

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

SELLER GRANTOR	1 Name <u>The Estate of Brian Boggan</u>	BUYER GRANTEE	2 Name <u>Melvalyn Boggan</u>
	Mailing Address <u>1430 Elm Street</u>		Mailing Address <u>1430 Elm Street</u>
	City/State/Zip <u>Clarkston, WA 99403</u>		City/State/Zip <u>Clarkston, WA 99403</u>
Phone No. (including area code)		Phone No. (including area code)	

3 Send all property tax correspondence to: 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

1-004-22-011-0002-0000	<input type="checkbox"/>	List assessed value(s)
	<input type="checkbox"/>	<u>120700</u>
	<input type="checkbox"/>	
	<input type="checkbox"/>	

4 Street address of property: 1430 Elm Street, Clarkston, WA 99403

This property is located in Clarkston

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)

Lot 11 EXCEPT the North 330 feet, Block "GG" of Vineland, according to the plat recorded in Book B of Plats, page 61 in Asotin County, Washington.

5 Select Land Use Code(s)

01 - 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 <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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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 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 84.33.140 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

Residence and real property located at 1430 Elm Street, Clarkston, Washington

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

WAC No. (Section/Subsection) WAC458-61A-202

Reason for exemption Inheritance through Asotin Superior - 09-4-00041-0

Type of Document PR Deed

Date of Document 4/13/15

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 \$	
Total Due \$	10.00

A MINIMUM OF \$10.00 IS DUE IN FEES(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>Dustin Downs as PR to Estate of Brian Boggan</u>	Name (print) <u>Dustin Downs as attorney in fact for Melvalyn Boggan</u>
Date & city of signing <u>4/13/15 Clarkston WA</u>	Date & city of signing <u>4/13/15 Clarkston 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.02.020 (1)(c))

Boyles & Law
(VA)
ck # 1677

THIS SPACE - TREASURER USE ONLY
APR 28 2015
ASOTIN COUNTY
TREASURER

COUNTY TREASURER

48358

DEPARTMENT OF HEALTH

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any): First Middle LAST Brian Dean Boggan
 2. Death Date Jan. 23, 2009

3. Sex (M/F) Male
 4a. Age - Last Birthday 59
 4b. Under 1 Year Months Days
 4c. Under 1 Day Hours Minutes
 5. Social Security Number 544-60-2603
 6. County of Death Asotin

7. Birthdate March 3, 1949
 8a. Birthplace (City, Town, or County) Clarkston
 8b. (State or Foreign Country) Washington
 9. Decedent's Education 2 years 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.) 1430 Elm Street
 13b. City or Town Clarkston
 13c. Residence: County Asotin
 13d. Tribal Reservation Name (if applicable) N/A
 13e. State or Foreign Country Washington
 13f. Zip Code + 4 99403
 13g. Inside City Limits? Yes No Unk

14. Estimated length of time at residence: 35 years
 15. Marital Status at Time of Death Married
 16. Surviving Spouse's Name (Give name prior to first marriage) Melvalyn Norris

17. Usual Occupation (Indicate type of work done during most of working life. (Do not use RETIRED)) Boiler Fireman
 18. Kind of Business/Industry (Do not use Company Name) Potlatch

19. Father's Name (First, Middle, Last, Suffix) Brian D. Boggan
 20. Mother's Name Before First Marriage (First, Middle, Last) Louella Dupey

21. Informant's Name Melvalyn Boggan
 22. Relationship to Decedent Wife
 23. Mailing Address: Number and Street or RFD No. City or Town State Zip
 1430 Elm Street Clarkston WA 99403

24. Place of Death, if Death Occurred in a Hospital: Decedent's Home
 25. Facility Name (If not a facility, give number & street or location) 1430 Elm Street
 26a. City, Town, or Location of Death Clarkston
 26b. State WA
 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 Mountain View Funeral Home 3521 7th Street Lewiston, Idaho 83501
 32. Date of Disposition January 29, 2009

33. Funeral Director Signature: Jerry Bartlow

Part 2 completed by Certifier

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. Perforating brain Trauma Moments
 (Due to (or as a consequence of) b. Self-Inflicted Gunshot Wound to Head
 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
 c.
 (Due to (or as a consequence of) d.
 Interval between Onset & Death

35. Other significant conditions contributing to death but not resulting in the underlying cause given above

36. Autopsy? Yes No
 37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death
 Natural Homicide Accident Undetermined Suicide Pending
 39. If female
 Not pregnant within past year Not pregnant, but pregnant within 42 days before death Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year

40. Did tobacco use contribute to death? Yes No Probably Unknown
 41. Date of Injury (mm/dd/yyyy) 01/23/2009
 42. Hour of Injury (24hrs) 03:00
 43. Place of Injury (e.g. Decedent's home, construction site, restaurant, wooded area) Home
 44. Injury at Work? Yes No Unk

45. Location of Injury Number & Street City or Town State Zip Code + 4
 1430 Elm Street Clarkston Asotin WA 99403

46. Describe how injury occurred: Self-Inflicted Gunshot to Head
 47. If transportation injury, specify:
 Driver/Operator Pedestrian Passenger Other (Specify)

48a. Certifying Physician:
 48b. Medical Examiner/Coroner: [Signature]

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Benjamin Nichols, Coroner, Asotin County C
 50. Hour of Death (24hrs) 03:00
 51. Name and Title of Attending Physician (if other than Certifier) (Type or Print):
 52. Date Signed (mm/dd/yyyy) 01/28/2009

53. Title of Certifier Coroner
 54. License Number
 55. ME/Coroner File Number
 56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature: [Signature]
 58. Date Received (mm/dd/yyyy) JAN 23 2009

59. Amendments

DOH 01-003 (5-99)

CERTIFIED

FILED

2015 APR 13 A 11: 10

MARIE J. EGGART
COUNTY CLERK
ASOTIN COUNTY, WA

SUPERIOR COURT OF WASHINGTON
COUNTY OF ASOTIN

In re the Estate of:

NO. 09-4-00041-0

BRIAN BOGGAN,

LETTERS TESTAMENTARY

Deceased.

WHEREAS, the last Will of BRIAN BOGGAN, deceased, signed by the Decedent and admitted to probate by this Court's Order of July 20, 2009; and whereas, it appears that MELVALYN BOGGAN waives hers right to act as personal representative thereon in favor of DUSTIN DOWNS;

Now, therefore, know all men by these presents, that we do hereby authorize the said DUSTIN DOWNS to execute said Will, with codicils attached, according to law.

WITNESS, Judge Scott D. Gallina of our said Superior Court, and the seal of said Court hereto affixed this 13th day of April, 2015.

McKenzie Kelley, deputy
of Superior Court



Law Office of
Scott C. Broyles
901 Sixth Street
Clarkston, WA 99403
509-758-1636

48358

1 STATE OF WASHINGTON)
2) ss
3 County of Asotin)

4 I, MARIE EGGART, County Clerk of the County of Asotin, State of Washington,
5 and ex-officio Clerk of the Superior Court of the State of Washington for Asotin County,
6 do hereby certify that the within and foregoing is a full, true and correct copy of the
7 original Letters Testamentary and of the whole thereof, as the same is now on file and
8 of record in the above entitled cause in my office and custody, said letters have never
9 been revoked and are still in Full Force and Effect.

10 IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of
11 said Superior Court, this 18th day of April, 2015.

MARIE EGGART

12 County Clerk and ex-officio Clerk
13 of the Superior Court

14 BY: Umckenzie Kelly

15 Deputy

