

REAL ESTATE EXCISE TAX AFFIDAVIT

PLEASE TYPE OR PRINT

CHAPTER 82.45 RCW – CHAPTER 458-61A WAC

This form is your receipt
when stamped by cashier.

THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED

(See back of last page for instructions)

☐ Check box if partial sale of property

If multiple owners, list percentage of ownership next to name.

1 SELLER GRANTOR	Name <u>Kenneth G. Callahan and Dolores Callahan</u>	2 BUYER GRANTEE	Name <u>Kimberly A. Stone and Lee F. Finkbonner</u>
	Mailing Address <u>P.O. Box 122</u>		Mailing Address <u>P.O. Box 206</u>
	City/State/Zip <u>Hornbrook, CA 96044</u>		City/State/Zip <u>Pomeroy, WA 99347</u>
	Phone No. (including area code) _____		Phone No. (including area code) _____
3 Send all property tax correspondence to: <input type="checkbox"/> Same as Buyer/Grantee Name <u>Kenneth G. Callahan and Dolores Callahan</u> Mailing Address <u>P.O. Box 122</u> City/State/Zip <u>Hornbrook, CA 96044</u> Phone No. (including area code) _____		List all real and personal property tax parcel account numbers – check box if personal property <u>1-052-05-008-1460</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/>	
List assessed value(s) _____ _____ _____			

4 Street address of property: 1047 Columbia Street
 This property is located in Pomeroy
☐ 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 more space is needed, you may attach a separate sheet to each page of the affidavit)
The West 41 feet of Lot 8, Block 5, Pomeroy's Addition to the City of Pomeroy.

5 Select Land Use Code(s):
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 chapters 84.36, 84.37, or 84.38 RCW (nonprofit organization, senior citizen, or disabled person, homeowner with limited income)?
 YES ☐ NO ☒

6

	YES	NO
Is this property designated as forest land per chapter 84.33 RCW?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is this property receiving special valuation as historical property per chapter 84.26 RCW?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 RCW 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 _____ 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) does not wish to continue, all additional tax calculated pursuant to chapter 84.26 RCW, shall be due and payable by the seller or transferor at the time of sale.

(3) OWNER(S) SIGNATURE

PRINT NAME _____

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

If claiming an exemption, list WAC number and reason for exemption:

WAC No. (Section/Subsection) 458-61A-208(3)(c)
 Reason for exemption _____
 Forfeiture of Contract

Type of Document Declaration of Forfeiture

Date of Document 9/27/13

Gross Selling Price \$	_____
*Personal Property (deduct) \$	_____
Exemption Claimed (deduct) \$	_____
Taxable Selling Price \$	0.00
Excise Tax : State \$	0.00
<u>0.0025</u> Local \$	0.00
*Delinquent Interest: State \$	_____
Local \$	_____
*Delinquent Penalty \$	_____
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 Grantor's Agent G. Scott Marinella
 Name (print) G. Scott Marinella
 Date & city of signing: 9/27/13 Dayton, WA

Signature of
Grantee or Grantee's Agent G. Scott Marinella
 Name (print) G. Scott Marinella
 Date & city of signing: 9/27/13 Dayton, WA

Perjury: Perjury is a class C felony which is punishable by imprisonment in the state correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars (\$5,000.00), or by both imprisonment and fine (RCW 9A.20.020 (1C)).



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(See back of last page for instructions)

REAL ESTATE EXCISE TAX AFFIDAVIT
CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

2428

This form is your receipt
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☐ Check box if partial sale of property

If multiple owners, list percentage of ownership next to name.

SELLER GRANTOR	Name <u>Estate of Jane B. Wassard</u>	BUYER GRANTEE	Name <u>Cosette M. Moore</u>
	Mailing Address <u>P.O. Box 492</u>		Name <u>Gerald A. Moore</u>
	City/State/Zip <u>Payette ID 83661</u>		Mailing Address <u>TBD</u>
	Phone No. (including area code) _____		City/State/Zip <u>Pomeroy, WA 99347</u>
Send all property tax correspondence to: <input checked="" type="checkbox"/> Same as Buyer/Grantee		List all real and personal property tax parcel account numbers - check box if personal property	
Name <u>Cosette M. Moore Gerald A. Moore</u>		<u>10630100280300000</u> <input type="checkbox"/>	
Mailing Address <u>TBD</u>		<u>10703103112400000</u> <input type="checkbox"/>	
City/State/Zip _____		_____ <input type="checkbox"/>	
Phone No. (including area code) _____		_____ <input type="checkbox"/>	
		List assessed value(s)	

Street address of property: 41 Elm St. - Pomeroy, WA 99347

This property is located in ☐ unincorporated Garfield County OR within ☒ city of Pomeroy

☐ Check box if any of the listed parcels are being segregated from a larger parcel.

Legal description of property (if more space is needed, you may attach a separate sheet to each page of the affidavit)
See attached legal description.

Select Land Use Code(s):
11 Household, single family units

enter any additional codes: _____

(See back of last page for instructions)

Is this property exempt from property tax per chapter 84.36 RCW (nonprofit organization)?

YES NO
☐ ☒

Is this property designated as forest land per chapter 84.33 RCW?

YES NO
☐ ☒

Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34?

YES NO
☐ ☒

Is this property receiving special valuation as historical property per chapter 84.26 RCW?

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 RCW 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

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) does not wish to continue, all additional tax calculated pursuant to chapter 84.26 RCW, shall be due and payable by the seller or transferor at the time of sale.

(3) OWNER(S) SIGNATURE

PRINT NAME

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

If claiming an exemption, list WAC number and reason for exemption:

WAC No. (Section/Subsection) _____

Reason for exemption _____

Type of Document Statutory Warranty Deed (SWD)

Date of Document 09/11/13

Gross Selling Price	\$	85,000.00
*Personal Property (deduct)	\$	0.00
Exemption Claimed (deduct)	\$	0.00
Taxable Selling Price	\$	85,000.00
Excise Tax : State	\$	1,088.00
Local	\$	212.50
*Delinquent Interest: State	\$	0.00
Local	\$	0.00
*Delinquent Penalty	\$	0.00
Subtotal	\$	1,300.50
*State Technology Fee	\$	5.00
*Affidavit Processing Fee	\$	0.00
Total Due	\$	1,305.50

A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX
*SEE INSTRUCTIONS

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signature of * Jane B. Wassard Representative
Grantor or Grantor's Agent

Name (print) Estate of Jane B. Wassard

Date & city of signing: * 9/24 Payette ID

Signature of Cosette M. Moore
Grantee or Grantee's Agent

Name (print) Cosette M. Moore

Date & city of signing: 9/23/2013 - Clarkston, WA

Perjury: Perjury is a class C felony which is punishable by imprisonment in the state correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars (\$5,000.00), or by both imprisonment and fine (RCW 9A.20.020 (1C)).

REV 84 0001a (02/13/07)

THIS SPACE - TREASURER'S USE ONLY

P A I D
SEP 30 2013

COUNTY TREASURER

2428

KAREN ROOSEVELT
GARFIELD COUNTY TREASURER

Order No. GA-5401

SCHEDULE C

The land referred to herein is situated in the State of Washington, County of Garfield and described as follows:

Lots 1 and 2 in Block 1 of Highland Addition to the City of Pomeroy, and Tax No. 31, Section 31, Township 12 North, Range 42 E.W.M. (sometimes referred to as Lot A in said Block 1, said Addition), more particularly described as follows: Beginning at the Southeast corner of said Lot 1, Block 1 of Highland Addition; thence South 30 feet; thence West 120 feet; thence North 30 feet; thence East 120 feet to place of beginning. Together with all of vacated Maple Street lying West of the above described property.

MAY 17 2013

BETTY J. DRESSEN, CLERK
BY [Signature] DEPUTY

BERT L. OSBORN
BERT L. OSBORN, CHTD.
Attorney at Law
P.O. Box 158
Payette, Idaho 83661
Telephone: (208) 642-4458
Facsimile: (208) 642-4981
ISB #1739

IN THE DISTRICT COURT OF THE THIRD JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR PAYETTE COUNTY
MAGISTRATE DIVISION

In the Matter of the Estate)	
)	Case No. CV-2013- 464
of)	
)	
)	LETTERS TESTAMENTARY
JANE B. WASSARD,)	
(dob 05/01/1920))	
)	
Deceased.)	

The Will of JANE B. WASSARD, deceased, having been admitted to informal probate, JACK B. WASSARD is hereby appointed Personal Representative of the estate.

WITNESS: Magistrate of the District Court, County of Payette, State of Idaho, with the seal of the Court affixed this 17 day of May, 2013.

A. LYNNE KROGH
Magistrate

LETTERS TESTAMENTARY
sko 10113 letters

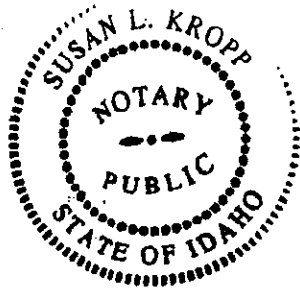
ACCEPTANCE OF APPOINTMENT


STATE OF IDAHO)
 : ss.
County of Payette)

I, JACK B. WASSARD, hereby accept the duties of Personal Representative of the Estate of Jane B. Wassard, deceased, and I do solemnly swear that I will perform according to law, the duties of Personal Representative of the estate of JANE B. WASSARD, deceased.


JACK B. WASSARD

SUBSCRIBED AND SWORN to before me this 14 day of May, 2013.




Notary Public for Idaho
Residing in: Ontario, Oregon
Comm. Expires: 1/13/2015

State of Idaho
County of Payette ss

I hereby certify that the foregoing instrument is a true and correct copy of the original on file in this office.

Dated 5-23-13
BETTY J. DRESSEN

Clerk of the District Court and
Ex-Officio Auditor and Recorder

By  Deputy

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 DEATH FOR ANY PURPOSE.

Local Reg. No.

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA if any) (First, Middle, Last, Suffix) JANE B WASSARD		2. SEX FEMALE		3. SOCIAL SECURITY NUMBER [REDACTED]	
	4a. AGE-Last Birthday 92 (Years)		4b. UNDER 1 YEAR Months 0 Days 0		4c. UNDER 1 DAY Hours 0 Minutes 0	
MORTICIAN: Complete Within 5 Days of Death	5. DATE OF BIRTH (Mo/Day/Yr) 05/01/1920		6. BIRTHPLACE (City and State, Territory, or Foreign Country) PORTLAND, OREGON			
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY PAYETTE		7c. CITY OR TOWN PAYETTE	
PARENTS	7d. STREET AND NUMBER 1481 7TH AVENUE NORTH		7e. APT. NO. 83661		7f. ZIP CODE 83661	
	8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)			
INF ORMAN	10. EVER IN U.S. ARMY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11a. FATHER'S NAME (First, Middle, Last, Suffix) AARON H. GOULD		11b. BIRTHPLACE (State, Territory, or Foreign Country) ALABAMA	
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) ELSIE RUTH MCLYNN		12b. BIRTHPLACE (State, Territory, or Foreign Country) OREGON		13a. INFORMANT'S NAME (Type or print) COSETTE MOORE	
DISPOSITION	13b. RELATIONSHIP TO DECEDENT DAUGHTER		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 530 CONNELL HILL ROAD POMEROY, WA 98347			
	14. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input 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) POMEROY CITY CEMETERY HIGHWAY 12 POMEROY, WASHINGTON 98347		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY RICHARDSON-BROWN FUNERAL HOME 756 COLUMBIA STREET POMEROY, WASHINGTON 98347	
PLACE OF DEATH	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	
	19a. IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> DOA		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <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)			
DATE OF DEATH	20. FACILITY NAME (If not facility, give street and number) COTTAGES OF PAYETTE		21. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE PAYETTE, ID 83661		22. COUNTY OF DEATH PAYETTE	
	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) April 18, 2013		24. TIME OF DEATH (24hr) 11:48		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) April 18, 2013	
CAUSE OF DEATH	26. TIME PRONOUNCED DEAD (24hr) 11:48		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 dysfunction without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line: GALLBLADDER CANCER DUE TO (or as a consequence of) b. DUE TO (or as a consequence of) c. DUE TO (or as a consequence of) d. DUE TO (or as a consequence of)			
	28. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		29. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (EC000110)	30. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		31. IF FEMALE (Aged 15-44): <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		32. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	
	33. DATE OF INJURY (Mo/Day/Yr) (Spell month) April 18, 2013		34. TIME OF INJURY (24hr) 11:48		35. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) Decedent's home	
CERTIFIER	36. LOCATION OF INJURY: State IDAHO City/Town or County PAYETTE Zip Code 83661		37. 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			
	38a. 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 <input type="checkbox"/> CORONER To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) stated. Signature and Title of Certifier: NANI J. CABRERA, D.O.		38b. WHAT SAFETY DEVICES(S) 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		39a. LICENSE NUMBER 0-00372	
REGISTRAR	39b. DATE SIGNED 4 / 23 / 2013 MM DD YYYY		40a. REGISTRAR'S SIGNATURE James B. Aydelotte			
	40b. DATE SIGNED 4 / 23 / 2013 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: **April 23, 2013**

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

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR



PHCD 0001 0012

ANY ALTERATION OR ERASURE INVALIDATES THIS CERTIFICATE



PLEASE TYPE OR PRINT

REAL ESTATE EXCISE TAX AFFIDAVIT

CHAPTER 82.45 RCW – CHAPTER 458-61A WAC

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(See back of last page for instructions)

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If multiple owners, list percentage of ownership next to name.

1 SELLER GRANTOR	Name <u>LAVERNA ZIESKE</u>	2 BUYER GRANTEE	Name <u>LAVERNA ZIESKE, ROBBIN LYNN NEHLS, and CORY DEAN</u>
	Mailing Address <u>Post Office Box 1432</u>		<u>ZIESKE, Trustees of the LAVERNA ZIESKE LIVING TRUST dated</u> SEP 17 2013
	City/State/Zip <u>Prosser, Washington 99350</u>		Mailing Address <u>Post Office Box 1432</u>
	Phone No. (including area code) <u>(509) 832-0608</u>		City/State/Zip <u>Prosser, Washington 99350</u>
3 Send all property tax correspondence to: <input checked="" type="checkbox"/> Same as Buyer/Grantee		List all real and personal property tax parcel account numbers – check box if personal property	
Name _____		2006420111013 <input type="checkbox"/>	
Mailing Address _____		<input type="checkbox"/>	
City/State/Zip _____		<input type="checkbox"/>	
Phone No. (including area code) _____		<input type="checkbox"/>	
		List assessed value(s) <u>152715</u>	

4 Street address of property: 204 Kessler Mill Road, Pomaroy, WashingtonThis property is located in Garfield☐ 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 more space is needed, you may attach a separate sheet to each page of the affidavit)

The NW ¼ of the NE ¼ of Section 11, Township 6 North, Range 42 East, W.M.; Excepting: The East 30 feet and the North 30 feet for road access, fence maintenance, fire breaks, and utilities. Easement: The following easement is granted to provide access for road and utilities; the East 30 feet of the SW ¼ of the NE ¼ of Section 11, Township 6 North, Range 42 East, W.M.

5 Select Land Use Code(s):
11 - Household, single family units
 enter any additional codes: _____
 (See back of last page for instructions)

Is this property exempt from property tax per chapter 84.36 RCW (nonprofit organization)? YES ☐ NO ☒

6 Is this property designated as forest land per chapter 84.33 RCW? YES ☐ NO ☒
 Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34? ☒ YES ☒
 Is this property receiving special valuation as historical property per chapter 84.26 RCW? ☐ YES ☒

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 RCW 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

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) does not wish to continue, all additional tax calculated pursuant to chapter 84.26 RCW, shall be due and payable by the seller or transferor at the time of sale.

(3) OWNER(S) SIGNATURE

PRINT NAME

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

If claiming an exemption, list WAC number and reason for exemption:

WAC No. (Section/Subsection) 458-61A-210Reason for exemption
Transfer to Irrevocable TrustType of Document Warranty DeedDate of Document **SEP 17 2013**

Gross Selling Price \$ _____

*Personal Property (deduct) \$ _____

Exemption Claimed (deduct) \$ _____

Taxable Selling Price \$ _____ 0.00

Excise Tax : State \$ _____ 0.00

0.0025 Local \$ _____ 0.00

*Delinquent Interest: State \$ _____

Local \$ _____

*Delinquent Penalty \$ _____

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 Grantor's Agent LaLerna ZieskeName (print) LAVERNA ZIESKEDate & city of signing: Kennewick, WA **SEP 17 2013**Signature of Grantee or Grantee's Agent LaLerna ZieskeName (print) LAVERNA ZIESKE, TrusteeDate & city of signing: Kennewick, WA **SEP 17 2013**

Perjury: Perjury is a class C felony which is punishable by imprisonment in the state correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars (\$5,000.00), or by both imprisonment and fine (RCW 9A.20.020 (1C)).

OCT 03 2013

KAREN ROOSEVELT
GARFIELD COUNTY TREASURER



PLEASE TYPE OR PRINT

REAL ESTATE EXCISE TAX AFFIDAVIT

CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED

(See back of last page for instructions)

This form is your receipt
when stamped by cashier.

2430

☐ Check box if partial sale of property

If multiple owners, list percentage of ownership next to name.

SELLER GRANTOR	Name <u>Tim Bemis</u>	BUYER GRANTEE	Name <u>Shenandoah J. Severs</u>
	<u>Shelly Bemis</u>		<u>Nettie A. Severs</u>
	Mailing Address <u>12227 E. Tallman Rd.</u>		Mailing Address <u>TBD 1203 Tucannon Rd</u>
	City/State/Zip <u>Chattaroy WA 99003</u>		City/State/Zip <u>Pomeroy, WA 99347</u>
	Phone No. (including area code) _____		Phone No. (including area code) <u>509 843 5016</u>
Send all property tax correspondence to: <input checked="" type="checkbox"/> Same as Buyer/Grantee		List all real and personal property tax parcel account numbers - check box if personal property	
Name <u>Shenandoah J. Severs Nettie A. Severs</u>		20124202130100000 <input type="checkbox"/>	
Mailing Address <u>TBD 1203 Tucannon Rd</u>		20124202130300000 <input type="checkbox"/>	
City/State/Zip <u>Pomeroy, WA 99347</u>		<input type="checkbox"/>	
Phone No. (including area code) <u>509 843 5016</u>		<input type="checkbox"/>	
		List assessed value(s)	

Street address of property: 463 Gould City Mayview Rd. - Pomeroy, WA 99347This property is located in ☒ unincorporated Garfield County OR within ☐ city of Unincorp☐ Check box if any of the listed parcels are being segregated from a larger parcel.

Legal description of property (if more space is needed, you may attach a separate sheet to each page of the affidavit)

The land referred to herein is situated in the State of Washington, County of Garfield and described as follows: In Township 12 North, Range 42 E.W.M. That part of the West half of the Southwest quarter of the Northwest quarter and of the Northwest quarter of the Southwest quarter of Section 21 lying westerly of the county road.

Select Land Use Code(s):

11 Household, single family units

enter any additional codes: _____

(See back of last page for instructions)

YES NO

Is this property exempt from property tax per chapter 84.36 RCW (nonprofit organization)? ☐ ☒

YES NO

Is this property designated as forest land per chapter 84.33 RCW? ☐ ☒Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34? ☐ ☒Is this property receiving special valuation as historical property per chapter 84.26 RCW? ☐ ☒

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 RCW 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

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) does not wish to continue, all additional tax calculated pursuant to chapter 84.26 RCW, shall be due and payable by the seller or transferor at the time of sale.

(3) OWNER(S) SIGNATURE

PRINT NAME

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

If claiming an exemption, list WAC number and reason for exemption:

WAC No. (Section/Subsection) _____

Reason for exemption _____

Type of Document Statutory Warranty Deed (SWD)Date of Document 10/01/13

Gross Selling Price \$	170,000.00
*Personal Property (deduct) \$	0.00
Exemption Claimed (deduct) \$	0.00
Taxable Selling Price \$	170,000.00
Excise Tax : State \$	2,176.00
Local \$	425.00
*Delinquent Interest: State \$	0.00
Local \$	0.00
*Delinquent Penalty \$	0.00
Subtotal \$	2,601.00
*State Technology Fee \$	5.00
*Affidavit Processing Fee \$	0.00
Total Due \$	2,606.00

A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX

*SEE INSTRUCTIONS

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signature of

Grantor or Grantor's Agent Tim BemisName (print) Tim BemisDate & city of signing: 10/2/2013 - Clarkston, WA

Signature of

Grantee or Grantee's Agent Shenandoah J. SeversName (print) Shenandoah J. SeversDate & city of signing: 10/2/2013 - Clarkston, WA

Perjury: Perjury is a class C felony which is punishable by imprisonment in the state correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars (\$5,000.00), or by both imprisonment and fine (RCW 9A.20.020 (1C)).

REV 84 0001a (02/13/07)

THIS SPACE - TREASURER'S USE ONLY

PAID
OCT 04 2013

COUNTY TREASURER

KAREN ROOSEVELT
GARFIELD COUNTY TREASURER

2430

TUE

REAL ESTATE EXCISE TAX AFFIDAVIT
CHAPTER 82.45 RCW – CHAPTER 458-61A WAC

This form is your receipt
when stamped by cashier.

PLEASE TYPE OR PRINT

THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED

(See back of last page for instructions)

☐ Check box if partial sale of property

If multiple owners, list percentage of ownership next to name.

<p>SELLER GRANTOR</p> <p>Name <u>Brian S. Bartels</u> <u>Kristin L. Bartels</u></p> <p>Mailing Address <u>14 Pheasant Ridge Road</u> <u>Pomeroy WA 99347</u></p> <p>City/State/Zip <u>Pomeroy WA 99347</u></p> <p>Phone No. (including area code) _____</p>	<p>BUYER GRANTEE</p> <p>Name <u>Brian S. Bartels & Kristin L. Bartels</u> <u>Richard Bartels & Mary Bartels</u></p> <p>Mailing Address <u>14 Pheasant Ridge Road</u> <u>Pomeroy WA 99347</u></p> <p>City/State/Zip <u>Pomeroy WA 99347</u></p> <p>Phone No. (including area code) _____</p>															
<p>Send all property tax correspondence to: <input checked="" type="checkbox"/> Same as Buyer/Grantee</p> <p>Name <u>Brian S. Bartels & Kristin L. Bartels Richard</u></p> <p>Mailing Address <u>14 Pheasant Ridge Road</u></p> <p>City/State/Zip <u>Pomeroy WA 99347</u></p> <p>Phone No. (including area code) _____</p>																
<p>List all real and personal property tax parcel account numbers – check box if personal property</p> <table style="width:100%;"> <tr> <td style="width:70%;">10700600120400000</td> <td style="width:5%;"><input type="checkbox"/></td> <td style="width:25%;">List assessed value(s)</td> </tr> <tr> <td> </td> <td><input type="checkbox"/></td> <td>7,198.00</td> </tr> <tr> <td> </td> <td><input type="checkbox"/></td> <td> </td> </tr> <tr> <td> </td> <td><input type="checkbox"/></td> <td> </td> </tr> <tr> <td> </td> <td><input type="checkbox"/></td> <td> </td> </tr> </table>		10700600120400000	<input type="checkbox"/>	List assessed value(s)		<input type="checkbox"/>	7,198.00		<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>	
10700600120400000	<input type="checkbox"/>	List assessed value(s)														
	<input type="checkbox"/>	7,198.00														
	<input type="checkbox"/>															
	<input type="checkbox"/>															
	<input type="checkbox"/>															

Street address of property: 14 Pheasant Ridge Road, Pomeroy, WA 99347

This property is located in ☒ unincorporated Garfield County OR within ☐ city of Unincorp

☐ Check box if any of the listed parcels are being segregated from a larger parcel.

Legal description of property (if more space is needed, you may attach a separate sheet to each page of the affidavit)
see attached legal description

Select Land Use Code(s):
11 Household, single family units

enter any additional codes: _____
(See back of last page for instructions)

YES NO

Is this property exempt from property tax per chapter 84.36 RCW (nonprofit organization)? ☐ YES ☒ NO

YES NO

Is this property designated as forest land per chapter 84.33 RCW? ☐ YES ☒ NO

Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34? ☐ YES ☒ NO

Is this property receiving special valuation as historical property per chapter 84.26 RCW? ☐ 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 RCW 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

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) does not wish to continue, all additional tax calculated pursuant to chapter 84.26 RCW, shall be due and payable by the seller or transferor at the time of sale.

(3) OWNER(S) SIGNATURE

PRINT NAME

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

If claiming an exemption, list WAC number and reason for exemption:

WAC No. (Section/Subsection) 458-61A-215(1)

Reason for exemption

Clearing title, and additions to title for financing purposes only

Type of Document Quit Claim Deed (QCD)

Date of Document 10/04/13

Gross Selling Price \$	0.00
*Personal Property (deduct) \$	0.00
Exemption Claimed (deduct) \$	0.00
Taxable Selling Price \$	0.00
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

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signature of Grantor or Grantor's Agent Brian S. Bartels
Name (print) Brian S. Bartels
Date & city of signing: 10.4.13, Clarkston, WA

Signature of Grantee or Grantee's Agent Richard Bartels
Name (print) Brian S. Bartels & Kristin L. Bartels Richard Bartels
Date & city of signing: 10.4.13, Clarkston, WA

Perjury: Perjury is a class C felony which is punishable by imprisonment in the state correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars (\$5,000.00), or by both imprisonment and fine (RCW 9A.20.020 (1C)).

SCHEDULE C

The land referred to herein is situated in the State of Washington, County of Garfield and described as follows:

In Township 11 North, Range 42 E.W.M.

That part of the Northeast quarter of the Northwest quarter of Section 6, more particularly described as follows:

Commencing at the Northeast corner of said Section 6; thence South 75°14'56" West 3396.14 feet to the True Place of Beginning; thence South 57°41'26" East 384.95 feet; thence South 33°19'14" West 220.00 feet; thence North 57°44'00" West 431.32 feet; thence North 45°09'30" East 225.95 feet to the place of beginning.

TOGETHER WITH BUT SUBJECT TO the rights of others an easement for ingress and egress, herein named Pheasant Ridge Road, lying 24 feet on each side of the following described centerline:

Commencing at the Northwest corner of the above described tract; thence North 19°46' East 25.38 feet to the True Place of Beginning, said point being a point on a curve; thence deflect left and continue around a curve to the right with a radius of 150.00 feet for a distance of 48.46 feet; thence South 59°01'43" West 98.87 feet to a point of curve; thence around a curve to the left with a radius of 300.00 feet for a distance of 192.89 feet; thence South 22°11'20" West 20.52 feet to a point of curve; thence around a curve to the right with a radius of 45.00 feet for a distance of 50.54 feet; thence South 86°32'28" West 16.1 feet, more or less to the centerline of Dutch Flat Road.

TOGETHER WITH an easement for ingress, egress and utilities lying over and across that part of the Northeast quarter of the Northwest quarter of said Section 6, more particularly described as follows:

Commencing at the Northeast corner of said Section 6; thence South 75°14'56" West 3396.14 feet to the True Place of Beginning; thence South 57°41'26" East 35.00 feet; thence North 18°57'41" West 54.61 feet; thence South 19°46' West 35.00 feet to the place of beginning.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VANDERGoot TRUST

This Trust agreement is entered into by and between RICHARD R. VANDERGoot and RUTH E. VANDERGoot, of San Bernardino County, California, hereinafter referred to as "Trustors," or separately referred to as "Husband" or "Wife," and RICHARD R. VANDERGoot and RUTH E. VANDERGoot, of San Bernardino County, California, hereinafter referred to collectively as "Trustee."

Reference in this Trust to the "Trustee" shall be deemed a reference to the acting Trustee, whether as original trustee, alternate trustee, successor trustee, or co-trustees.

I. TRUST PROPERTY

A. Original Trust Estate

The Trustors have transferred to the Trustee, without consideration, the sum of one dollar (\$1.00), receipt of which is hereby acknowledged, which is the original corpus of the Trust Estate.

B. Additions to Trust Estate

Additional property may be added to the Trust Estate at any time by the Trustors, or either of them, or by any person or persons, by inter vivos or testamentary transfer. All such original and additional property is referred to herein collectively as the Trust Estate, and shall be held, managed and distributed as herein provided.

In witness hereof, the provisions of this Trust agreement shall bind RICHARD R. VANDERGoot and RUTH E. VANDERGoot, as Trustors, and RICHARD R. VANDERGoot and RUTH E. VANDERGoot, as Trustees, and any Successor Trustees, assuming the role of Trustee hereunder, and the beneficiaries of any Trust created hereunder.

Dated at San Bernardino County, California, on May 12, 1994

TRUSTORS:

Richard R. Vandergoot
RICHARD R. VANDERGoot

Ruth E. Vandergoot
RUTH E. VANDERGoot

TRUSTEES:

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

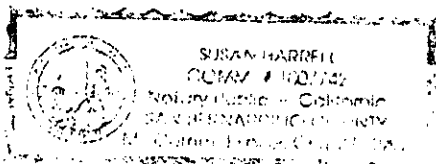
State of CALIFORNIA

County of SAN BERNARDINO

On 5-12-94 before me, SUSAN HARBELL, NOTARY PUBLIC
DATE NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"

personally appeared RICHARD R. & RUTH E. VANDERGoot
NAME(S) OF SIGNER(S)

☐ ~~personally~~ ☒ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s)/is/are subscribed to the within instrument and acknowledged to me that ~~he/she~~ they executed the same in ~~his/her~~ their authorized capacity(ies), and that by ~~his/her~~ their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Susan Harbell
SIGNATURE OF NOTARY

OPTIONAL SECTION

CAPACITY CLAIMED BY SIGNER

Though statute does not require the Notary fill in the data below, doing so may prove invaluable to persons relying on the document.

☒ INDIVIDUAL
☐ CORPORATE OFFICER(S)

TITLE(S)
☐ PARTNER(S) ☐ LIMITED
☐ GENERAL
☐ ATTORNEY-IN-FACT
☐ TRUSTEE(S)
☐ GUARDIAN/CONSERVATOR
☐ OTHER: _____

SIGNER IS REPRESENTING:

NAME OF PERSON(S) OR ENTITY(IES)

THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED AT RIGHT:

Though the data requested here is not required by law, it could prevent fraudulent reattachment of this form.

OPTIONAL SECTION

TITLE OR TYPE OF DOCUMENT TRUST AGREEMENT

NUMBER OF PAGES 32 DATE OF DOCUMENT 5-12-94

SIGNER(S) OTHER THAN NAMED ABOVE _____

Certification of Trust

1. The following trust is the subject of this Certification:

RICHARD R. VANDERGoot and RUTH E. VANDERGoot, Trustees of the VANDERGoot TRUST DATED MAY 12, 1994.

2. The names and addresses of the currently acting Trustees of the trust are as follows:

Name:

RICHARD R. VANDERGoot

Name:

RUTH E. VANDERGoot

Address:

**12387 Custer Street
Yucaipa, CA 92399**

Address:

**12387 Custer Street
Yucaipa, CA 92399**

3. The trust is revocable. The persons holding the power to revoke the trust are:

RICHARD R. VANDERGoot and RUTH E. VANDERGoot

4. The trust is currently in full force and effect.
5. Attached to this Certification and incorporated in it are selected provisions of the trust evidencing the following:
 - a. **Article One** - Creation of the trust and initial Trustees
 - b. **Article Fifteen** - Successor Trustees
 - c. **Article Seventeen** - Powers of the Trustees
 - d. **Article Eighteen** - Signature pages
6. The Taxpayer Identification Number of this trust is RICHARD R. VANDERGoot's Social Security Number.
7. Title to trust assets should be taken in the form specified in the first paragraph of this Certification.
8. The trust has not been revoked, modified, or amended in any manner which would cause the representations contained in this Certification of Trust to be incorrect.

CERTIFICATION OF TRUST
VANDERGoot TRUST
DATED MAY 12, 1994

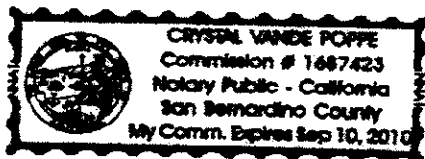
9. The trust provisions that are not attached to this Certification are of a personal nature and set forth the distribution of trust property. They do not modify the powers of the Trustees.
10. The signatories of this Certification are currently the acting Trustees of the trust and declare that the foregoing statements and the attached trust provisions are true and correct, under penalty of perjury.
11. This Certification is dated July 27, 2008.

Richard R. Vandergoot Trustee
RICHARD R. VANDERGoot, Trustee

Ruth E. Vandergoot Trustee
RUTH E. VANDERGoot, Trustee

STATE OF CALIFORNIA)
) ss.
COUNTY OF SAN BERNARDINO)

Subscribed and sworn to (or affirmed) before me on this 24th day of July, 2008, by RICHARD R. VANDERGoot, also known as RICHARD ROY VANDERGoot, and RUTH E. VANDERGoot, also known as RUTH ENOLA VANDERGoot, proved to me on the basis of satisfactory evidence to be the persons who appeared before me.



Crystal Vande Poppe
Notary Signature

CERTIFICATION OF TRUST
VANDERGoot TRUST
DATED MAY 12, 1994

**SECOND AMENDMENT AND
COMPLETE RESTATEMENT TO
THE VANDERGoot TRUST
DATED MAY 12, 1994**

Article One

Creation of Our Trust

Section 1. Our Trust

On May 12, 1994, we executed the VANDERGoot TRUST. We now wish to restate that original trust, and any amendments, in their entirety. This restatement shall replace and supersede our original trust and all prior amendments.

When the term "Trustmaker" is used in our trust, it shall have the same legal meaning as "Grantor," "Settlor," "Trustor," or any other term referring to the maker of a trust.

The following shall serve as our Trustees:

RICHARD R. VANDERGoot and RUTH E. VANDERGoot.

Our trust is a joint revocable living trust that contains our instructions for our own well-being and that of our loved ones. All references to "our trust" or "trust," unless otherwise stated, shall refer to this Living Trust and the trusts created in it. All references to "Trustee" shall refer to our initial Trustee or Trustees, or their successor or successors in trust.

Notwithstanding anything in our trust to the contrary, when we are serving as Trustees under our trust, either of us may act for and conduct business on behalf of our trust as a Trustee without the consent of any other Trustee. Additionally, if one of us is serving as a Trustee together with another person, either Trustee may act for

SECOND AMENDMENT AND
COMPLETE RESTATEMENT TO
THE VANDERGoot TRUST
DATED MAY 12, 1994



and conduct business on behalf of our trust as a Trustee without the consent of any other Trustee.

Section 2. The Name of Our Trust

For convenience, our trust shall be known as the:

VANDERGoot TRUST DATED MAY 12, 1994.

For purposes of beneficiary designations and transfers directly to our trust, our trust shall be referred to as:

RICHARD R. VANDERGoot and RUTH E. VANDERGoot, Trustees of the VANDERGoot TRUST DATED MAY 12, 1994.

In addition to the above description, any description for referring to our trust shall be effective to transfer title to our trust or to designate our trust as a beneficiary so long as that format indicates that assets are to be held in a fiduciary capacity.

Section 3. No New Tax Identification Number for Our Trust

Pursuant to federal income tax law, our trust is a "grantor" trust and is not required to have a separate identification number as long as one of us is serving as a Trustee. The identification number for our trust is our own social security numbers (See IRC Regulation 1.671-3(a)(1)).

Section 4. Income Taxes Filed on Our Personal Form 1040

Pursuant to federal income tax law, we are treated as the owners of our trust for tax reporting purposes because we have retained control of the assets transferred to our trust (See IRC Sections 674-677). Also, federal income tax law specifically states that a trust income tax return should not be filed, and all income should be reported on our personal 1040 income tax return (See IRC Regulation 1.671-4).

SECOND AMENDMENT AND
COMPLETE RESTATEMENT TO
THE VANDERGoot TRUST
DATED MAY 12, 1994

RAV
REV

Article Fifteen

The Resignation, Replacement, and Succession of Our Trustees

Section 1. The Resignation of a Trustee

Any Trustee may resign by giving thirty days' written notice to each of us or to our respective legal representatives. If either of us is not living, the notice shall be delivered to the Trustee, if any, and to all of the beneficiaries then eligible to receive mandatory or discretionary distributions of net income from any trust created under this agreement.

If a beneficiary is a minor or is legally incapacitated, the notice shall be delivered to that beneficiary's guardian or other legal representative.

Section 2. The Removal of a Trustee

Any Trustee may be removed as follows:

a. Removal by Us

We reserve the right to remove any Trustee at any time, but only if we both agree.

b. Removal by One of Us

After one of us dies or during any period that one of us is disabled and the other Trustmaker is living and is not disabled, the surviving nondisabled Trustmaker may remove any Trustee.

SECOND AMENDMENT AND
COMPLETE RESTATEMENT TO
THE VANDERGoot TRUST
DATED MAY 12, 1994

c. Removal by Other Beneficiaries

After the death or incapacity of both of us, a majority of the beneficiaries then eligible to receive mandatory or discretionary distributions of net income under this agreement may remove any Trustee.

d. Notice of Removal

Neither of us, nor any of our beneficiaries, need give any Trustee being removed any reason, cause, or ground for such removal.

Notice of removal shall be effective when made in writing by either:

Personally delivering notice to the Trustee and securing a written receipt, or

Mailing notice in the United States mail to the last known address of the Trustee by certified mail, return receipt requested.

Section 3. Replacement of Trustees

Trustees shall be replaced in the following manner:

a. The Death or Disability of a Trustee While We Are Serving as Trustees

We may serve as the only Trustees or we may name any number of Trustees to serve with us. If any of these other Trustees subsequently die, resign, become legally incapacitated, or are otherwise unable or unwilling to serve as a Trustee, we may or may not fill the vacancy, as we both agree.

b. Removal of Either Trustmaker as Trustee

Upon the resignation, disability or death of either one of us while serving as Trustee, the other one of us if able and willing, will serve with DALE NORMAN VANDERGoot as a Co-Trustee.

SECOND AMENDMENT AND
COMPLETE RESTATEMENT TO
THE VANDERGoot TRUST
DATED MAY 12, 1994

R.R.V.
REV

If neither of us is able to serve as Trustee due to resignation, disability, and/or death, but at least one of us is still living, DALE NORMAN VANDERGoot will serve as the sole Trustee.

Upon the resignation, disability or death of DALE NORMAN VANDERGoot to serve as Trustee, RONALD DEAN VANDERGoot will serve as the sole Trustee.

c. Death of Both Trustmakers

Upon the death of both Trustmakers, the then acting Trustees will be replaced with the following in the order in which their names appear:

FIRST: DALE NORMAN VANDERGoot

SECOND: RONALD DEAN VANDERGoot

d. Successor Trustees

If a successor Trustee is unwilling or unable to serve during the period in which a Trustmaker is disabled or after the death of a Trustmaker, the next following successor Trustee shall serve until the successor Trustees so named have been exhausted.

A Trustee may be listed more than once in this Section or an initial Trustee may also be named as a disability Trustee or a Trustee who will serve at death. Naming a Trustee more than once is done as a convenience only and is not to be construed as a termination of that Trustee's trusteeship.

e. Unfilled Trusteeship

In the event no named Trustees are available, a majority of the beneficiaries then eligible to receive distributions of net income under this agreement shall forthwith name a Certified Public Accountant unrelated by blood or marriage to any beneficiary under this agreement (hereafter "CPA"), Certified Financial Planner unrelated by blood or marriage to any beneficiary under this agreement (hereafter "CFP"), a private fiduciary, or

SECOND AMENDMENT AND
COMPLETE RESTATEMENT TO
THE VANDERGoot TRUST
DATED MAY 12, 1994

We executed this restatement on July 24, 2008.

We certify that we have read the foregoing restatement to our revocable living trust agreement, and that it correctly states the changes we desire to make in our trust. We approve this restatement to our revocable living trust in all particulars, and request our Trustee to execute it.

Richard R. Vandergoot
RICHARD R. VANDERGoot, Trustmaker

Ruth E. Vandergoot
RUTH E. VANDERGoot, Trustmaker

Richard R. Vandergoot Trustee
RICHARD R. VANDERGoot, Trustee

Ruth E. Vandergoot Trustee
RUTH E. VANDERGoot, Trustee

SECOND AMENDMENT AND
COMPLETE RESTATEMENT TO
THE VANDERGoot TRUST
DATED MAY 12, 1994

STATE OF CALIFORNIA

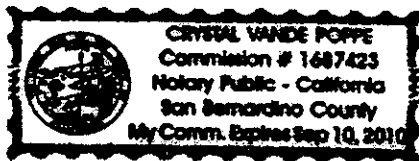
COUNTY OF SAN BERNARDINO

SS.

On this 24th day of July, 2008, before me, Crystal VandePoppe, a Notary Public, personally appeared RICHARD R. VANDERGoot, also known as RICHARD ROY VANDERGoot, and RUTH E. VANDERGoot, also known as RUTH ENOLA VANDERGoot, who proved to me on the basis of satisfactory evidence to be the persons whose names are subscribed to the within instrument, and acknowledged to me that said persons executed the same in said persons' authorized capacity, and by said persons' signatures on the instrument the persons, or the entity upon behalf of which the persons acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Crystal VandePoppe
Notary signature

SECOND AMENDMENT AND
COMPLETE RESTATEMENT TO
THE VANDERGoot TRUST
DATED MAY 12, 1994

REAL ESTATE EXCISE TAX AFFIDAVIT

CHAPTER 82.45 RCW – CHAPTER 458-61A WAC

THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED

(See back of last page for instructions)

This form is your receipt
when stamped by cashier.

2433

☐ Check box if partial sale of property

If multiple owners, list percentage of ownership next to name.

SELLER GRANTOR	Name	Ronald D. Vandergoot	BUYER GRANTEE	Name	Troy Thompson
		Debra L. Vandergoot			Christine Thompson
	Mailing Address	31955 Highview Drive		Mailing Address	1506 Airway Avenue
	City/State/Zip	Redlands CA 92373		City/State/Zip	Lewiston ID 83501
	Phone No. (including area code)			Phone No. (including area code)	

Send all property tax correspondence to: <input checked="" type="checkbox"/> Same as Buyer/Grantee	List all real and personal property tax parcel account numbers – check box if personal property	List assessed value(s)
Name	20104203440200000 <input type="checkbox"/>	
Mailing Address	<input type="checkbox"/>	
City/State/Zip	<input type="checkbox"/>	
Phone No. (including area code)	<input type="checkbox"/>	

Street address of property: Land Only, Pomeroy, WA

This property is located in ☒ unincorporated Asotin County OR within ☐ city of Clarkston

☐ Check box if any of the listed parcels are being segregated from a larger parcel.

Legal description of property (if more space is needed, you may attach a separate sheet to each page of the affidavit)

The land referred to herein is situated in the State of Washington, County of Garfield and described as follows: In Township 10 North, Range 42 E.W.M. The Southwest quarter of the Northwest quarter of the Southeast quarter of Section 34. TOGETHER WITH BUT SUBJECT TO the use of existing roads for ingress, egress and utilities on this and adjoining tracts.

Select Land Use Code(s):

91 Undeveloped land (land only)

enter any additional codes:

(See back of last page for instructions)

YES NO

Is this property exempt from property tax per chapter 84.36 RCW (nonprofit organization)?

☐ ☒

YES NO

Is this property designated as forest land per chapter 84.33 RCW?

☐ ☒

Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34?

☐ ☒

Is this property receiving special valuation as historical property per chapter 84.26 RCW?

☐ ☒

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 RCW 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.

Keshia Vanderbruggen 10-9-13
DEPUTY ASSESSOR 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) does not wish to continue, all additional tax calculated pursuant to chapter 84.26 RCW, shall be due and payable by the seller or transferor at the time of sale.

(3) OWNER(S) SIGNATURE

PRINT NAME

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

If claiming an exemption, list WAC number and reason for exemption:

WAC No. (Section/Subsection)

Reason for exemption

Type of Document Statutory Warranty Deed (SWD)

Date of Document 10/05/13

Gross Selling Price	\$	14,000.00
*Personal Property (deduct)	\$	0.00
Exemption Claimed (deduct)	\$	0.00
Taxable Selling Price	\$	14,000.00
Excise Tax : State	\$	179.20
Local	\$	35.00
*Delinquent Interest: State	\$	0.00
Local	\$	0.00
*Delinquent Penalty	\$	0.00
Subtotal	\$	214.20
*State Technology Fee	\$	5.00
*Affidavit Processing Fee	\$	0.00
Total Due	\$	219.20

A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX
*SEE INSTRUCTIONS

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signature of Grantor or Grantor's Agent

Name (print) Ronald D. Vandergoot

Date & city of signing: 10-6-13, Clarkston, WA

Signature of Grantee or Grantee's Agent

Name (print) Troy Thompson

Date & city of signing: 10-7-13, Clarkston, WA

Perjury: Perjury is a class C felony which is punishable by imprisonment in the state correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars (\$5,000.00), or by both imprisonment and fine (RCW 9A.20.020 (1C)).



MOBILE HOME
REAL ESTATE EXCISE TAX AFFIDAVIT

Submit to County Treasurer of the county
in which property is located.

Chapter 82.45 RCW
Chapter 458-61A WAC

This form is your receipt when stamped
by cashier.

FOR USE WHEN TRANSFERRING TITLE TO MOBILE HOME ONLY

PLEASE TYPE OR PRINT
INCOMPLETE AFFIDAVITS WILL NOT BE ACCEPTED

REGISTERED
OWNER

LOCATION OF
MOBILE HOME

Name	<u>Sandra Hinrichs</u>		
Street	<u>P.O. Box 14322</u>		
City	State	Zip Code	
<u>Spokane</u>	<u>W.A.</u>	<u>99214</u>	

Name			
Street			
City	State	Zip Code	

NEW REGISTERED
OWNER

LEGAL OWNER

Name	<u>David & Tolene Hinrichs</u>		
Street	<u>P.O. Box 413</u>		
City	State	Zip Code	
<u>Pomeroy</u>	<u>W.A.</u>	<u>99347</u>	

Name			
Street			
City	State	Zip Code	

PERSONAL PROPERTY
PARCEL or ACCOUNT NO.
LIST ASSESSED VALUE(S): \$

REAL PROPERTY
PARCEL or ACCOUNT NO. 1-053-10-010-1080
LIST ASSESSED VALUE(S): \$

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.
<u>SKY</u>	<u>1973</u>		<u>70x14</u>	<u>0194300H</u>	

Date of Sale	<u>9-30-13</u>
Taxable Sale Price	\$
Excise Tax: State	\$
Local	\$
Delinquent Interest: State	\$
Local	\$
Delinquent Penalty	\$
Subtotal	\$
State Technology Fee	\$ <u>5.00</u>
Affidavit Processing Fee	\$ <u>5.00</u>
Total Due	\$ <u>10.00</u>
If exemption claimed, WAC number & title:	
WAC No. (Sec/Sub)	<u>458-61A-201 (B)(1)</u>
WAC Title	<u>Gift</u>
A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX.	

AFFIDAVIT

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

Signature of Grantor/Agent Sandra Hinrichs
Name (print) Sandra Hinrichs
Date and Place of Signing: 9-26-2013 Clarkston, WA
Signature of Grantee/Agent David W Hinrichs
Name (print) David W Hinrichs
Date & Place of Signing: 9-30-13 Clarkston, WA

TREASURER'S CERTIFICATE

I hereby certify that property taxes due Garfield
County on the mobile home described hereon have been paid to and
including the year 2013
10-10-13 Teresa R. Sep
Date County Treasurer or Deputy

If, in selling (or otherwise transferring ownership of) a mobile home
which possesses a tax lien, the seller does not inform the buyer (new
owner) of such a lien, the seller is guilty of deliberate deception as it
applies to Fraud and/or Theft as defined in Title 9 and 9A RCW (RCW
9.45.060, RCW 9A.56.010 (4d), and RCW 9A.56.020).

THIS SPACE - TREASURER'S USE ONLY

PAID
OCT 10 2013

COUNTY TREASURER

REV 84 0003 (12/27/06)

KAREN ROOSEVELT
GARFIELD COUNTY TREASURER

2434
TUE

REAL ESTATE EXCISE TAX AFFIDAVIT
CHAPTER 82.45 RCW - CHAPTER 458-61A WAC
THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED
(See back of last page for instructions)

This form is your receipt
when stamped by cashier.

☐ Check box if partial sale of property

If multiple owners, list percentage of ownership next to name.

1 SELLER GRANTOR	Name <u>Sandra Hinrichs</u>	2 BUYER GRANTEE	Name <u>David & Jolene Hinrichs</u>
	Mailing Address <u>PO Box 14322</u>		Mailing Address <u>PO Box 413</u>
	City/State/Zip <u>Spokane, WA 99214</u>		City/State/Zip <u>Pomeroy, WA 99347</u>
	Phone No. (including area code)		Phone No. (including area code)
3 Send all property tax correspondence to <input checked="" type="checkbox"/> Same as Buyer/Grantee		List all real and personal property tax parcel account numbers - check box if personal property	
Name _____		1-053-10-010-1080 <input type="checkbox"/>	
Mailing Address _____		<input type="checkbox"/>	
City/State/Zip _____		<input type="checkbox"/>	
Phone No. (including area code) _____		<input type="checkbox"/>	
		List assessed value(s)	

4 Street address of property _____

This property is located in Pomeroy

☐ 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 more space is needed, you may attach a separate sheet to each page of the affidavit):

Lots 9 & 10, except the West eighteen feet (18') of Lot 9, in Block 1Q of Mulkey's Addition to the City of Pomeroy.

5 Select Land Use Code(s):

09 - Land with mobile home

enter any additional codes: _____

(See back of last page for instructions)

Is this property exempt from property tax per chapter 84.36 RCW (nonprofit organization)?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Is this property designated as forest land per chapter 84.33 RCW?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Is this property receiving special valuation as historical property per chapter 84.26 RCW?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

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 84.34(4) or RCW 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 _____ 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) does not wish to continue, all additional tax calculated pursuant to chapter 84.26 RCW, shall be due and payable by the seller or transferor at the time of sale.

(3) OWNER(S) SIGNATURE

PRINT NAME _____

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

If claiming an exemption, list WAC number and reason for exemption:

WAC No. (Section/Subsection) 458-61A-201

Reason for exemption _____

Gift _____

Type of Document Quit Claim Deed of Gift

Date of Document 5/8/08

Gross Selling Price \$	0.00
*Personal Property (deduct) \$	
Exemption Claimed (deduct) \$	
Taxable Selling Price \$	0.00
Excise Tax: State \$	0.00
<u>0.0025</u> Local \$	0.00
*Delinquent Interest: State \$	
Local \$	
*Delinquent Penalty \$	
Subtotal \$	0.00
*State Technology Fee \$	5.00
*Affidavit Processing Fee \$	10.00
Total Due \$	

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 Grantee's Agent Richard D. Burns

Name (print) Richard D. Burns

Date & city of signing 5/8/08 Pomeroy

Signature of Grantee or Grantee's Agent Resa Cox

Name (print) Resa Cox

Date & city of signing 5/8/08 Pomeroy

Perjury: Perjury is a class C felony which is punishable by imprisonment in the state correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars (\$5,000.00), or by both imprisonment and fine (RCW 9A.20.020 (1C)).

THIS SPACE TREASURER'S USE ONLY

REV 84 0001ae (2/22/10)

COUNTY TREASURER

PAID
SEP 22 2010

KAREN ROOSEVELT

1945 *me*

*HealthCent
mother
Walt*

**REAL ESTATE EXCISE TAX
SUPPLEMENTAL STATEMENT**
(WAC 458-61A-304)

This form must be submitted with the Real Estate Excise Tax Affidavit (FORM REV 84 0001A) for claims of tax exemption as provided below. Completion of this form is required for the types of real property transfers listed in numbers 1-3 below. Only the first page of this form needs original signatures.

AUDIT: Information you provide on this form is subject to audit by the Department of Revenue. In the event of an audit, it is the taxpayers' responsibility to provide documentations to support the selling price or any exemption claimed. This documentation must be maintained for a minimum of four years from date of sale. (RCW 82.45.100) Failure to provide supporting documentation when requested may result in the assessment of tax, penalties, and interest. Any filing that is determined to be fraudulent will carry a 50% evasion penalty in addition to any other accrued penalties or interest when the tax is assessed.

PERJURY: Perjury is a class C felony which is punishable by imprisonment in a state correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars (\$5,000.00), or by both imprisonment and fine (RCW 9A.20.020 (1C)).

The persons signing below do hereby declare under penalty of perjury that the following is true (check appropriate statement):

1. ☐ **DATE OF SALE:** (WAC 458-61A-306(2))

I, (print name) _____, certify that the _____
(type of instrument), dated _____, was delivered to me in escrow by _____
(seller's name). **NOTE:** Attorney, escrow agent, title company agent, or title insurance company agent named here must sign below and indicate name of firm. The payment of the tax is considered current if it is not more than 90 days beyond the date shown on the instrument. If it is past 90 days, interest and penalties apply to the date of the instrument.

2. **GIFTS:** (WAC 458-61A-201) The gift of equity is non-taxable; however, any consideration received is not a gift and is taxable. One of the boxes below must be checked. Both Grantor (seller) and Grantee (buyer) must sign below.

NOTE: Examples of different transfer types are provided on the back. This is to assist you with correctly completing this form and paying your tax.

"Consideration" means money or anything of value, either tangible (boats, motor homes, etc) or intangible, paid or delivered, or contracted to be paid or delivered, including performance of services, in return for the transfer of real property. The term includes the amount of any lien, mortgage, contract indebtedness, or other encumbrance, given to secure the purchase price, or any part thereof, or remaining unpaid on the property at the time of sale. **"Consideration"** includes the assumption of an underlying debt on the property by the buyer at the time of transfer.

A: Gifts with consideration

1. ☐ Grantor (seller) has made and will continue to make all payments after this transfer on the total debt of \$ _____ and has received from the grantee (buyer) \$ _____
(include in this figure the value of any items received in exchange for property) towards the equity. Any payment towards equity is taxable.
2. ☐ Grantee (buyer) will make payments on total debt of \$ _____ for which grantor (seller) is liable and pay grantor (seller) \$ _____ (include in this figure the value of any items received in exchange for property) towards the equity. Total of debt relief and equity payment are taxable.

B: Gifts without consideration

1. ☒ There is no debt on the property; Grantor (seller) has not received any consideration towards equity. No tax is due.
2. ☐ Grantor (seller) has made and will continue to make 100% of payments on total debt of _____ and has not received any consideration towards equity. No tax is due.
3. ☐ Grantee (buyer) has made and will continue to make 100% of payments on existing debt and has not paid grantor (seller) any consideration towards equity. No tax is due.
4. ☐ Grantor (seller) and grantee (buyer) have made and will continue to make payments from joint account on existing debt before and after the transfer. Grantee (buyer) has not paid grantor (seller) any consideration towards equity. No tax is due.

Has there been or will there be a refinance of the debt? ☐ YES ☐ NO

If grantor (seller) was on title as co-signor only, please see WAC 458-61A-215 for exemption requirements.

The undersigned acknowledges this transaction may be subject to audit and have read the above information regarding record-keeping requirements and evasion penalties.

Grantor's Signature

Grantee's Signature

3. ☐ **IRS "TAX DEFERRED" EXCHANGE** (WAC 458-61A-213)

I, (print name) _____, certify that I am acting as an Exchange Facilitator in transferring real property to _____ pursuant to IRC Section 1031, and in accordance with WAC 458-61A213.

NOTE: Exchange Facilitator must sign below.

Exchange Facilitator's Signature



Submit to County Treasurer of the county in which property is located.

MOBILE HOME
REAL ESTATE EXCISE TAX AFFIDAVIT

Chapter 82.45 RCW
Chapter 458-61A WAC

This form is your receipt when stamped by cashier.

FOR USE WHEN TRANSFERRING TITLE TO MOBILE HOME ONLY

PLEASE TYPE OR PRINT
INCOMPLETE AFFIDAVITS WILL NOT BE ACCEPTED

REGISTERED
OWNER

LOCATION OF
MOBILE HOME

Name		
David Hinrichs		
Jolene Hinrichs		
Street		
P.O. Box 443		
City	State	Zip Code
Pomeroy	W.A.	99347

Name		
Street		
City	State	Zip Code

NEW REGISTERED
OWNER

LEGAL OWNER

Name		
David Hinrichs		
Bret Roberts		
Street		
P.O. Box 275		
City	State	Zip Code
Pomeroy	WA	99347

Name		
Street		
City	State	Zip Code

PERSONAL PROPERTY
PARCEL or ACCOUNT NO.

LIST ASSESSED VALUE(S): \$

REAL PROPERTY

PARCEL or ACCOUNT NO.

LIST ASSESSED VALUE(S): \$

1-053-10-010-1080

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.
SKY	1973		70x14	019430014	

Date of Sale	9-30-13
Taxable Sale Price	\$
Excise Tax: State	\$
Local	\$
Delinquent Interest: State	\$
Local	\$
Delinquent Penalty	\$
Subtotal	\$
State Technology Fee	\$ 5.00
Affidavit Processing Fee	\$ 5.00
Total Due	\$ 10.00
If exemption claimed, WAC number & title:	
WAC No. (Sec/Sub)	458-61A-201(B)1
WAC Title	Gift
A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX.	

TREASURER'S CERTIFICATE

I hereby certify that property taxes due Garfield
County on the mobile home described hereon have been paid to and
including the year 2013

10-10-13 Treasurer W. S. Sp...
Date County Treasurer or Deputy

AFFIDAVIT

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

Signature of
Grantor/Agent

Name (print) David W. Hinrichs
Date and Place of Signing: 9/30/13 Clarkston WA 99423

Signature of
Grantee/Agent

Name (print) Bret Roberts
Date & Place of Signing: 9/30/13 Clarkston, WA.

If, in selling (or otherwise transferring ownership of) a mobile home
which possesses a tax lien, the seller does not inform the buyer (new
owner) of such a lien, the seller is guilty of deliberate deception as it
applies to Fraud and/or Theft as defined in Title 9 and 9A RCW (RCW
9.45.060, RCW 9A.56.010 (4d), and RCW 9A.56.020).

THIS SPACE - TREASURER'S USE ONLY

P A I D
OCT 10 2013

COUNTY TREASURER

2435

REV 84 0003 (12/27/06)

KAREN ROOSEVELT
GARFIELD COUNTY TREASURER

TNE

Plate or TPO #90854		Color #1		Color #2		Vehicle Identification Number (VIN) 0194300H			Filing										
Model year 1973		Pwr		Use MOB		Make SKY		Series/Body type 70/14		Model ID		Value code		Year		Scale weight			
Cycle engine or motor home number				Fleet code		Equipment #		MO reg		Reg exp date		Scale weight		Seats		RTA excise tax			
Declared GWT			Month GWT		GWT expiration			Mileage			Code E		Previous title # 9109402901			State WA		License	
<div>Special options</div> <div><input type="checkbox"/> DAV <input type="checkbox"/> Leased <input type="checkbox"/> No title issued</div> <div><input type="checkbox"/> NRM <input type="checkbox"/> Bonded <input type="checkbox"/> Non-roadworthy</div> <div><input type="checkbox"/> Native American <input type="checkbox"/> Reg only <input type="checkbox"/></div> <div><input checked="" type="checkbox"/> Joint tenants with rights of survivorship</div>						County of residence 12			Purchase price		Tax jurisdiction		Tax rate		Application				
						<input type="checkbox"/> USE TAX EXEMPT: Private automobile was purchased and used by me in another state for a minimum of 90 days while I was a bonafide resident, before I entered Washington on _____ (Must be used in WA for personal and family transportation only.)										Inspection			
						<input checked="" type="checkbox"/> GIFT: Donor previously paid Washington State sales/use tax.										VIN assignment			
						<input type="checkbox"/> INHERITANCE: Washington sales/use tax paid by testator.										Gross weight			
						<input type="checkbox"/> Transferred to SPOUSE .										GWT credit (Attach proof)			
<input type="checkbox"/> Sale to INDIAN IN INDIAN COUNTRY . Notarized statement is attached.										Arbitration									
For more than two registered or legal owners, please attach additional applications.																			
New registered owner																			
Name (Last, First, Middle initial) HINRICKS, DAVID																		Sales/Use tax	
Name (Last, First, Middle initial) ROBERTS, BRET																		License service	
Washington State primary residence street address (if an individual) or Washington State principal place of business street address (if a business) 1779 COLUMBIA STREET																		Plate	
Address (continued) POMEROY WA 99347																		LPG	
Mailing address (if different than residence address) or exception address PO BOX 275, POMEROY WA 99347																		Aquatic weed	
First owner's Washington driver license, ID card, or UBI number									Second owner's Washington driver license, ID card, or UBI number									Trauma	
New legal owner or lienholder —must be filled out if different than the registered owner																		Replacement tab	
Name (Last, First, Middle initial)																		State parks donation	
Name (Last, First, Middle initial)																		<input type="checkbox"/> \$5 <input type="checkbox"/> \$0	
Address																		Out of state	
Address (continued)																		Other	
First owner's Washington driver license, ID card, or UBI number																		Total fees and tax	
Second owner's Washington driver license, ID card, or UBI number																			
Dealer's report of sale I certify that this information is correct. The vehicle is clear of encumbrances except as shown. Any required sales tax has been collected.		WA dealer number		Dealer name						Date of sale		Subagent fee (Do not include in total)							
		Date of delivery		Vehicle is: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Previously titled						Dealer's authorized signature X									

Anyone who knowingly makes a false statement may be guilty of a felony under state law and upon conviction shall be punished by a fine, imprisonment or both. I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date and place 9/30/13 Clarkston WA 99403	(X) [Signature] Registered owner signature	Position, if signing for a business
Date and place 9/30/13 Clarkston, WA 99403	(X) [Signature] Registered owner signature	Position, if signing for a business

Notarization/Certification for registered owner(s) signature

State of _____, County of _____
Signed or attested before me on _____ by David Hinricks & Bret Roberts
(Seal or stamp)
Signature _____
Printed or stamped name _____
Title _____ and _____

REAL ESTATE EXCISE TAX AFFIDAVIT

CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED

(See back of last page for instructions)

This form is your receipt
when stamped by cashier.

2390

<input type="checkbox"/> Check box if partial sale of property		If multiple owners, list percentage of ownership next to name.	
1 SELLER GRANTOR	Name <u>David Hinrichs</u>	2 BUYER GRANTEE	Name <u>David Hinrichs</u>
	Mailing Address <u>Tolena Hinrichs</u>		Mailing Address <u>Bret Roberts</u>
	City/State/Zip <u>Pomeroy, Wa. 99347</u>		City/State/Zip <u>Pomeroy, Wa. 99347</u>
	Phone No. (including area code) <u>(509) 843-2434</u>		Phone No. (including area code) <u>(509) 843-7298</u>
3 Send all property tax correspondence to: <input checked="" type="checkbox"/> Same as Buyer/Grantee		List all real and personal property tax parcel account numbers - check box if personal property	
Name _____ Mailing Address _____ City/State/Zip _____ Phone No. (including area code) _____		1-053-10-010-1080 <input checked="" type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/>	
4 Street address of property <u>1779 Columbia Street</u>		List assessed value(s)	

This property is located in ☐ unincorporated _____ County OR within ☒ City of Pomeroy
☐ 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 more space is needed, you may attach a separate sheet to each page of the affidavit)
Lots 9+10, except the west eighteen feet (18') of Lot 9, in Block 10 of Mulkey's Addition to the City of Pomeroy.

5 Select Land Use Code(s): <u>09</u> enter any additional codes: _____ (See back of last page for instructions)	YES NO <input type="checkbox"/> <input checked="" type="checkbox"/>	7 List all personal property (tangible and intangible) included in selling price. _____ _____ _____ _____
Is this property exempt from property tax per chapter 84.36 RCW (nonprofit organization)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If claiming an exemption, list WAC number and reason for exemption: WAC No. (Section/Subsection) <u>458-61A-201</u> Reason for exemption <u>Establish Community property Gift</u>
6 Is this property designated as forest land per chapter 84.33 RCW?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

Is this property receiving special valuation as historical property per chapter 84.26 RCW? ☐ 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 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 84.34.140 or RCW 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	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) does not wish to continue, all additional tax calculated pursuant to chapter 84.26 RCW, shall be due and payable by the seller or transferor at the time of sale.	
(3) OWNER(S) SIGNATURE	
PRINT NAME	

Type of Document Quit Claim Deed
 Date of Document July 15, 2013

Gross Selling Price \$	
*Personal Property (deduct) \$	
Exemption Claimed (deduct) \$	
Taxable Selling Price \$	
Excise Tax : State \$	
Local \$	
*Delinquent Interest: State \$	
Local \$	
*Delinquent Penalty \$	
Subtotal \$	
*State Technology Fee \$	5.00
*Affidavit Processing Fee \$	5.00
Total Due \$	10.00 Cash

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 Grantor's Agent <u>[Signature]</u>	Signature of Grantee or Grantee's Agent <u>[Signature]</u>
Name (print) <u>David Hinrichs</u>	Name (print) <u>Bret Roberts</u>
Date & city of signing: <u>7/15/13 Pomeroy</u>	Date & city of signing: <u>7/15/13 Pomeroy</u>

Perjury: Perjury is a class C felony which is punishable by imprisonment in the state correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars (\$5,000), or by both imprisonment and fine (RCW 9A.20.020 (1C)).

REAL ESTATE EXCISE TAX
SUPPLEMENTAL STATEMENT
(WAC 458-61A-304)

This form must be submitted with the Real Estate Excise Tax Affidavit (FORM REV 84 0001A) for claims of tax exemption as provided below. Completion of this form is required for the types of real property transfers listed in numbers 1-3 below. Only the first page of this form needs original signatures.

AUDIT: Information you provide on this form is subject to audit by the Department of Revenue. In the event of an audit, it is the taxpayers' responsibility to provide documentations to support the selling price or any exemption claimed. This documentation must be maintained for a minimum of four years from date of sale. (RCW 82.45.100) Failure to provide supporting documentation when requested may result in the assessment of tax, penalties, and interest. Any filing that is determined to be fraudulent will carry a 50% evasion penalty in addition to any other accrued penalties or interest when the tax is assessed.

PERJURY: Perjury is a class C felony which is punishable by imprisonment in a state correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars (\$5,000.00), or by both imprisonment and fine (RCW 9A.20.020 (1C)).

The persons signing below do hereby declare under penalty of perjury that the following is true (check appropriate statement):

1. ☐ **DATE OF SALE:** (WAC 458-61A-306(2))

I, (print name) _____, certify that the _____
(type of instrument), dated _____, was delivered to me in escrow by _____
(seller's name). **NOTE:** Attorney, escrow agent, title company agent, or title insurance company agent named here must sign below and indicate name of firm. The payment of the tax is considered current if it is not more than 90 days beyond the date shown on the instrument. If it is past 90 days, interest and penalties apply to the date of the instrument.

2. **GIFTS:** (WAC 458-61A-201) The gift of equity is non-taxable; however, any consideration received is not a gift and is taxable. One of the boxes below must be checked. Both Grantor (seller) and Grantee (buyer) must sign below.

NOTE: Examples of different transfer types are provided on the back. This is to assist you with correctly completing this form and paying your tax.

"Consideration" means money or anything of value, either tangible (boats, motor homes, etc) or intangible, paid or delivered, or contracted to be paid or delivered, including performance of services, in return for the transfer of real property. The term includes the amount of any lien, mortgage, contract indebtedness, or other encumbrance, given to secure the purchase price, or any part thereof, or remaining unpaid on the property at the time of sale. **"Consideration"** includes the assumption of an underlying debt on the property by the buyer at the time of transfer.

A: Gifts with consideration

1. ☐ Grantor (seller) has made and will continue to make all payments after this transfer on the total debt of \$ _____ and has received from the grantee (buyer) \$ _____
(include in this figure the value of any items received in exchange for property) towards the equity. Any payment towards equity is taxable.
2. ☐ Grantee (buyer) will make payments on total debt of \$ _____ for which grantor (seller) is liable and pay grantor (seller) \$ _____ (include in this figure the value of any items received in exchange for property) towards the equity. Total of debt relief and equity payment are taxable.

B: Gifts without consideration

1. ☒ There is no debt on the property; Grantor (seller) has not received any consideration towards equity.
No tax is due.
2. ☐ Grantor (seller) has made and will continue to make 100% of payments on total debt of _____ and has not received any consideration towards equity. No tax is due.
3. ☐ Grantee (buyer) has made and will continue to make 100% of payments on existing debt and has not paid grantor (seller) any consideration towards equity. No tax is due.
4. ☐ Grantor (seller) and grantee (buyer) have made and will continue to make payments from joint account on existing debt before and after the transfer. Grantee (buyer) has not paid grantor (seller) any consideration towards equity. No tax is due.

Has there been or will there be a refinance of the debt? ☐ YES ☐ NO

If grantor (seller) was on title as co-signor only, please see WAC 458-61A-215 for exemption requirements.

The undersigned acknowledges this transaction may be subject to audit and have read the above information regarding record-keeping requirements and evasion penalties.

Grantor's Signature

Grantee's Signature

3. ☐ **IRS "TAX DEFERRED" EXCHANGE** (WAC 458-61A-213)

I, (print name) _____, certify that I am acting as an Exchange Facilitator in transferring real property to _____ pursuant to IRC Section 1031, and in accordance with WAC 458-61A213.

NOTE: Exchange Facilitator must sign below.

Exchange Facilitator's Signature



PLEASE TYPE OR PRINT

REAL ESTATE EXCISE TAX AFFIDAVIT
CHAPTER 82.45 RCW - CHAPTER 458-61A WACThis form is your receipt
when stamped by cashier.**THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED**
(See back of last page for instructions)

<input type="checkbox"/> Check box if partial sale of property		If multiple owners, list percentage of ownership next to name.	
SELLER GRANTOR	Name	David M. Fruh and Lora L. Fruh,	
	property, and Claudia R. Slaybaugh as her "	husband and wife	
	Mailing Address	PO Box 441	
	City/State/Zip	Pomeroy WA 99347	
Phone No. (including area code)		Phone No. (including area code)	
Send all property tax correspondence to: <input checked="" type="checkbox"/> Same as Buyer/Grantee		List all real and personal property tax parcel account numbers - check box if personal property	List assessed value(s)
Name			
Mailing Address			
City/State/Zip			
Phone No. (including area code)		1 051 09 001 1900 <input type="checkbox"/>	107,985.00
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

Street address of property: 204 Hill Street, Pomeroy, WA 99347
This property is located in ☐ unincorporated Garfield County OR within ☒ city of Pomeroy☐ Check box if any of the listed parcels are being segregated from a larger parcel.

Legal description of property (if more space is needed, you may attach a separate sheet to each page of the affidavit)

The West 50 feet of Lot 1 in Block 9 of Wilson's Addition to the City of Pomeroy, together with the vacated East half of "C" (now 2nd) Street abutting thereon. RESERVING to the City of Pomeroy, wit respect to said vacated Street, an easement and the right to grant easements for construction, repair and maintenance of public utilities and services.*sole and separate property and Karen A. Slaybaugh as her sole and separate property and Linda K. Tucker as her sole and separate property

Select Land Use Code(s): 11 Household, single family units enter any additional codes: (See back of last page for instructions)	List all personal property (tangible and intangible) included in selling price. _____ _____ _____ _____
Is this property exempt from property tax per chapter 84.36 RCW (nonprofit organization)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If claiming an exemption, list WAC number and reason for exemption: WAC No. (Section/Subsection) _____ Reason for exemption _____ _____
Is this property designated as forest land per chapter 84.33 RCW? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Is this property receiving special valuation as historical property per chapter 84.26 RCW? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 RCW 84.34.108). Prior to signing (3) below, you may contact your local county assessor for more information. This land <input type="checkbox"/> does <input checked="" type="checkbox"/> does not qualify for continuance.	
(2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY) NEW OWNER(S): To continue special valuation as historic property, sign (3) below. If the new owner(s) does not wish to continue, all additional tax calculated pursuant to chapter 84.26 RCW, shall be due and payable by the seller or transferor at the time of sale.	
(3) OWNER(S) SIGNATURE _____ PRINT NAME	
Type of Document Statutory Warranty Deed (SWD) Date of Document 09/30/13	
Gross Selling Price \$ 89,990.00	
*Personal Property (deduct) \$ 0.00	
Exemption Claimed (deduct) \$ 0.00	
Taxable Selling Price \$ 89,990.00	
Excise Tax : State \$ 1,279.87	
Local \$ 249.98	
*Delinquent Interest: State \$ 0.00	
Local \$ 0.00	
*Delinquent Penalty \$ 0.00	
Subtotal \$ 1,529.85	
*State Technology Fee \$ 5.00 5.00	
*Affidavit Processing Fee \$ 0.00	
Total Due \$ 1,534.85 CK	
A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX *SEE INSTRUCTIONS	

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signature of Grantor or Grantor's Agent <u>Linda K Tucker</u>	Signature of Grantee or Grantee's Agent <u>Wynne McCabe</u>
Name (print) <u>Linda K Tucker</u>	Name (print) <u>Wynne McCabe</u>
Date & city of signing: <u>10-9-13 Kennewick, WA</u>	Date & city of signing: <u>10-10-13 Pomeroy</u>

Perjury: Perjury is a class C felony which is punishable by imprisonment in the state correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars (\$5,000.00), or by both imprisonment and fine (RCW 9A.20.020 (1C)).

REV 84 0001a (02/13/07)

THIS SPACE - TREASURER'S USE ONLY

P A I D
OCT 11 2013KAREN ROOSEVELT
GARFIELD COUNTY TREASURER

2436 THE



COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this 17th day of July, 2002, by and between MONTE A. SLAYBAUGH and KAREN R. SLAYBAUGH, husband and wife, at Pomeroy, Garfield County, Washington.

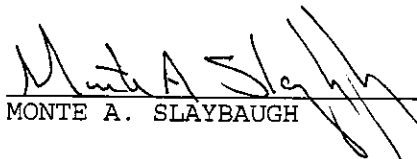
In consideration of the love and affection that each of the said parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted and promised as follows:


The parties do not intend by this Agreement to change the status of any of their property. This Agreement shall operate only upon such property as is the community property of the parties upon the first of them to die.

That upon the death of either MONTE A. SLAYBAUGH or KAREN A. SLAYBAUGH, title to all community property shall vest in the other, if he or she survives the decedent.

In the absence of other evidence indicating the parties intent to terminate this Agreement, it shall, nevertheless, be deemed mutually terminated and of no further force and effect upon a court of competent jurisdiction dissolving the marriage or granting a decree of divorce or separate maintenance to one or the other party.

IN WITNESS WHEREOF, the said MONTE A. SLAYBAUGH and KAREN R. SLAYBAUGH have hereunto set their hands and seals this 17th day of July, 2002.


MONTE A. SLAYBAUGH


KAREN R. SLAYBAUGH

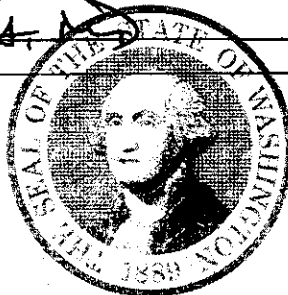
COMMUNITY PROPERTY AGREEMENT

STATE OF WASHINGTON DEPARTMENT

20130535 Thu Sep 26 13:43:01 PDT 2013
Filing Fee: \$(No FieldTag Finance.TotalFees found)
Garfield County, WA Recorder
DEATH
Pages 2



Local File Number 017		Washington State Certificate of Death				State File Number 8 44884	
1. Legal Name (include AKA's if any) First Middle LAST Monte Allen Slaybaugh						2. Death Date Feb. 3, 2008	
3. Sex (M/F) Male	4a. Age - Last Birthday 64	4b. Under 1 Year Months Days 64	4c. Under 1 Day Hours Minutes 64	5. Social Security Number 99347		6. County of Death Asotin	
7. Birthdate May 14, 1943		8a. Birthplace (City, Town, or County) Pomeroy		8b. (State or Foreign Country) Washington		9. Decedent's Education Some College	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No				11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? Yes	
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 2017 Columbia Street						13b. City or Town Pomeroy	
13c. Residence: County Garfield		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington		13f. Zip Code + 4 99347	
14. Estimated length of time at residence. 64 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Karen R. Newby			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Warehouse Laborer				18. Kind of Business/Industry (Do not use Company Name) Grain Warehouse			
19. Father's Name (First, Middle, Last, Suffix) Kenneth Allen Slaybaugh				20. Mother's Name Before First Marriage (First, Middle, Last) Betty Broyles-Bentley			
21. Informant's Name Karen Slaybaugh		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 2017 Columbia St. Pomeroy, WA, 99347			
24. Place of Death, if Death Occurred in a Hospital: Inpatient				25. Facility Name (if not a facility, give number & street or location) Tri-State Memorial Hospital			
26a. City, Town, or Location of Death Clarkston		26b. State WA		26c. Zip Code 99403		27. Zip Code 99403	
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Mountain View Crematory		30. Location-City/Town, and State Lewiston, Idaho			
31. Name and Complete Address of Funeral Facility Richardson-Brown Funeral Home 750 Columbia St. Pomeroy, WA 99347						32. Date of Disposition Feb. 5, 2008	
33. Funeral Director Signature X <i>Don F. Brown</i>							
Cause of Death (See instructions and examples) 34. 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. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <i>Septic Shock</i> Due to (or as a consequence of): Interval between Onset & Death <i>48 hours</i> Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. <i>Perforated Duodenal Ulcer</i> Due to (or as a consequence of): Interval between Onset & Death <i>7 days</i> c. Due to (or as a consequence of): Interval between Onset & Death d. Due to (or as a consequence of): Interval between Onset & Death							
35. Other significant conditions contributing to death but not resulting in the underlying cause given above						36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
41. Date of Injury (mm/dd/yyyy)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: Apt. No. City or Town: County: State: Zip Code + 4:							
46. Describe how injury occurred						47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician - Is the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated? <i>Jeffrey Harris</i> 2/4/08				48b. Medical Examiner/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			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Jeffrey Harris, M.D., 1221 Highland Ave., Clarkston, WA. 99403						50. Hour of Death (24hrs) 1304	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)						52. Date Signed (mm/dd/yyyy) Feb. 5, 2008	
53. Title of Certifier Medical Doctor		54. License Number 34232		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature <i>Spotters</i>						58. Date Received (mm/dd/yyyy) FEB 05 2008	
59. Amendments							



DOH/CHS 003 Rev 2/06/2004

DOH 01-003 (12/11)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH THE OFFICE OF THE WA STATE ARCHIVES. IT IS NOT A COPY OF THE ORIGINAL RECORD.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2012-017492

DATE ISSUED: 12/28/2012

FEE NUMBER: 0003201119

GIVEN NAMES: BETTY BROYLES
LAST NAME: SLAVBAUGH
AKA: ELIZABETH BROYLES SLAVBAUGH

COUNTY OF DEATH: BENTON
DATE OF DEATH: DECEMBER 26, 2012
HOUR OF DEATH: 12:30 P.M.
SEX: FEMALE
AGE: 96 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: AUGUST 02, 1916
BIRTHPLACE: POMEROY, GARFIELD CNTY, WASHINGTON

MARITAL STATUS: WIDOWED
SPOUSE:

OCCUPATION: STORE CLERK
INDUSTRY: RETAIL
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

INFORMANT: LINDA TUCKER
RELATIONSHIP: DAUGHTER
ADDRESS: 3124 S CASCADE ST. KENNEWICK, WA 99337

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: LIFE CARE CENTER OF KENNEWICK
CITY, STATE, ZIP: KENNEWICK, WASHINGTON 99336

RESIDENCE STREET: 3124 S CASCADE ST
CITY, STATE, ZIP: KENNEWICK, WASHINGTON 993375052
INSIDE CITY LIMITS? YES
COUNTY: BENTON
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 1 YEAR

FATHER: JOHN BROYLES
MOTHER: LIZZIE SHOOK

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: DESERT LAWN CREMATORY
CITY, STATE: KENNEWICK, WA
DISPOSITION DATE: DECEMBER 28, 2012

FUNERAL FACILITY: MUELLER'S CHAPEL OF THE FALLS
ADDRESS: 514 W 1ST AVE
CITY, STATE, ZIP: KENNEWICK WA 99336
FUNERAL DIRECTOR: CURTIS D MCGARY

CAUSE OF DEATH:

- A. DEBILITY
INTERVAL: WEEKS
B. PNEUMONIA
INTERVAL: WEEKS
C. ASPIRATION
INTERVAL: WEEKS
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
CHRONIC RENAL FAILURE, CONGESTIVE HEART FAILURE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

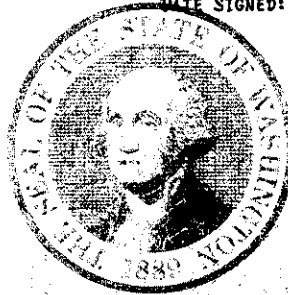
MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: WAYNE M. KOHAN, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 2108 W. ENTIAT AVENUE
CITY, STATE, ZIP: KENNEWICK WA 99336
DATE SIGNED: DECEMBER 26, 2012

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE



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

LOCAL DEPUTY REGISTRAR:
RAQUEL MELCHOR
DATE RECEIVED: DECEMBER 27, 2012

20130534 Thu Sep 26 13:43:01 PDT 2013
Filing Fee: \$(No FieldTag Finance.TotalFees found)
Garfield County, WA Recorder
DEATH
Pages 2



DOH 01-003 (12/11)



LOCAL FILE NUMBER		Health		146		STATE FILE NUMBER	
1. NAME First Middle Last Kenneth A. Slaybaugh				2. SEX (M / F) Male		3. DEATH DATE (Mo, Day, Yr) June 2, 2001	
4. AGE LAST BIRTHDAY (Yrs) 87		5. UNDER 1 YEAR MOS DAYS HOURS MINS		7. BIRTHDATE (Mo, Day, Yr) Mar 12, 1914		8. BIRTHPLACE (City, State or Foreign Country) Pomeroy, WA	
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No				10. COUNTY OF DEATH Garfield			
11. CITY, TOWN OR LOCATION OF DEATH Pomeroy				12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RMOUT PTN 4. <input checked="" type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE Garfield County Hospital			
13. SMOKING IN LAST 15 YEARS? (Yes / No) No							
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (if wife, give maiden name) Betty Bentley		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Farmer/Construction		19. KIND OF BUSINESS OR INDUSTRY Farming		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No		21. RACE (Specify) White	
22. RESIDENCE — NUMBER AND STREET 204 Hill St.		23. CITY/TOWN, OR LOCATION Pomeroy		24. INSIDE CITY LIMITS? (Yes / No) Yes		25A. COUNTY Garfield	
25B. LENGTH OF RES. IN CO. 87yrs		26. STATE WA		27. ZIP CODE 99347			
28. FATHER'S NAME — FIRST, MIDDLE, LAST Matthew A. Slaybaugh				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Grace L. Old			
30. INFORMANT — NAME Betty Slaybaugh				31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 204 Hill St. Pomeroy, Washington 99347			
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo, Day, Yr) June 4, 2001		34. CEMETERY/CREMATORY — NAME Mt. View Crematory		35. LOCATION — CITY/TOWN, STATE Lewiston, Idaho 83501	
36. FUNERAL DIRECTOR SIGNATURE Jerry Bentley		37. NAME OF FACILITY Richardson-Brown Funeral Home		38. ADDRESS OF FACILITY Pomeroy, Washington 99347			
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X Suzanne Groves ARNP				43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X			
40. DATE SIGNED (Mo., Day, Yr) 6-4-01		41. HOUR OF DEATH (24 Hrs.) 2050		44. DATE SIGNED (Mo., Day, Yr)		45. HOUR OF DEATH (24 Hrs.)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				46. PRONOUNCED DEAD (Mo., Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs.)	
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Suzanne Groves ARNP - 446 Pataha St. - Pomeroy, WA 99347				49. ME/CORONER FILE NUMBER			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death).		A. <i>pancreatic cancer</i>				INTERVAL BETWEEN ONSET AND DEATH 9 mo	
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		B. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
		C. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
		D. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE:				52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No	
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (24 Hrs)		57. DESCRIBE HOW INJURY OCCURRED:	
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)		60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE			
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE				62. REGISTRAR SIGNATURE [Signature]		63. DATE RECEIVED (Mo., Day, Yr) 6-4-01	

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)

DOH 01-003 (5/99)

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this 17th day of December, 1991, by and between LARRY A. SLAYBAUGH and CLAUDIA R. SLAYBAUGH, husband and wife, at Pomeroy, Garfield County, Washington.

In consideration of the love and affection that each of the said parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted and promised as follows:

The parties agree that all property presently owned by either of them, of whatsoever nature, is their community property. They further agree that all property which either of them shall hereafter acquire, by any means whatsoever, shall be their community property.

That upon the death of either LARRY A. SLAYBAUGH or CLAUDIA R. SLAYBAUGH, title to all community property shall vest in the other, if he or she survives the decedent.

In the absence of other evidence indicating the parties intent to terminate this Agreement, it shall, nevertheless, be deemed mutually terminated and of no further force and effect upon a court of competent jurisdiction dissolving the marriage or granting a decree of divorce or separate maintenance to one or the other party.

IN WITNESS WHEREOF, the said LARRY A. SLAYBAUGH and CLAUDIA R. SLAYBAUGH have hereunto set their hands and seals this 17th day of December, 1991.

Larry A. Slaybaugh
LARRY A. SLAYBAUGH

Claudia R. Slaybaugh
CLAUDIA R. SLAYBAUGH

COMMUNITY PROPERTY AGREEMENT



Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (include AKA's if any) First Middle LAST		2. Death Date				8 60922	
Larry Alvis Bud Slaybaugh		June 18, 2008					
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	Social Security Number		6. County of Death	
Male	70	Months	Days			Garfield	
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)		9. Decedent's Education			
Feb. 25, 1938	Pomeroy	Washington		Two Years College			
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.				11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces? Yes	
NO				White		Yes	
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)						13b. City or Town	
1387 Columbia St.						Pomeroy	
13c. Residence: County	13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country		13f. Zip Code + 4	13g. Inside City Limits?	
Garfield	N/A		Washington		99347	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's Name (Give name prior to first marriage)			
70 Yrs		Married		Claudia Ray Horsell			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).				18. Kind of Business/Industry (Do not use Company Name)			
District Engineer				U.S. Forest Service			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Kenneth Allen Slaybaugh				Betty Broyles Bentley			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No. City or Town State Zip			
Claudia Slaybaugh		Wife		1387 Columbia St. - Pomeroy, Washington 99347			
24. Place of Death, if Death Occurred in a Hospital:							
Home							
25. Facility Name (If not a facility, give number & street or location)				26a. City, Town, or Location of Death		26b. State	27. Zip Code
1387 Columbia St.				Pomeroy		WA	99347
28. Method of Disposition		28. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State			
Cremation		Mountain View Crematory		Lewiston, Idaho 83501			
31. Name and Complete Address of Funeral Facility						32. Date of Disposition	
Richardson-Brown Funeral Home - 750 Columbia St., - Pomeroy, WA 99347						June 23, 2008	
33. Funeral Director Signature X <i>Gerry Barth</i>							
Cause of Death (See instructions and examples)							
34. 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. Add additional lines if necessary.							
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. METASTATIC RENAL CELL CARCINOMA						Interval between Onset & Death	
						6 mo	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST						Interval between Onset & Death	
b.							
c.							
d.							
35. Other significant conditions contributing to death but not resulting in the underlying cause given above						36. Autopsy?	
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?			
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death		<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
41. Date of Injury (mm/dd/yyyy)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work?	
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: Apt No.							
City or Town:		County:		State:		Zip Code + 4:	
46. Describe how injury occurred							
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)							
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated				48b. Medical Examiner/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.			
X <i>Michael T. Rooney, MD</i>				X			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)				50. Hour of Death (24hrs)			
Dr. Michael T. Rooney MD - 428 6th Av. - Lewiston, ID 83501				0530			
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)				52. Date Signed (mm/dd/yyyy)			
				06-18-2008			
53. Title of Certifier		54. License Number		55. ME/Coroner File Number		56. Was case referred to ME/Coroner?	
Doctor		M 4745 - 10440				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature						58. Date Received (mm/dd/yyyy)	
X <i>Carol Wernecke - Deputy Registrar</i>						06/20/2008	
59. Amendments							



REAL ESTATE EXCISE TAX AFFIDAVIT

This form is your receipt
when stamped by cashier.

PLEASE TYPE OR PRINT

CHAPTER 82.45 RCW – CHAPTER 458-61A WAC

THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED

(See back of last page for instructions)

☐ Check box if partial sale of property

If multiple owners, list percentage of ownership next to name.

SELLER GRANTOR	Name <u>ESTATE OF CHARLES H. KAUSCHE</u>	BUYER GRANTEE	Name <u>RANDALL KAUSCHE (33-1/3%), KATHY E. BERG (33-1/3%)</u> & <u>GLENDAM. CLOUD (33-1/3%)</u>
	by <u>RANDY KAUSCHE, Personal Representative</u>		& <u>GLENDAM. CLOUD (33-1/3%)</u>
	Mailing Address <u>PO Box 626</u>		Mailing Address <u>PO Box 626</u>
	City/State/Zip <u>Pomeroy, WA 99347</u>		City/State/Zip <u>POMEROY WA 99347</u>
	Phone No. (including area code) <u>(509) 843-1343</u>		Phone No. (including area code) <u>(509) 843-1343</u>

3 Send all property tax correspondence to: <input checked="" type="checkbox"/> Same as Buyer/Grantee Name _____ Mailing Address _____ City/State/Zip _____ Phone No. (including area code) _____	List all real and personal property tax parcel account numbers – check box if personal property 2-012-40-013-2000-0000 <input type="checkbox"/> 2-012-41-018-3000-0000 <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/>	List assessed value(s) 263,086 _____ _____ _____
--	---	--

4 Street address of property: _____

This property is located in Garfield

☐ 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 more space is needed, you may attach a separate sheet to each page of the affidavit)

South half of Section 13, Township 12 North, Range 40, E.W. M., and Southwest quarter and South half of Northwest quarter of Section 18, Township 12 North, Range 41, E.W.M.

5 Select Land Use Code(s): <u>94 - Open space land classified under chapter 84.34 RCW</u> enter any additional codes: _____ (See back of last page for instructions)	List all personal property (tangible and intangible) included in selling price. None
---	---

Was the seller receiving a property tax exemption or deferral under chapters 84.36, 84.37, or 84.38 RCW (nonprofit organization, senior citizen, or disabled person, homeowner with limited income)? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	If claiming an exemption, list WAC number and reason for exemption: WAC No. (Section/Subsection) <u>458-61A-217</u> Reason for exemption <u>RE-RECORD</u>
---	---

6 Is this property designated as forest land per chapter 84.33 RCW? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Is this property receiving special valuation as historical property per chapter 84.26 RCW? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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 RCW 84.34.108). Prior to signing (3) below, you may contact your local county assessor for more information. This land <input checked="" type="checkbox"/> does <input type="checkbox"/> does not qualify for continuance. <u>Kathia Underberg</u> <u>10-11-13</u> DEPUTY ASSESSOR 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) does not wish to continue, all additional tax calculated pursuant to chapter 84.26 RCW, shall be due and payable by the seller or transferor at the time of sale. (3) OWNER(S) SIGNATURE <u>Randy Kausche</u> PRINT NAME <u>Randy Kausche</u>	Type of Document <u>CORRECTED PR DEED</u> Date of Document <u>10-11-13</u> <table border="0"> <tr><td>Gross Selling Price \$</td><td>0.00</td></tr> <tr><td>*Personal Property (deduct) \$</td><td>0.00</td></tr> <tr><td>Exemption Claimed (deduct) \$</td><td>0.00</td></tr> <tr><td>Taxable Selling Price \$</td><td>0.00</td></tr> <tr><td>Excise Tax : State \$</td><td>0.00</td></tr> <tr><td><u>0.0025</u> Local \$</td><td>0.00</td></tr> <tr><td>*Delinquent Interest: State \$</td><td></td></tr> <tr><td>Local \$</td><td></td></tr> <tr><td>*Delinquent Penalty \$</td><td></td></tr> <tr><td>Subtotal \$</td><td>0.00</td></tr> <tr><td>*State Technology Fee \$</td><td>5.00</td></tr> <tr><td>*Affidavit Processing Fee \$</td><td>5.00</td></tr> <tr><td>Total Due \$</td><td>10.00</td></tr> </table> A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX *SEE INSTRUCTIONS	Gross Selling Price \$	0.00	*Personal Property (deduct) \$	0.00	Exemption Claimed (deduct) \$	0.00	Taxable Selling Price \$	0.00	Excise Tax : State \$	0.00	<u>0.0025</u> Local \$	0.00	*Delinquent Interest: State \$		Local \$		*Delinquent Penalty \$		Subtotal \$	0.00	*State Technology Fee \$	5.00	*Affidavit Processing Fee \$	5.00	Total Due \$	10.00
Gross Selling Price \$	0.00																										
*Personal Property (deduct) \$	0.00																										
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*Delinquent Interest: State \$																											
Local \$																											
*Delinquent Penalty \$																											
Subtotal \$	0.00																										
*State Technology Fee \$	5.00																										
*Affidavit Processing Fee \$	5.00																										
Total Due \$	10.00																										

8 I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signature of Grantor or Grantor's Agent <u>Randy Kausche</u>	Signature of Grantee or Grantee's Agent <u>Randall R Kausche</u>
Name (print) <u>RANDY KAUSCHE, PR</u>	Name (print) <u>RANDALL R. KAUSCHE</u>
Date & city of signing: <u>Oct 11/13 Pomeroy WA</u>	Date & city of signing: <u>Oct 11/13 Pomeroy WA</u>

Perjury: Perjury is a class C felony which is punishable by imprisonment in the state correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars (\$5,000.00), or by both imprisonment and fine (RCW 9A.20.020 (1C)).

OCT 15 2013

KAREN ROOSEVELT
GARFIELD COUNTY TREASURER

2437

TUE

PLEASE TYPE OR PRINT

REAL ESTATE EXCISE TAX AFFIDAVIT

CHAPTER 82.45 RCW – CHAPTER 458-61A WAC

This form is your receipt
when stamped by cashier.

THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED

(See back of last page for instructions)

☐ Check box if partial sale of property

If multiple owners, list percentage of ownership next to name.

1 SELLER GRANTOR	Name <u>Donald Koller and Jane Koller</u>	2 BUYER GRANTEE	Name <u>Christine Stone</u>
	Mailing Address <u>P.O. Box 72</u>		<u>11323 SE 218 Place</u>
	City/State/Zip <u>Pomeroy, WA 99347</u>		Mailing Address <u>Pasco WA 98031</u>
	Phone No. (including area code) <u>509-843-3732</u>		City/State/Zip <u>Pasco WA 98031</u>
3 Send all property tax correspondence to: <input checked="" type="checkbox"/> Same as Buyer/Grantee Name _____ Mailing Address _____ City/State/Zip _____ Phone No. (including area code) _____		List all real and personal property tax parcel account numbers – check box if personal property <u>1-051-09-002-1910</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/>	
List assessed value(s) _____ _____ _____			

4 Street address of property: 230 Hill Street, Pomeroy, WA

This property is located in Pomeroy

☐ 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 more space is needed, you may attach a separate sheet to each page of the affidavit)
East 10 Feet of Lot 1, all of Lot 2 of Block 9 of Wilson's Addition to the City of Pomeroy.

5 Select Land Use Code(s):
11 - Household, single family units
 enter any additional codes: _____
 (See back of last page for instructions)

	YES	NO
Is this property exempt from property tax per chapter 84.36 RCW (nonprofit organization)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	YES	NO
Is this property designated as forest land per chapter 84.33 RCW?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is this property receiving special valuation as historical property per chapter 84.26 RCW?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 RCW 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

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) does not wish to continue, all additional tax calculated pursuant to chapter 84.26 RCW, shall be due and payable by the seller or transferor at the time of sale.

(3) OWNER(S) SIGNATURE

PRINT NAME

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

If claiming an exemption, list WAC number and reason for exemption:
 WAC No. (Section/Subsection) 458-61A-201(b)(1)
 Reason for exemption
Gift

Type of Document Quit Claim Deed

Date of Document 10/17/13

Gross Selling Price \$	0.00
*Personal Property (deduct) \$	
Exemption Claimed (deduct) \$	
Taxable Selling Price \$	0.00
Excise Tax : State \$	0.00
<u>0.0025</u> Local \$	0.00
*Delinquent Interest: State \$	
Local \$	
*Delinquent Penalty \$	
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 Grantor's Agent <u>Jane Koller</u>	Signature of Grantee or Grantee's Agent <u>Jane Koller</u>
Name (print) <u>Jane Koller</u>	Name (print) <u>Jane Koller</u>
Date & city of signing: <u>10/17/13 Pomeroy</u>	Date & city of signing: <u>10/17/13 Pomeroy</u>

Perjury: Perjury is a class C felony which is punishable by imprisonment in the state correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars (\$5,000.00) or by both imprisonment and fine (RCW 9A.20.020 (1C)).

PAID
OCT 17 2013



REAL ESTATE EXCISE TAX
SUPPLEMENTAL STATEMENT

(WAC 458-61A-304)

This form must be submitted with the Real Estate Excise Tax Affidavit (FORM REV 84 0001A) for claims of tax exemption as provided below. Completion of this form is required for the types of real property transfers listed in numbers 1-3 below. Only the first page of this form needs original signatures.

AUDIT: Information you provide on this form is subject to audit by the Department of Revenue. **In the event of an audit, it is the taxpayers' responsibility to provide documentation to support the selling price or any exemption claimed.** This documentation must be maintained for a minimum of four years from date of sale. (RCW 82.45.100) Failure to provide supporting documentation when requested may result in the assessment of tax, penalties, and interest. Any filing that is determined to be fraudulent will carry a 50% evasion penalty in addition to any other accrued penalties or interest when the tax is assessed.

PERJURY: Perjury is a class C felony which is punishable by imprisonment in a state correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars (\$5,000.00), or by both imprisonment and fine (RCW 9A.20.020 (1C)).

The persons signing below do hereby declare under penalty of perjury that the following is true (check appropriate statement):

1. ☐ **DATE OF SALE:** (WAC 458-61A-306(2))

I, (print name) _____, certify that the _____
(type of instrument), dated _____, was delivered to me in escrow by _____
(seller's name). **NOTE:** Agent named here must sign below and indicate name of firm. The payment of the tax is considered current if it is not more than 90 days beyond the date shown on the instrument. If it is past 90 days, interest and penalties apply to the date of the instrument.
Reasons held in escrow: _____

Signature

Firm Name

2. **GIFTS:** (WAC 458-61A-201) The gift of equity is non-taxable; however, any consideration received is not a gift and is taxable. The value exchanged or paid for equity plus the amount of debt equals the taxable amount. One of the boxes below must be checked. Both Grantor (seller) and Grantee (buyer) must sign below.

Grantor (seller) gifts equity valued at \$ _____ to grantee (buyer).

NOTE: Examples of different transfer types are provided on the back. This is to assist you with correctly completing this form and paying your tax.

"Consideration" means money or anything of value, either tangible (boats, motor homes, etc) or intangible, paid or delivered, or contracted to be paid or delivered, including performance of services, in return for the transfer of real property. The term includes the amount of any lien, mortgage, contract indebtedness, or other encumbrance, given to secure the purchase price, or any part thereof, or remaining unpaid on the property at the time of sale. **"Consideration"** includes the assumption of an underlying debt on the property by the buyer at the time of transfer.

A: Gifts with consideration

- ☐ Grantor (seller) has made and will continue to make all payments after this transfer on the total debt of \$ _____ and has received from the grantee (buyer) \$ _____
(include in this figure the value of any items received in exchange for property). Any consideration received by grantor is taxable.
- ☐ Grantee (buyer) will make payments on _____% of total debt of \$ _____ for which grantor (seller) is liable and pay grantor (seller) \$ _____ (include in this figure the value of any items received in exchange for property). Any consideration received by grantor is taxable.

B: Gifts without consideration

- ☒ There is no debt on the property; Grantor (seller) has not received any consideration towards equity. No tax is due.
- ☐ Grantor (seller) has made and will continue to make 100% of the payments on total debt of \$ _____ and has not received any consideration towards equity. No tax is due.
- ☐ Grantee (buyer) has made and will continue to make 100% of the payments on total debt of \$ _____ and has not paid grantor (seller) any consideration towards equity. No tax is due.
- ☐ Grantor (seller) and grantee (buyer) have made and will continue to make payments from joint account on total debt before and after the transfer. Grantee (buyer) has not paid grantor (seller) any consideration towards equity. No tax is due.

Has there been or will there be a refinance of the debt? ☐ YES ☐ NO (If yes, please call (360) 570-3265 to see if this transfer is taxable). If grantor (seller) was on title as co-signor only, please see WAC 458-61A-215 for exemption requirements.

The undersigned acknowledges this transaction may be subject to audit and have read the above information regarding record-keeping requirements and evasion penalties.

Jane Keller
Grantor's Signature

Jane Keller
Grantee's Signature

3. ☐ **IRS "TAX DEFERRED" EXCHANGE** (WAC 458-61A-213)

I, (print name) _____, certify that I am acting as an Exchange Facilitator in transferring real property to _____ pursuant to IRC Section 1031, and in accordance with WAC 458-61A-213.
NOTE: Exchange Facilitator must sign below.

Exchange Facilitator's Signature

PLEASE TYPE OR PRINT

REAL ESTATE EXCISE TAX AFFIDAVIT

CHAPTER 82.45 RCW – CHAPTER 458-61A WAC

THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED

(See back of last page for instructions)

2439

This form is your receipt
when stamped by cashier.

☐ Check box if partial sale of property

If multiple owners, list percentage of ownership next to name.

1 SELLER GRANTOR	Name <u>CARI DILLING ET AL</u> <u>TERRY DILLING KIM KURPINEN</u>	2 BUYER GRANTEE	Name <u>Cathy Herres</u> <u>232 Columbia Street</u>
	Mailing Address <u>PO Box 1241</u>		Mailing Address <u>P.O. Box 465</u>
	City/State/Zip <u>Lewiston Idaho 83501</u>		City/State/Zip <u>Pomeroy, WA. 99347</u>
	Phone No. (including area code) <u>208-305-1698</u>		Phone No. (including area code) <u>509-843-6124</u>
3 Send all property tax correspondence to: <input checked="" type="checkbox"/> Same as Buyer/Grantee		List all real and personal property tax parcel account numbers – check box if personal property	
Name _____		<u>4-000-00-000-0235</u> <input type="checkbox"/>	
Mailing Address _____		<input type="checkbox"/>	
City/State/Zip _____		<input type="checkbox"/>	
Phone No. (including area code) _____		<input type="checkbox"/>	
		List assessed value(s)	

4 Street address of property: _____

This property is located in ☒ unincorporated Garfield County OR within ☐ city of _____

☐ 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 more space is needed, you may attach a separate sheet to each page of the affidavit)

Cab. #3 Stentz Springs
Umatilla Nat'l Forest Pomeroy Ranger District

5 Select Land Use Code(s): 46
MT. CABIN
enter any additional codes: _____
(See back of last page for instructions)

	YES	NO
Is this property exempt from property tax per chapter 84.36 RCW (nonprofit organization)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	YES	NO
Is this property designated as forest land per chapter 84.33 RCW?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is this property receiving special valuation as historical property per chapter 84.26 RCW?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 RCW 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

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) does not wish to continue, all additional tax calculated pursuant to chapter 84.26 RCW, shall be due and payable by the seller or transferor at the time of sale.

(3) OWNER(S) SIGNATURE

PRINT NAME

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

If claiming an exemption, list WAC number and reason for exemption:

WAC No. (Section/Subsection) _____

Reason for exemption _____

Type of Document Bill of Sales Mt Cabin

Date of Document 10/15/13

Gross Selling Price \$ 42,500.00

*Personal Property (deduct) \$ _____

Exemption Claimed (deduct) \$ _____

Taxable Selling Price \$ 42500.00

Excise Tax : State \$ 544.00

Local \$ 106.25

*Delinquent Interest: State \$ _____

Local \$ _____

*Delinquent Penalty \$ _____

Subtotal \$ 650.25

*State Technology Fee \$ _____ 5.00

*Affidavit Processing Fee \$ _____

Total Due \$ 655.25

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.

X Signature of Grantor or Grantor's Agent Cari Dilling ET AL
Name (print) Cari Dilling
Date & city of signing: 10/22/13 Lewiston, ID

Signature of Grantee or Grantee's Agent Cathy Herres
Name (print) Cathy Herres
Date & city of signing: 10-23-2013

Perjury: Perjury is a class C felony which is punishable by imprisonment in the state correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars (\$5,000.00), or by both imprisonment and fine (RCW 9A.20.020 (1C)).

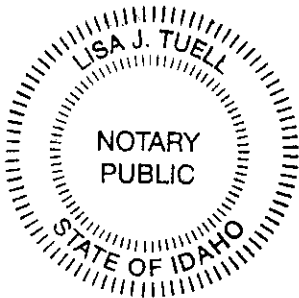
BILL OF SALE

I, Cari Dilling et al; are selling the cabin on Lot #3 in Stentz Springs, South of Pomeroy WA to Cathy Herres. The sale includes the main cabin and all personal belongings left there and all out buildings and personal items in them as well. The purchase price is \$42,500.00.

Date: 10/15/13

Signature:

Notary:



Lisa J. Tuell - Lewiston, Id
10-15-13

Expires 1-6-18

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(See back of last page for instructions)

☐ Check box if partial sale of property

If multiple owners, list percentage of ownership next to name.

SELLER GRANTOR	Name <u>E. PEARL HALL</u>	BUYER GRANTEE	Name <u>DANIEL M. MURRAY</u>
	Mailing Address <u>PO BOX 18706</u>		Mailing Address <u>PO BOX 4840</u>
	City/State/Zip <u>SPOKANE, WA 99228-0706</u>		City/State/Zip <u>PASCO, WA 99302-4840</u>
	Phone No. (including area code) _____		Phone No. (including area code) _____
Send all property tax correspondence to: <input checked="" type="checkbox"/> Same as Buyer/Grantee		List all real and personal property tax parcel account numbers - check box if personal property	
Name _____		2-010-42-034-3050 <input type="checkbox"/>	
Mailing Address _____		<input type="checkbox"/>	
City/State/Zip _____		<input type="checkbox"/>	
Phone No. (including area code) _____		<input type="checkbox"/>	
List assessed value(s)			

Street address of property: _____

This property is located in Garfield County

☐ Check box if any of the listed parcels are being segregated from a larger parcel.

Legal description of property (if more space is needed, you may attach a separate sheet to each page of the affidavit)

MHT-1071: THE NORTHEAST QUARTER OF THE SOUTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 34, TOWNSHIP 10 NORTH, RANGE 42 EAST, W.M.

<p>Select Land Use Code(s): <u>19</u></p> <p>Select Land Use Codes</p> <p>enter any additional codes: _____</p> <p>(See back of last page for instructions)</p> <p>Is this property exempt from property tax per chapter 84.36 RCW (nonprofit organization)? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>Is this property designated as forest land per chapter 84.33 RCW? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>Is this property receiving special valuation as historical property per chapter 84.26 RCW? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>If any answers are yes, complete as instructed below.</p> <p>(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 RCW 84.34.108). Prior to signing (3) below, you may contact your local county assessor for more information.</p> <p>This land <input type="checkbox"/> does <input checked="" type="checkbox"/> does not qualify for continuance.</p> <p><u>Christina French</u> <u>10-24-2013</u> DEPUTY ASSESSOR DATE</p> <p>(2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY) NEW OWNER(S): To continue special valuation as historic property, sign (3) below. If the new owner(s) does not wish to continue, all additional tax calculated pursuant to chapter 84.26 RCW, shall be due and payable by the seller or transferor at the time of sale.</p> <p>(3) OWNER(S) SIGNATURE</p> <p>_____ PRINT NAME</p>	<p>List all personal property (tangible and intangible) included in selling price.</p> <p>If claiming an exemption, list WAC number and reason for exemption:</p> <p>WAC No. (Section/Subsection) _____</p> <p>Reason for exemption _____</p> <p>Type of Document <u>STATUTORY WARRANTY DEED</u></p> <p>Date of Document <u>4/23/13</u></p> <table> <tr> <td>Gross Selling Price \$</td> <td>15,900.00</td> </tr> <tr> <td>*Personal Property (deduct) \$</td> <td></td> </tr> <tr> <td>Exemption Claimed (deduct) \$</td> <td></td> </tr> <tr> <td>Taxable Selling Price \$</td> <td>15,900.00</td> </tr> <tr> <td>Excise Tax : State \$</td> <td>203.52</td> </tr> <tr> <td><u>0.0025</u> Local \$</td> <td>39.75</td> </tr> <tr> <td>*Delinquent Interest: State \$</td> <td>2.04</td> </tr> <tr> <td>Local \$</td> <td>.46</td> </tr> <tr> <td>*Delinquent Penalty \$</td> <td>48.65</td> </tr> <tr> <td>Subtotal \$</td> <td>296.36</td> </tr> <tr> <td>*State Technology Fee \$</td> <td>5.00</td> </tr> <tr> <td>*Affidavit Processing Fee \$</td> <td></td> </tr> <tr> <td>Total Due \$</td> <td>299.36</td> </tr> </table> <p>CKS x 2</p> <p>A MINIMUM OF \$18.00 IS DUE IN FEE(S) AND/OR TAX *SEE INSTRUCTIONS</p>	Gross Selling Price \$	15,900.00	*Personal Property (deduct) \$		Exemption Claimed (deduct) \$		Taxable Selling Price \$	15,900.00	Excise Tax : State \$	203.52	<u>0.0025</u> Local \$	39.75	*Delinquent Interest: State \$	2.04	Local \$.46	*Delinquent Penalty \$	48.65	Subtotal \$	296.36	*State Technology Fee \$	5.00	*Affidavit Processing Fee \$		Total Due \$	299.36
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Subtotal \$	296.36																										
*State Technology Fee \$	5.00																										
*Affidavit Processing Fee \$																											
Total Due \$	299.36																										

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signature of Grantor or Grantor's Agent <u>E. Pearl Hall</u>	Signature of Grantee or Grantee's Agent <u>Daniel M. Murray</u>
Name (print) <u>E. PEARL HALL</u>	Name (print) <u>DANIEL M. MURRAY</u>
Date & city of signing: <u>10/15/13 Spokane</u>	Date & city of signing: <u>10/15/13 Pasco</u>

Perjury: Perjury is a class C felony which is punishable by imprisonment in the state correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars (\$5,000.00), or by both imprisonment and fine (RCW 9A.20.020 (1C)).

REV 84 0001ae (a) (2/1/08)

THIS SPACE - TREASURER'S USE ONLY

COUNTY TREASURER

KAREN ROOSEVELT
GARFIELD COUNTY TREASURER

2440

2440
The

PLEASE TYPE OR PRINT

REAL ESTATE EXCISE TAX AFFIDAVIT

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(See back of last page for instructions)

☐ Check box if partial sale of property

If multiple owners, list percentage of ownership next to name.

1 SELLER GRANTOR	Name <u>Quality Loan Service Corporation of Washington</u>	2 BUYER GRANTEE	Name <u>JPMorgan Chase Bank, National Association</u>
	Mailing Address <u>2141 5th Ave</u>		Mailing Address <u>800 Brooksedge Boulevard</u>
	City/State/Zip <u>San Diego, CA 92101</u>		City/State/Zip <u>Westerville, OH 43081</u>
	Phone No. (including area code) <u>(619) 645-7711</u>		Phone No. (including area code)
3 Send all property tax correspondence to: <input checked="" type="checkbox"/> Same as Buyer/Grantee Name _____ Mailing Address _____ City/State/Zip _____ Phone No. (including area code) _____		List all real and personal property tax parcel account numbers - check box if personal property A.P.N.: 1-070-31-038-1300 <input checked="" type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/>	
List assessed value(s) _____ _____ _____			

4 Street address of property: 1245 MAIN ST. POMEROY, WA 99347

This property is located in Garfield 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 more space is needed, you may attach a separate sheet to each page of the affidavit)

That part of the Southeast quarter of the Southeast quarter of Section 31, Township 12 North, Range 42 E.W.M., more particularly described as follows: Beginning at a point 180 feet East of the Southeast corner of Block 4 of Day's Addition to the City of Pomeroy; thence East on the North line of Main Street 70 feet; thence North on a line parallel with the East line of said Block 4 to the North line of the South half of the Southeast quarter of said Section 31; thence West on the North line of said South half of the Southeast quarter of said Section 31, a distance of 70 feet; thence South to the place of beginning.

5 Select Land Use Code(s):

11 - Household, single family units

enter any additional codes: _____

(See back of last page for instructions)

Is this property exempt from property tax per chapter 84.36 RCW (nonprofit organization)?

YES

NO

☐

☒

6 Is this property designated as forest land per chapter 84.33 RCW?

YES

NO

☐

☒

Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34?

☐

☒

Is this property receiving special valuation as historical property per chapter 84.26 RCW?

☐

☒

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 RCW 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

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) does not wish to continue, all additional tax calculated pursuant to chapter 84.26 RCW, shall be due and payable by the seller or transferor at the time of sale.

(3) OWNER(S) SIGNATURE

PRINT NAME

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

-0-

If claiming an exemption, list WAC number and reason for exemption:

WAC No. (Section/Subsection) 458-61A-208 (4)

Reason for exemption

Foreclosure Deed of Trust to JPMorgan Chase Bank, National Association (20100153)

Type of Document Trustee's Deed Upon Sale

Date of Document 10/23/13

Gross Selling Price \$ 80,750.00

*Personal Property (deduct) \$ 0.00

Exemption Claimed (deduct) \$ 80,750.00

Taxable Selling Price \$ 0.00

Excise Tax : State \$ 0.00

0.0025 Local \$ 0.00

*Delinquent Interest: State \$ _____

Local \$ _____

*Delinquent Penalty \$ _____

Subtotal \$ 0.00

*State Technology Fee \$ 5.00

*Affidavit Processing Fee \$ 5.00

Total Due \$ 10.00 *CK*

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 Grantor's Agent Christina Contreras

Name (print) Christina Contreras

Date & city of signing: OCT 23 2013 San Diego

Signature of

Grantee or Grantee's Agent Jacqueline Nogales

Name (print) Jacqueline Nogales

Date & city of signing: OCT 23 2013 San Diego

Perjury: Perjury is a class C felony which is punishable by imprisonment in the state correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars (\$5,000.00) or by both imprisonment and fine (RCW 9A.20.020 (1C)).

When recorded mail to:

JP Morgan Chase Bank, N.A.
800 Brooksedge Boulevard
Westerville, OH 43081

20130180 Wed Apr 17 13:25:59 PDT 2013
Filing Fee: \$15.00
Garfield County, WA Recorder

nmh/h
ASO
Pages 2



TS No.: **WA-12-537127-SH**
Order No.: **120390942-WA-GSO**
APN No.: 1-070-31-038-1300

Space above this line for recorders use

Assignment of Deed of Trust

For value received, **Mann Mortgage LLC d/b/a Westcorp Mortgage Group** hereby grants, assigns, and transfers to **JPMorgan Chase Bank, National Association**

All beneficial interest and all rights accrued or to accrue under that certain Deed of Trust dated **3/12/2010** executed by **HEATHER M. HAYNES**, as Trustor(s) to **GARFIELD COUNTY TITLE COMPANY**, as Trustee and recorded as Instrument No. **20100153**, on **3/22/2010**, of Official Records, in the office of the County Recorder of **GARFIELD County, WA**.

Said Deed of Trust encumbers the real property fully described as:

That part of the Southeast quarter of the Southeast quarter of Section 31, Township 12 North, Range 42 E.W.M., more particularly described as follows: Beginning at a point 180 feet East of the Southeast corner of Block 4 of Day's Addition to the City of Pomeroy; thence East on the North line of Main Street 70 feet; thence North on a line parallel with the East line of said Block 4 to the North line of the South half of the Southeast quarter of said Section 31; thence West on the North line of said South half of the Southeast quarter of said Section 31, a distance of 70 feet; thence South to the place of beginning.

And more commonly known as: **1245 MAIN ST., POMEROY, WA 99347**

After Recording Return To:
Mann Mortgage, LLC
Attn: Post Closing
1220 Whitefish Stage Road
Kalispell, MT 59901

GA-5005 [Space Above This Line For Recording Data]
Property Tax ID: 1-070-31-038-1300 Loan Number: 1116860
Abbreviated Legal Description: SE1/4SE1/4 S31 T12N R42E, Block 4, Day's Addition

DEED OF TRUST

DEFINITIONS

Words used in multiple sections of this document are defined below and other words are defined in Sections 3, 11, 13, 16, 20 and 21. Certain rules regarding the usage of words used in this document are also provided in Section 16.

- (A) "Security Instrument" means this document, which is dated March 12, 2010, together with all Riders to this document.
(B) "Borrower" is
Heather M. Haynes.

Borrower is the trustor under this Security Instrument.

- (C) "Lender" is Mann Mortgage, LLC. Lender is a State Corporation organized and existing under the laws of Montana. Lender's address is 247 Thain Road, 104, Lewiston, ID 83501. Lender is the beneficiary under this Security Instrument.
(D) "Trustee" is Garfield County Title Company.

(P) "RESPA" means the Real Estate Settlement Procedures Act (12 U.S.C. §2601 et seq.) and its implementing regulation, Regulation X (24 C.F.R. Part 3500), as they might be amended from time to time, or any additional or successor legislation or regulation that governs the same subject matter. As used in this Security Instrument, "RESPA" refers to all requirements and restrictions that are imposed in regard to a "federally related mortgage loan" even if the Loan does not qualify as a "federally related mortgage loan" under RESPA.

(Q) "Successor in Interest of Borrower" means any party that has taken title to the Property, whether or not that party has assumed Borrower's obligations under the Note and/or this Security Instrument.

TRANSFER OF RIGHTS IN THE PROPERTY

This Security Instrument secures to Lender: (i) the repayment of the Loan, and all renewals, extensions and modifications of the Note; and (ii) the performance of Borrower's covenants and agreements under this Security Instrument and the Note. For this purpose, Borrower irrevocably grants and conveys to Trustee, in trust, with power of sale, the following described property located in the

COUNTY OF GARFIELD

See attached EXHIBIT A.

which currently has the address of

1245 Main Street
Pomeroy, Washington 99347 ("Property Address")

TOGETHER WITH all the improvements now or hereafter erected on the property, and all easements, appurtenances, and fixtures now or hereafter a part of the property. All replacements and additions shall also be covered by this Security Instrument. All of the foregoing is referred to in this Security Instrument as the "Property."

BORROWER COVENANTS that Borrower is lawfully seized of the estate hereby conveyed and has the right to grant and convey the Property and that the Property is unencumbered, except for encumbrances of record. Borrower warrants and will defend generally the title to the Property against all claims and demands, subject to any encumbrances of record.

THIS SECURITY INSTRUMENT combines uniform covenants for national use and non-uniform covenants with limited variations by jurisdiction to constitute a uniform security instrument covering real property.