



Skamania County
Real Estate Excise Tax

N/A
FEB - 1 2022

Georgia L. Fearn
PO Box 322
Carson WA 98610

PAID N/A
Skamania County Treasurer

**Affidavit of Surviving Spouse or Domestic Partner
for Claiming an Exemption Based on
Inheritance of Real Estate**

State of Washington

County of Skamania

Name of deceased David Garth Fearn

I, (survivor's name) Georgia L. Fearn

affirm

that I am the sole and rightful heir to the property described as:

Parcel number(s) # 03081723040800
Lot 8 Russell's
Meadow S/P BK B/
PG 102 - 103

Skamania County Assessor

Date 2-1-22 Parcel# 03081723040800

N/A

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed this 1 day of February, 2022 at Stevenson, Wa
(month) (year) (city) (state)

Georgia L. Fearn
(Signature of surviving spouse or registered domestic partner)

Georgia L. Fearn
(Printed name of surviving spouse or registered domestic partner)

141 Russell's Timber Lane Carson Wa 98610
(Address of surviving spouse or domestic partner) (city) (state) (zip)

Note: See Senate Bill (SB) 6851 on page 2 for statutory requirements.

SB 6851 (effective 6/12/2008)

AN ACT Relating to the documentation required in order to obtain a real estate excise tax exemption at the time of inheritance; and adding a new section to chapter 82.45 RCW.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. Sec. 1. A new section is added to chapter 82.45 RCW to read as follows: In order to receive an exemption from the tax in this chapter on real property transferred as a result of inheritance under RCW 9 82.45.010(3)(a), the following documentation must be provided:

- (1) If the property is being transferred under the terms of a community property agreement, a copy of the recorded agreement and a certified copy of the death certificate;
- (2) If the property is being transferred under the terms of a trust instrument, a certified copy of the death certificate and a copy of the trust instrument showing the authority of the grantor;
- (3) If the property is being transferred under the terms of a probated will, a certified copy of the letters testamentary or in the case of intestate administration, a certified copy of the letters of administration showing that the grantor is the court-appointed executor, executrix, or administrator, and a certified copy of the death certificate;
- (4) In the case of joint tenants with right of survivorship and remainder interests, a certified copy of the death certificate is recorded to perfect title;
- (5) If the property is being transferred pursuant to a court order, a certified copy of the court order requiring the transfer, and confirming that the grantor is required to do so under the terms of the order; or
- (6) If the community property interest of the decedent is being transferred to a surviving spouse or surviving domestic partner absent the documentation set forth in subsections (1) through (5) of this section, a certified copy of the death certificate and a signed affidavit from the surviving spouse or surviving domestic partner affirming that he or she is the sole and rightful heir to the property.

For tax assistance or to inquire about the availability of this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-061034

DATE ISSUED: 07/29/2021
FEE NUMBER: 129230024

FIRST AND MIDDLE NAME(S): DAVID GARTH
LAST NAME(S): FEARN

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: DECEMBER 20, 2020
HOUR OF DEATH: 03:23 PM FOUND
SEX: MALE AGE: 83 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: FEBRUARY 28, 1937
BIRTHPLACE: CODY, WY

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: GEORGIA GEORGEON

OCCUPATION: SMALL BUSINESS OWNER
INDUSTRY: TRUCKING
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: YES

INFORMANT: GEORGIA FEARN
RELATIONSHIP: SPOUSE
ADDRESS: PO BOX 322, CARSON, WA 98610

CAUSE OF DEATH:
A: UNSPECIFIED NATURAL CAUSES
INTERVAL: UNKNOWN
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC OBSTRUCTIVE
PULMONARY DISEASE

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: 141 RUSSELL'S TIMBER
CITY, STATE, ZIP: CARSON, WASHINGTON 98610

RESIDENCE STREET: 141 RUSSELL'S TIMBER
CITY, STATE, ZIP: CARSON, WA 98610
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: WILLIAM FEARN
MOTHER: EDITH LINDSAY

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORY

CITY, STATE: WHITE SALMON, WASHINGTON
DISPOSITION DATE: DECEMBER 29, 2020

FUNERAL FACILITY: GARDNER FUNERAL HOME INC

ADDRESS: 1270 NORTH MAIN AVENUE
CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672
FUNERAL DIRECTOR: DEREK F. KRENTZ

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ADAM N. KICK
TITLE: CORONER/ME
CERTIFIER ADDRESS: 240 NW VANCOUVER AVENUE
CITY, STATE, ZIP: STEVENSON, WA 986480790
DATE SIGNED: DECEMBER 28, 2020

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 20-09772
ATTENDING PHYSICIAN: ALLEN LABERGE, PHYSICIAN

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL
DATE RECEIVED: DECEMBER 29, 2020