

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.

1 SELLER GRANTOR	Name <u>EVA FLERCHINGER</u>	2 BUYER GRANTEE	Name <u>HERBERT FLERCHINGER</u>
	c/o <u>Candice J. Harrison</u>		c/o <u>Candice J. Harrison</u>
	Mailing Address <u>PO Box 296</u>		Mailing Address <u>PO Box 296</u>
	City/State/Zip <u>Starbuck, WA 99359</u>		City/State/Zip <u>Starbuck WA 99359</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 _____		1-004-22-017-0002-0000 <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>62,700.00</u>	

4 Street address of property: 623 15th Street

This property is located in _____

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)

Please see attached Exhibit "A"

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"/>

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?	<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-20B(8)(A)

Reason for exemption
COMMUNITY PROPERTY AGREEMENT

Type of Document Quit Claim Deed

Date of Document 3/3/15

Gross Selling Price \$	_____
*Personal Property (deduct) \$	_____
Exemption Claimed (deduct) \$	_____
Taxable Selling Price \$	0.00
Excise Tax : State \$	0.00
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

0200

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

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

Signature of [Signature]
Grantor or Grantor's Agent

Name (print) Kimberly Boggs

Date & city of signing: Starbuck WA 4-2-15

Signature of [Signature]
Grantee or Grantee's Agent

Name (print) Kimberly Boggs

Date & city of signing: 4-2-15 Starbuck 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)).

Wendy [Signature]
ok # 14735
(Yea)

PAID

ASOTIN COUNTY
TREASURER

48281

EXHIBIT "A"

Parcel No. 1-004-22-017-0002-0000;

That portion of Lot 17, Block "GG", VINELAND, Asotin County, Washington, described as follows:

Beginning at the stone monument at the intersection of the centerlines of Poplar and 15th Streets; thence South along the center line of 15th Street a distance of 230 feet to the place of beginning; thence continue along the centerline of 15th Street a distance of 100 feet to a point; thence East parallel to the North boundary line of Lot 17 aforesaid a distance of 93.59 feet to a point; thence North parallel to the West boundary line of Lot 17 aforesaid a distance of 100 feet; thence West and parallel to the centerline of Poplar Street a distance of 93.59 feet to the place of beginning.

48281

6. REVOCATION: Either or both spouses while competent may revoke this power of attorney by giving to the other, if living, otherwise to CANDICE J. HARRISON, written notice personally delivered or mailed to the last known address.

7. TERMINATION: This power of attorney shall be terminated, as to the deceased spouse upon receipt of written notice or actual knowledge by the attorney in fact of the death of the principal and further may be terminated by the guardian of the estate of the principal following court approval of such termination.

8. ACCOUNTING: The attorney in fact shall be required to account to any subsequently appointed guardian of the estate of the principal or personal representative of the estate of the principal.

9. RELIANCE: The attorney in fact and any persons dealing with the attorney in fact, each shall be entitled to rely upon this power of attorney so long as such party has not received actual knowledge or actual notice of revocation, suspension or termination of the power of attorney by death or otherwise. Any action so taken in good faith unless otherwise unenforceable shall be binding on the heirs, legatees, devisees and personal representatives of the principal.

10. INDEMNITY: The estate of the principal shall hold harmless and indemnify the attorney in fact for all liability for acts done in good faith and not in fraud of the principal.

11. COMPENSATION: The attorney in fact shall be reimbursed for all costs and expenses reasonably incurred and shall receive at least annually, without court approval, such reasonable compensation for services performed as attorney in fact as is reasonable in the community for like services performed as attorney in fact and/or as guardian of an estate.

12. APPLICABLE LAW: The laws of the State of Washington shall govern this power of attorney.

13. EXECUTION: This power of attorney is executed, in triplicate, this 13th day of JUNE, 2007, to become effective as provided in paragraph 3.


HERBERT L. FLERCHINGER
Residing in Garfield County,
Washington


EVA G. FLERCHINGER
Residing in Garfield County,
Washington

Washington Trust Act of 1959, and any amendments thereto (which list is incorporated herein by this reference), and to consent to any medical tests, surgeries, or other medical procedures on the recommendation of any attending physician or physicians. The attorney in fact shall not have the power to revoke or change any estate planning or testamentary documents previously executed by principal(s), unless the document authorizes changes with court approval.

The attorney in fact is authorized to make health care decisions on behalf of the principal, including but not limited to the power to:

(a) Consent to the principal's medical care, including surgical procedures, health and nursing care, and treatment or non-treatment;

(b) Consent to the principal's admission to any medical, nursing, residential, or similar health care facility;

(c) Employ and discharge persons, including health care personnel, to advise or assist the attorney in fact in the performance of the duties of the attorney in fact, or as the attorney in fact deem appropriate and necessary;

(d) Consent to or request the withholding or withdrawal of a life-sustaining procedure in the case of a terminal condition.

Any person or organization, including any physician, hospital, medical attendant, nurse, technician, or health care or nursing facility, is authorized to release and give to the attorney in fact any information requested by the attorney in fact concerning the personal affairs or physical or mental health of the principal.

The attorney in fact is authorized, in the attorney in fact's own discretion, to continue making annual gifts to the person or persons to whom the principals had made a gift or gifts during the twenty-four (24) months preceding the effective date of this power of attorney. The amount of such annual gift may be more or less than that which the principals last made to any beneficiary, and in making any such gift, the attorney in fact shall consider the pattern of giving established by the principals, the ability of the principals to continue making such gift or gifts, the annual exclusion allowed from federal gift taxes, the impact of inflation upon the value of such gifts and other estate planning considerations. The attorney in fact shall not be in breach of the attorney in fact's fiduciary duty to the principals for gifts made or withheld in good faith.

The attorney in fact is authorized, in the attorney in fact's discretion, to disclaim pursuant to Chapter 11.86 of the Revised Code of Washington all or any of the assets, property, or interest to which the principal might otherwise be entitled as a beneficiary, as that term is defined in RCW 11.86.010. In so disclaiming, the attorney in fact may rely with acquittance on the advice of the principal's attorney regarding the principal's estate-planning objectives.

The attorney in fact for a principal is expressly authorized to make any transfer of resources not prohibited by RCW 74.09.532, including any subsequent amendments thereto, when the transfer is for the purpose of qualifying the principal for medical assistance or the limited casualty program for the medically needy.



**RECIPROCAL DURABLE POWERS OF ATTORNEY
OF
HERBERT L. FLERCHINGER AND EVA J. FLERCHINGER**

1. DESIGNATIONS: HERBERT L. FLERCHINGER and EVA J. FLERCHINGER, husband and wife, residing and domiciled in the State of Washington, as principals, each hereby individually designates the other spouse, if living, willing and able to serve, as attorney in fact for the disabled or incompetent spouse in the manner hereinafter defined, pursuant to RCW 11.94. If either spouse is unable or unwilling to act as attorney in fact for the other, we appoint CANDICE J. HARRISON as alternate attorney in fact for principals.

2. PURPOSE: The primary purpose in granting these Reciprocal Powers of Attorney is to provide for either principal's needs if either of us, or both of us, should hereinafter become disabled or incompetent. Accordingly, the attorney in fact shall have all powers as are necessary or desirable to provide for the support, maintenance, health, emergencies and urgent necessities of the principal, should he or she become disabled or incompetent.

3. EFFECTIVENESS: The Durable Power of Attorney shall become effective immediately and shall not be affected by disability or incapacity of the principal. Disability shall include the inability to manage his or her property and affairs effectively for reasons such as mental illness, mental deficiency, physical illness or disability, advanced age, confinement, detention by foreign power or disappearance. Disability may be evidenced by a written statement of a qualified physician regularly attending the principal(s) and/or by other qualified persons with knowledge of any confinement, detention or disappearance. Incompetence may be established by a finding of a court having jurisdiction over the incompetent principal(s).

4. NOMINATION OF GUARDIAN: The undersigned hereby nominate the other spouse, if living, able, and willing to serve, to act as guardian or limited guardian of the principal should guardianship proceedings become necessary or desirable. If either spouse is unable or unwilling to serve as guardian or limited guardian of the principal, then the undersigned hereby nominate CANDICE J. HARRISON, to act as guardian or limited guardian of the principal should guardianship proceedings become necessary or desirable.

5. POWERS: The attorney in fact, as fiduciary, shall have all powers of an absolute owner over the assets and liabilities of the principal, whether located within or without the State of Washington, including, but not limited to, the power to make deposits to, and payments from, any account in a financial institution as defined in RCW 30.22.040, in the name of the principals, to enter and remove items from any safe deposit box in the name of the principals subject to any contrary provision in any agreement governing the safe deposit box, to convey, lease, or encumber any real property owned by the principals, to exchange, sell or transfer the stocks, bonds and other securities owned by the principals and all powers granted to trustees by the