



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 Estate of Hazel M. Beggs

Mailing address 2634 Laurel Court

City/state/zip Clarkston WA 99403

Phone (including area code) _____

2 Buyer/Grantee

Name Harold O. Beggs

Mailing address 2634 Laurel Court

City/state/zip Clarkston WA 99403

Phone (including area code) _____

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

Name Harold O. Beggs

Mailing address 2634 Laurel Court

City/state/zip Clarkston WA 99403

List all real and personal property tax parcel account numbers	Personal property?	Assessed value(s)
1150030500000000	<input type="checkbox"/>	252,200.00
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

4 Street address of property 2634 Laurel Court, 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 60 of Rankin Hills Third Addition, according to the official plat thereof, filed in Book D of Plats at Page(s) 34, Official Records of Asotin County, Wa

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 _____

Name (print) Estate of Hazel M. Beggs

Date & city of signing 5/31/23 Clarkston

Signature of grantee or agent _____

Name (print) Harold O. Beggs

Date & city of signing 5/31/23 Clarkston

7 List all personal property (tangible and intangible) included in selling price.

If claiming an exemption, list WAC number and reason for exemption. WAC number (section/subsection) 458-61A-202(6)(g)

Reason for exemption Inheritance, Lack of Probate

Type of document Lack of Probate

Date of document 05/31/23

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
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

Perjury in the second degree is a crime for which a person shall be confined in a county jail for not more than 266 days or

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REV 84 0001a (09/08/22)

THIS SPACE TREASURER'S USE ONLY

COUNTY TREASURER

DATE 06/05/2023 - RECEIPT No. 56116 - Alliance Title - Clarkston

Name & relationship Harold O. Beags, spouse
 Address: 2634 Laurel Court, 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 Harold O Beags
 - unmarried, not a registered domestic partner
 - unmarried, a registered domestic partner of _____.
2. That on the date of death the Decedent was
 - married to Harold O Beags
 - 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.

56116

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; 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 \$ 252,200, including the value of community property of Decedent and Decedent's surviving spouse, if any, of approximately \$ _____, and including the value of Decedent's separate property, if any, of approximately \$ _____, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ _____.

This affidavit is made to induce _____ 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: 5-31, 2023

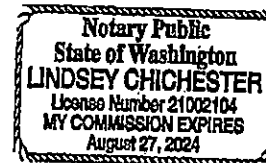
Haroldo Beags
(Signature)

Haroldo Beags
(Print or type Affiant's full name)

2634 Laurel Court Clarkston WA 99408
(Full address and telephone number)

SUBSCRIBED and SWORN TO before me this 31 day of May, 2023

Notary Public in and for the State of WA
Washington, residing at Heyden, ID



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, SHALL BE USED AS PROOF OF FACTS CONCERNING THIS DEATH UNDER §§21-101 AND §§21-211, IDAHO CODE. Local Reg. No.

TYPE OF PRINT IN PERMANENT RECORD ONLY. CHECK ONE. ONLY USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS.	* 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) HAZEL M. BEGGS		2. SEX FEMALE	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE-Last Birthday 79 (Years)		6. DATE OF BIRTH (Mo/Day/Yr) 10/25/1933	
4b. UNDER 1 YEAR 146. UNDER 1 DAY Months Days Hours Minutes		5. BIRTHPLACE (City and State, Territory, or Foreign Country) BRAINERD, MINNESOTA		
7a. RESIDENCE-STATE OR FOREIGN COUNTRY WASHINGTON		7b. COUNTY ASOTIN	7c. CITY OR TOWN CLARKSTON	
7d. STREET AND NUMBER 2634 LAUREL COURT		7e. APT. NO. 99403	7f. ZIP CODE 99403	7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown			9. SURVIVING SPOUSE'S NAME (If widowed, give maiden name) HAROLD D. BEGGS	
10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11a. FATHER'S NAME (First, Middle, Last, Suffix) AARON ZAFFKE		11b. BIRTHPLACE (State, Territory, or Foreign Country) SOUTH DAKOTA
12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) BLANCHE MARIE BLOOM		12b. BIRTHPLACE (State, Territory, or Foreign Country) KANSAS		
13a. INFORMANT'S NAME (Type of print) HAROLD O. BEGGS		13b. RELATIONSHIP TO DECEDENT HUSBAND	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 2634 LAUREL COURT CLARKSTON, WA 99403	
14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) MOUNTAIN VIEW CREMATORY 3521 SEVENTH STREET 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: GERALD E. BARTLOW		17b. LICENSE NUMBER (Of license) M0771	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PLACE OF DEATH				
* 19a. IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)				
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
23. DATE OF DEATH (Mo/Day/Yr) (Spell month) December 2, 2012		24. TIME OF DEATH 09:25	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) December 2, 2012	
26. TIME PRONOUNCED DEAD (24hr) 09:25		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 ventilator withdrawal without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. HYPOTENSION DUE TO (or as a consequence of): b. SUPRAVENTRICULAR TACHYCARDIA DUE TO (or as a consequence of): c. PROFOUND LACTIC ACIDOSIS DUE TO (or as a consequence of): d. ORGAN ISCHEMIA		
28. APPROXIMATE INTERVAL ONSET TO DEATH 4 HOURS		29. APPROXIMATE INTERVAL ONSET TO DEATH 8 HOURS		
30. APPROXIMATE INTERVAL ONSET TO DEATH 30 HOURS		31. APPROXIMATE INTERVAL ONSET TO DEATH 30 HOURS		
PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I.		32a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		32b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
33. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		34. IF FEMALE (Aged 10-54): <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year		35. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined
36. DATE OF INJURY (Mo/Day/Yr) (Spell month) [REDACTED]		37. TIME OF INJURY (24hr) [REDACTED]	38. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) [REDACTED]	
39. LOCATION OF INJURY: State _____ City/Town (if County) _____ Zip Code _____ Street and Number of Location _____ Apartment Number _____		40. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
41. 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.				
TRANSPORTATION INJURY ONLY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		42. WHAT SAFETY DEVICES DID DECEDENT USE/EMPLOY? <input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown		
43. CERTIFIER (Check only one, based on official capacity for this certificate) <input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE PROFESSIONAL NURSE - To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated. <input type="checkbox"/> 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.		44. LICENSE NUMBER M-09259		45. DATE SIGNED 12 / 7 / 2012 MM DD YYYY
Signature and Title of Certifier: JEFFREY L. HARRIS, M.D.		46. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type of print) JEFFREY L. HARRIS, 415 SIXTH STREET LEWISTON, ID 83501		
47. REGISTRAR'S SIGNATURE <i>James B. Gallette</i>		48. DATE SIGNED 12 / 7 / 2012 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: **DEC 7 2012**

James B. Gallette
JAMES B. AYDELOTTE
 STATE REGISTRAR
 56116

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

ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE





* 0 0 0 2 1 5 3 3 *

STATE OF IDAHO County of Nez Perce

This copy of a death certificate was issued
by the District Health Department on behalf
of the Bureau of Vital Records and Health
Statistics.

Pauline Durst

Local Vital Statistics Registration Office

56116