of Plats, page 19, in Asotin County, Washington, said point being at the intersection of center lines of county roads; thence South 33°18' East a distance of 1015.1 feet along thenline between Block "H-1" and "G-1" of Clarkston Heights; thence North 56°42' East a distance of 125.0 feet to a point on the East boundary line of Hillcrest Drive; thence North 86°47' East a distance of 118.3 feet to the True Place of Beginning; thence continue on the last above mentioned course a distance of 62.1 feet; thence North 53°21' West a distance of 135.0 feet; thence South 28°52' East a distance of 96.0 feet to the true place of beginning, all being a part of Lots13 and 14 of said block G-1.

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LACK OF PROBATE AFFIDAVIT
STATE OF WASHINGTON
FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, OR JOINT TENANCY PROPERTY

Title Insurance Commitment No: 661690

STATE OF Washington)
SS:
COUNTY OF Asotin)

(herein, "Affiant"), being first duly sworn, on oath deposes and says:

That Affiant is (check one):

- ☑ the lawful surviving spouse of the Decedent
- ☐ Surviving child of the Decedent
- ☐ Registered domestic partner of the Decedent
- ☐ One of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on _____ [*mm/dd/yyyy*], under Recording No. _____, in _____ County, Washington,
- ☐ other (identify:) _____

All with respect to the estate of Patrine Yavonne Tingum (herein "Decedent"), who died on 9.30.2021, in the County of Asotin, State of Washington, then being a resident of the City of Clarkston, County of Asotin, State of Washington. **(A copy of the death certificate is attached hereto.)**

That Affiant has herein below identified each and all of the heirs at law and next of kin of decedent, including but not limited to children, adopted children, the issue of any predeceased child or adopted child (if decedent left no surviving children, then Affiant has listed below all of the surviving parents, brothers and sisters of decedent), spouse, registered domestic partner, and ***including all parties who would have been heirs at law if the decedent had not been married or a registered domestic partner on the date of death:***

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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 Theodore Tinjum / Spouse
Address: 1204 Highline Dr., 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 Theodore Tinjum.
   - ☐ unmarried, not a registered domestic partner
   - ☐ unmarried, a registered domestic partner of _____.
2. That on the date of death the Decedent was
   - ☑ married to Theodore Tinjum.
   - ☐ 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.

☐ 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*): 0

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately $ 250,000.00, including the value of community property of Decedent and Decedent's surviving spouse, if any, of approximately $ 250,000.00, 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: May 13, 2024.

Theodore S. Tinjum by Shari Y. Kujath Attorney-in-fact
(Signature)

Shari Y. Kujath, Attorney In Fact of Theodore S. Tinjum
(Print or type Affiant's full name)

2204 Highline Drive
Clarkston, WA 99403

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(Full address and telephone number)

SUBSCRIBED and SWORN TO before me this 13th day of May, 2024

Notary Public in and for the State of Idaho residing at Lewiston, ID

BRANDY CHARLO
COMMISSION #35382
NOTARY PUBLIC
STATE OF IDAHO

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2021-049619

DATE ISSUED: 10/05/2021
FEE NUMBER:

FIRST AND MIDDLE NAME(S): PATRINE YVONNE
LAST NAME(S): TINJUM

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: SEPTEMBER 30, 2021
HOUR OF DEATH: 03:34 PM
SEX: FEMALE AGE: 75 YEARS
SOCIAL SECURITY NUMBER:

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

BIRTH DATE: FEBRUARY 21, 1946
BIRTHPLACE: MINNEAPOLIS, MN

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: THEODORE S TINJUM

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

INFORMANT: THEODORE TINJUM
RELATIONSHIP: HUSBAND
ADDRESS: 2204 HIGHLINE DRIVE, CLARKSTON, WA 99403

CAUSE OF DEATH:
A: CONGESTIVE HEART FAILURE
INTERVAL: UNKNOWN
B: HYPERTENSION
INTERVAL: UNKNOWN
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: TYPE 2 DIABETES MELLITUS, ATRIAL FIBRILLATION WITH RAPID VENTRICULAR RATE

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: 2204 HIGHLINE DR
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403-2927

RESIDENCE STREET: 2204 HIGHLINE DR
CITY, STATE, ZIP: CLARKSTON, WA 99403-2927
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: CLARENCE HUSETH
MOTHER: CRIOLE M MCCORMICK

METHOD OF DISPOSITION: REMOVAL FROM STATE
PLACE OF DISPOSITION: MOUNTAIN VIEW FUNERAL HOME & CREMATORY
CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: OCTOBER 04, 2021

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME

ADDRESS: 3521 7TH STREET
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
FUNERAL DIRECTOR: GERALD E. BARTLOW

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 H. BLACK, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1271 HIGHLAND AVE STE B
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
DATE SIGNED: OCTOBER 04, 2021

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

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: OCTOBER 04, 2021

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Affidavit for Correction

Washington State Department of Health

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/unknown.

The record now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

16a. Signature:		16b. Signature of 2nd parent (if required):	
Printed name:	Date:	Printed name:	Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

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. Documentary proof must be five or more years old or established within five years of birth

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required

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 documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof 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.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-012)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a 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 documentary proof
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

DOH 422-034 January 2015

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

CERTIFIED

OCT 05 2021

Dr. Larry Jecha
Health District Officer
Garfield County Health District

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