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 Daryl Ray Estlund, deceased
Mailing address 1633 Hillcrest Way
City/state/zip Clarkston, WA 99403
Phone (including area code) _____

2 Buyer/Grantee
Name Lynn Marie Estlund, surviving spouse
Mailing address 1633 Hillcrest Way
City/state/zip Clarkston, WA 99403
Phone (including area code) (509) 552-6044

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)
1-041-25-005-0004-0000	☐	$ 181,800.00
	☐	$ 0.00
	☐	$ 0.00

4 Street address of property 1633 Hillcrest Way, Clarkston, WA 99403
This property is located in Clarkston ~~Asotin~~ Unincorp *(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).
Please see attached Exhibit A.

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)(i)
Reason for exemption
Transfer by inheritance under nonprobated Will. None of the situations in WAC 458-61A-202(6)(a)-(g) apply.

Type of document Lack of Probate Affidavit
Date of document 04/10/2024

Gross selling price	181,800.00
*Personal property (deduct)	0.00
Exemption claimed (deduct)	181,800.00
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

0200

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 Lynn Estlund
Name (print) Lynn Marie Estlund, surviving spouse
Date & city of signing 04/10/2024, Lewiston, ID

Signature of grantee or agent Lynn Estlund
Name (print) Lynn Marie Estlund
Date & city of signing 04/10/2024, 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 (03/12/24)

THIS SPACE TREASURER'S USE ONLY

PAID
MAY 17 2024
ASOTIN COUNTY TREASURER

COUNTY TREASURER
#56834

Print on legal size paper.

L. Estlund Ck# 11456

EXHIBIT A

Legal Description

That part of Lot 5 of Block "H-1" of Clarkston Heights, Asotin County, Washington, according to the recorded plat thereof, to-wit:

Beginning at the Northwest corner of said Lot 5 at the intersection of the centerlines of the county roads; thence North 88°35' East a distance of 245.0 feet to the point of beginning; thence continue on the last above mentioned course a distance of 126.24 feet; thence South 0°34' West a distance of 145.3 feet; thence South 88°35' West (of record North 88°35' East) a distance of 126.2 feet; thence North 0°34' East a distance of 145.0 feet to the place of beginning.

Tax Parcel No. 1-041-25-005-0004-0000

more commonly known as 1633 Hillcrest Way, Clarkston, WA 99403.

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After recording return to:

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

Grantor: Daryl Ray Estlund, deceased
Grantee: Lynn Marie Estlund, surviving spouse
Legal: Part of Lot 5, Block "H-1", Clarkston Heights, Asotin County, Washington
Parcel No. 1-041-25-005-0004-0000

AFFIDAVIT
(Lack of Probate)

STATE OF WASHINGTON)
: ss.
County of Asotin)

Lynn Marie Estlund, being first duly sworn, on oath, deposes and says:

1. Daryl Ray Estlund died on the 6th day of November, 2020, in Asotin County, Washington, 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, Daryl Ray Estlund was married to me, Lynn Marie Estlund.

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

Name and Address	Relationship	Age
Lynn Marie Estlund 1633 Hillcrest Way Clarkston, WA 99403	Surviving Spouse	L

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3. Daryl Ray Estlund signed his Last Will and Testament on January 7, 2010, in which he left everything to his wife, Lynn Marie Estlund, if she survived him, which she did. A certified copy of Daryl Ray Estlund's death certificate is attached as **Exhibit A** and a copy of his Last Will and Testament is attached as **Exhibit B.**

4. Lynn Marie Estlund, as beneficiary under the Will, is the lawful surviving heir and owner of the following-described real property which was given to her as a bequest under Daryl Ray Estlund's Last Will and Testament:

That part of Lot 5 of Block "H-1" of Clarkston Heights, Asotin County, Washington, according to the recorded plat thereof, to-wit:

Beginning at the Northwest corner of said Lot 5 at the intersection of the centerlines of the county roads; thence North 88°35' East a distance of 245.0 feet to the point of beginning; thence continue on the last above mentioned course a distance of 126.24 feet; thence South 0°34' West a distance of 145.3 feet; thence South 88°35' West (of record North 88°35' East) a distance of 126.2 feet; thence North 0°34' East a distance of 145.0 feet to the place of beginning.

Tax Parcel No. 1-041-25-005-0004-0000

more commonly known as 1633 Hillcrest Way, 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)(i).

Dated this 10th day of April, 2024.

LYNN MARIE ESTLUND

STATE OF IDAHO)
:ss
County of Nez Perce)

On this day personally appeared before me Lynn Marie Estlund, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2020-051860

DATE ISSUED: 11/12/2020
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DARYL RAY
LAST NAME(S): ESTLUND

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: NOVEMBER 06, 2020
HOUR OF DEATH: 07:30 AM
SEX: MALE AGE: 76 YEARS
SOCIAL SECURITY NUMBER:

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

BIRTH DATE: MARCH 19, 1944
BIRTHPLACE: LEWISTON, ID

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: LYNN RENFREW

OCCUPATION: SELF EMPLOYED
INDUSTRY: CARPET INSTALLER
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

INFORMANT: LYNN ESTLUND
RELATIONSHIP: SPOUSE
ADDRESS: 1633 HILLCREST WAY, CLARKSTON, WA 99403

CAUSE OF DEATH:
A: METASTATIC CLEAR CELL CARCINOMA OF RIGHT KIDNEY
INTERVAL: 10 YEARS
B:
INTERVAL:
C:
INTERVAL:
D:
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: HOME
FACILITY OR ADDRESS: 1633 HILLCREST WAY
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 1633 HILLCREST WAY
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 48 YEARS

FATHER: MARTIN ESTLUND
MOTHER: ROSIA ROSS

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

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: NOVEMBER 10, 2020

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES LLC
ADDRESS: PO. BOX 107
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: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ELIZABETH N. BLACK, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1271 HIGHLAND AVE STE B
CITY, STATE, ZIP: CLARKSTON, WA 99403
DATE SIGNED: NOVEMBER 06, 2020

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

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: NOVEMBER 10, 2020

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DOH 422-132 (6/18)

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)**

1. Name on Record: First / Middle / Last	2. Date of Event: MM/DD/YYYY	3. Place of Event: City / 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 ☐ Parent(s) ☐ Guardian ☐ Funeral Director ☐ Informant ☐ Other (specify) ☐ Hospital

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 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
- Certificate of Naturalization
- Military record (DD-214)
- Hospital/medical record
- School transcripts
- Passport
- Social Security Numident Report
- 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 422-032)

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

CERTIFIED

NOV 12 2020

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

Dr. Glenn Houser
Health District Officer
Garfield County Health District

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