

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	1 Name <u>George Mattes (Estate of)</u>	BUYER GRANTEE	2 Name <u>Charlene Mattes (Estate of)</u>
	Mailing Address <u>c/o P. O. Box 820</u>		<u>Duane Bartels, Personal Representative</u>
	City/State/Zip <u>Pomeroy, WA 99347</u>		Mailing Address <u>510 Pataha St.</u>
	Phone No. (including area code) <u>(509) 843-1396</u>		City/State/Zip <u>Pomeroy, WA 99347</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>c/o Duane Bartels</u>		<u>1 III 00 008 0000</u> <input type="checkbox"/>	
Mailing Address <u>510 Pataha St.</u>		<input type="checkbox"/>	
City/State/Zip <u>Pomeroy, WA 99347</u>		<input type="checkbox"/>	
Phone No. (including area code) <u>(509) 843-1752</u>		<input type="checkbox"/>	
		List assessed value(s)	
		<u>170,100</u>	

4 Street address of property: 3440 Skyline Drive

This property is located in Asotin 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)

Lot 8 of Sangers Riverview Addition according to recorded plat thereof, subject to "Protective Covenants: as set forth in Declaration recorded June 29, 1962 as Instrument Number 81102 in the office of the Auditor of Asotin County, Washington

5 Select Land Use Code(s):

28 - Chemicals

enter any additional codes: _____

(See back of last page for instructions)

	YES	NO
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)?	<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 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

6 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-202(4)

Reason for exemption Transfer of community property to surviving spouse

Type of Document Lack of Probate Affidavit

Date of Document 6/23/15

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

0260

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>Kimberly R. Bagg</u>	Signature of Grantee or Grantee's Agent <u>Duane G. Bartels</u>
Name (print) <u>Kimberly R. Bagg</u>	Name (print) <u>Duane Bartels, P.R. Estate of Charleen Mattes</u>
Date & city of signing: <u>Pomeroy WA 7-9-15</u>	Date & city of signing: <u>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), or by both imprisonment and fine (RCW 9A.20.021 (1)(C)).

REV 84 0001a (05/21/15)
Mealey & Marinella
OK #15686 va

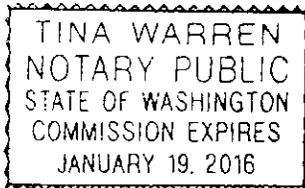
THIS SPACE - TREASURER'S USE ONLY
PAID
JUL 27 2015
ASOTIN COUNTY
TREASURER

COUNTY TREASURER
48599
48599

Duane G. Bartels

DUANE BARTELS, Affiant
510 Pataha St.
Pomeroy, WA 99347
(509)843-1752

SUBSCRIBED and SWORN TO before me this 23 day of June, 2015



Tina Warren

Notary Public for the State of
Washington, residing at Pomeroy

FILED

FEB 26 2015

COUNTY CLERK
GARFIELD COUNTY, WASH.

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IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF GARFIELD

In the Matter of the Estate

of

CHARLENE BINA MATTES, Deceased.

) NO. 15-4-00001-7

) LETTERS TESTAMENTARY

STATE OF WASHINGTON)

County of Garfield)

) ss

WHEREAS, the Last Will and Testament of deceased, was on the 24 day of February, 2015, duly exhibited, proven and recorded in our said Superior Court, a copy of which is hereto annexed, and whereas it appears in and by said Will that DUANE BARTELS is appointed executor thereon and whereas said DUANE BARTELS has duly qualified.

NOW THEREFORE, know all men by these presents, that we do hereby authorize the said DUANE BARTELS to execute said Will according to law.

48599

1 Witness my hand and the seal of said Court this 26th day of February, A.D.,
2 2015.

3
4
5 Terrilie Cox
6 Clerk of the Superior Court

7 By: _____
8 Deputy

9 STATE OF WASHINGTON)
10) ss
11 County of Garfield)

12 I, TERRILIE COX, County Clerk of the County of Garfield, State of Washington,
13 and ex-officio of the Superior Court of the State of Washington for Garfield County, do
14 hereby certify that the within and foregoing is a full, true, and correct copy of the original
15 Letters Testamentary and of the whole thereof, as the same is now on file and of record in
16 the above entitled cause in my office and custody, said letters have never been revoked
17 and are still in Full Force and Effect. IN TESTIMONY WHEREOF, I have hereunto set
18 my hand and affixed the seal of said Superior Court this 26th day of February, 2015.

19 Terrilie Cox
20 County Clerk and ex-officio Clerk of
21 The Superior Court

22 By: _____
23 Deputy

48599

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

D. 8191—OS—9-67

WASHINGTON STATE DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

STATE FILE NUMBER 10015

OR PRINT IN
PARENT INK

LOCAL FILE NUMBER 79

DECEASED — NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. GEORGE		MATTES			2. MALE	3. MAY 25, 1970	
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY))		AGE — LAST BIRTHDAY (YEARS)	UNDER 1 YEAR NOS.	UNDER 1 DAY HOURS	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH	
4. White		5a. 54	5b.	5c.	6. March 21, 1917	Asotin	
CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN OTHERS, GIVE STREET AND NUMBER)		
7a. Clarkston			7b. Yes		7c. Tri State Convalescent Center		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME)	
8. Washington		9. U.S.A.		10. Married		11. Charlene Jenks	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)			KIND OF BUSINESS OR INDUSTRY		
12. XXXXXXXXXX		13a. Carpenter			13b. Construction		
RESIDENCE — STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER		
14a. Washington		14b. Asotin	14c. Asotin		14d. No 14e. Star Rt. Asotin		
FATHER — NAME				MOTHER — MAIDEN NAME			
15. UNKNOWN				16. UNKNOWN 1970			
INFORMANT — NAME				MARITAL ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Charlene Mattes				17b. Star Rt. Asotin, Washington 99402			
PART I DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18		(a) Metastatic Carcinoma lung and spine.					1 week
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.		(b) Primary cause undetermined.					7 months
		(c)					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
						19. No	20.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a.		20b.		20c.	20d.		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
20e.		20f.		20g. JUN 8 1970			
CERTIFICATION — PHYSICIAN		MONTH	DAY	YEAR	MONTH	DAY	YEAR
21a. DECEASED FROM		1	2	69	5	25	70
AND LAST SAW HIM/HER ALIVE ON		MONTH	DAY	YEAR	21b. DID NOT VIEW THE BODY AFTER DEATH.		
21c. 5-19-70		21d. 5-19-70			21e. 2:30 PM		
CERTIFICATION — CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUSE OF DEATH		THE DECEASED WAS PRONOUNCED DEAD		DATE SIGNED (MONTH, DAY, YEAR)	
22a.		22b.		22c.		22d.	
CERTIFIER — NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
23a. E. J. Baldeck		23b.		23c.		23d. 5-27-70	
MAILING ADDRESS — CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE	
23e. 625 6th Ave. Lewiston, Idaho		23f.		23g.		23h. 83501	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY — NAME		LOCATION		CITY OR TOWN	
24a. Burial		24b. Vineland Cemetery		24c. Clarkston, Washington		24d.	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24e. May 23, 1970		24f. Merchant Funeral Home P.O. Box 107 Clarkston, Washington					
FUNERAL DIRECTOR — SIGNATURE		REGISTRAR — SIGNATURE		HEALTH OFFICER — SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
25a.		25b.		25c. GALEN A. ROGERS, M.D., Health Officer		25d. 5/28/70	
				Asotin County Health Department			

DECEASED

RESIDENCE OF DECEASED IF DIFFERENT FROM PLACE OF DEATH, GIVE STREET AND NUMBER.

PARENTS

CAUSE

CERTIFIER

BURIAL



Exhibit "A"

48599

DOH 04-003 (5/64)

EXHIBIT "B"

Real property in City of Asotin, County of Asotin, State of Washington, more particularly described as follows:

Lot 8 of Sangers Riverview Addition according to recorded plat thereof, subject to "Protective Covenants" as set forth in Declaration recorded June 29, 1962 as Instrument Number 81102 in the office of the Auditor of Asotin County, Washington.

DOCS/PROBATE WITH WILL/MATTES, Charlene/6-4-15

"B"

48599

1 LAST WILL AND TESTAMENT

2 OF

3 GEORGE MATTES

4 IN THE NAME OF GOD, AMEN:

5 KNOW ALL MEN BY THESE PRESENTS: That I, George Mattes,
6 of legal age, and not acting under duress, menace, fraud or undue influence
7 of any person whomsoever, do make, publish and declare this my LAST WILL
8 AND TESTAMENT in the manner following, that is to say:

9 FIRST: I direct that my personal representative, hereinafter named,
10 as soon as she has sufficient funds in hand, pay my funeral expenses, the
11 expenses of my last sickness, and all of my just debts.

12 SECOND: I give and bequeath to my daughter, Kristi Mattes, and
13 my two step-daughters, Myrna Bartels and Judy Settle, the sum of ONE
14 DOLLAR EACH.

15 THIRD: I give, devise and bequeath all the rest, residue and re-
16 mainder of my property of every kind and nature and wheresoever situate to
17 my wife, Charlene B. Mattes.

18 FOURTH: I further direct that my personal representative act
19 without the intervention of any Court, except as may be required under the
20 laws of the State of Washington in the case of nonintervention wills. My
21 personal representative shall have full power: to sell, convey and encumber,
22 without notice or confirmation, any assets of my estate, real or personal, at
23 such prices and terms as may seem just to her; to mortgage or pledge any
24 estate property; to continue all of my business operations; to invest and re-
25 invest any assets of my estate; to advance funds and borrow money, secured
26 or unsecured, from any source; and to select any part of the estate in satis-
27 faction of any partition or distribution thereunder, in kind, in money, or

28 PAGE ONE

C. ORNO SHOEMAKER
ATTORNEY AT LAW
P. O. BOX 146
CLARKSTON, WASHINGTON 99403
758-2514

"Exhibit C"

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both. Such powers may be exercised whether or not necessary for the administration of my estate.

LASTLY: I hereby nominate and appoint my wife, Charlene B. Mattes, the personal representative of this my Last Will and Testament, to serve without bond or the intervention of any court, as hereinbefore more fully specified, and I hereby revoke any wills by me heretofore made.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal and publish and declare this as my LAST WILL AND TESTAMENT on this 22 day of April, 1970.

George Mattes

The foregoing instrument, consisting of two pages, of which this is the second page, at the date hereof, was by the said GEORGE MATTES, signed, sealed and published and declared by him to be his Last Will and Testament, in the presence of us, who, at his request, in his presence and in the presence of each other, have hereunto subscribed our names as witnesses thereto.

[Signature]
Residing at Clarkston, Washington

[Signature]
Residing at Clarkston, Washington

PAGE TWO.

C. ORNO SHOEMAKER
ATTORNEY AT LAW
P. O. BOX 146
CLARKSTON, WASHINGTON 99403
758-2514

48599