

**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>SUSAN SWOFFORD, Personal Representative of the</u><br>Estate of JOAN SWOFFORD DAY<br>Mailing Address <u>1014 20TH AVENUE</u><br>City/State/Zip <u>CLARKSTON, WA 99403</u><br>Phone No. (including area code) <u>(509) 552-1199</u> | BUYER GRANTEE | 2 Name <u>SUSAN SWOFFORD (50%) and JEFFREY SWOFFORD (50%)</u><br>Mailing Address <u>1014 20TH AVENUE</u><br>City/State/Zip <u>CLARKSTON, WA 99403</u><br>Phone No. (including area code) <u>(509) 552-1199</u> |   |
|                | 3 Send all property tax correspondence to: <input checked="" type="checkbox"/> Same as Buyer/Grantee<br>Name _____<br>Mailing Address _____<br>City/State/Zip _____<br>Phone No. (including area code) _____                                 |               | List all real and personal property tax parcel account numbers – check box if personal property<br>1-132-00-027-0000-0000 <input type="checkbox"/><br>_____<br>_____<br>_____                                  | List assessed value(s)<br><u>24,900</u><br>_____<br>_____ |

4 Street address of property: 802 VINELAND DRIVE  
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)  
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                                  |
| 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"/> |

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.  
None.

If claiming an exemption, list WAC number and reason for exemption:  
WAC No. (Section/Subsection) 458-61A-202(a)  
Reason for exemption Inheritance

Type of Document PR DEED  
Date of Document 6/3/14

|                                |       |
|--------------------------------|-------|
| 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 \$   |       |
| 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>Susan Swofford</u><br>Name (print) <u>SUSAN SWOFFORD</u><br>Date & city of signing: <u>6/3/2014 - CLARKSTON</u> | Signature of Grantee or Grantee's Agent <u>Susan Swofford</u><br>Name (print) <u>SUSAN SWOFFORD</u><br>Date & city of signing: <u>6/3/2014 - CLARKSTON</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)).

Brougas 1000/1430  
AS

PAID  
JUN 11 2014  
ASOTIN COUNTY TREASURER

17500

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

|   |                                      |   |  |  |   |   |
|---|--------------------------------------|---|--|--|---|---|
| Local File Number   |                                      | <b>Washington State Certificate of Death</b>                  |  |  | State File Number                                     |   |
| 1. Legal Name (Include AKA's if any) First Middle LAST Suffix<br><b>JOAN MARIE DAY</b>  |                                      |   |  | 2. Death Date:<br><b>February 13, 2013</b>   |   |   |
| 3. Sex (M/F)<br><b>Female</b>   | 4a. Age - Last Birthday<br><b>71</b> | 4b. Under 1 Year<br>Months Days                               | 4c. Under 1 Day<br>Hours Minutes       | 5. Social Security Number<br><b>[REDACTED]</b>   | 6. County of Death<br><b>Asotin</b>                   |   |
| 7. Birthdate<br><b>January 6, 1942</b>  |                                      | 8a. Birthplace (City, Town, or County)<br><b>Hot Springs</b>  |  | 8b. (State or Foreign Country)<br><b>Montana</b>   |   | 9. Decedent's Education<br><b>9th - 12th grade, but no diploma</b>                    |
| 10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.<br><b>No</b>  |                                      |   | 11. Decedent's Race(s)<br><b>White</b> |  | 12. Was Decedent ever in U.S. Armed Forces? <b>No</b> |   |
| 13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.)<br><b>802 Vineyard Drive</b>          |                                      |   |  | 13b. City or Town<br><b>Clarkston</b>  |   |   |
| 13c. Residence: County<br><b>Asotin</b>   |                                      | 13d. Tribal Reservation Name (if applicable)                  |  | 13e. State or Foreign Country<br><b>Washington</b>   |   | 13f. Zip Code + 4<br><b>99403</b>   |
| 13g. Inside City Limits?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk  |                                      | 14. Estimated length of time at residence.<br><b>38 Years</b> |  | 15. Marital Status at Time of Death<br><b>Divorced</b>   |   | 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) |
| 17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))<br><b>Care Giver</b>      |                                      |   |  | 18. Kind of Business/Industry (Do not use Company Name)<br><b>Home Health</b>  |   |   |
| 19. Father's Name (First, Middle, Last, Suffix)<br><b>George Maddison Crouch</b>  |                                      |   |  | 20. Mother's Name Before First Marriage (First, Middle, Last)<br><b>Fay Allen Daley</b>  |   |   |
| 21. Informant's Name<br><b>Susan L. Swofford</b>  |                                      | 22. Relationship to Decedent<br><b>Daughter</b>               |  | 23. Mailing Address: Number and Street or RFD No. City or Town State Zip<br><b>1014-20th Avenue, Clarkston, Washington 99403</b> |   |   |
| 24. Place of Death, if Death Occurred in a Hospital:  |                                      |   |  | 24. Place of Death, if Death Occurred Somewhere Other than a Hospital:<br><b>Decedent's home</b>                                 |   |   |
| 25. Facility Name (If not a facility, give number & street or location)<br><b>802 Vineyard Drive</b>                          |                                      |   |  | 26a. City, Town, or Location of Death<br><b>Clarkston</b>  |   | 26b. State<br><b>WA</b>   |
| 27. Zip Code<br><b>99403</b>  |                                      | 28. Method of Disposition<br><b>Removal/Crem.</b>             |  | 29. Place of Final Disposition (Name of cemetery, crematory, other place)<br><b>Valley Crematory</b>                             |   | 30. Location-City/Town, and State<br><b>Lewiston, Idaho</b>                           |
| 31. Name and Complete Address of Funeral Facility<br><b>Vassar-Rawls Funeral Home, 920-21st Avenue, Lewiston, Idaho 83501</b> |                                      |   |  |  | 32. Date of Disposition<br><b>February 15, 2013</b>   |   |
| 33. Funeral Director Signature X<br><i>[Signature]</i>  |                                      |   |  |  |   |   |

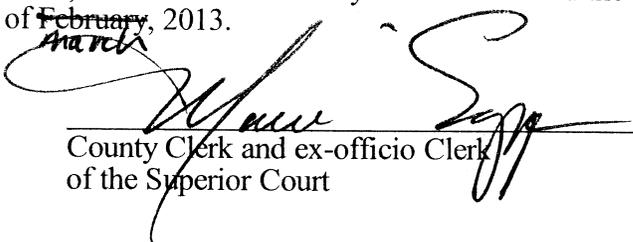
|  |                            |   |  |   |   |   |
|--|----------------------------|---|--|---|---|---|
| <b>Cause of Death (See instructions and examples)</b>  |                            |   |  |   |   |   |
| 34. Enter the <u>chain of events</u> - diseases, injuries, or complications - that directly 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>progressive metastatic Breast Cancer 15 Years + lymph nodes</i>   |  |   |   | Interval between Onset & Death  |
|  |                            | Due to (or as a consequence of):  |  |   |   | Interval between Onset & Death  |
| 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>Anoxic, cerebral and respiratory to the progressive cancer</i>  |  |   |   | Interval between Onset & Death  |
|  |                            | Due to (or as a consequence of):  |  |   |   | Interval between Onset & Death  |
|  |                            | c.  |  |   |   | Interval between Onset & Death  |
|  |                            | d.  |  |   |   | Interval between Onset & Death  |
| 35. Other significant conditions contributing to death but not resulting in the underlying cause given above   |                            |   |  | 36. Autopsy?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | 37. Were autopsy findings available to complete the Cause of Death?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| 38. Manner of Death<br><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide<br><input type="checkbox"/> Accident <input type="checkbox"/> Undetermined<br><input type="checkbox"/> Suicide <input type="checkbox"/> Pending   |                            | 39. If female<br><input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death<br><input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death<br><input type="checkbox"/> Unknown if pregnant within the past year |  | 40. Did tobacco use contribute to death?<br><input type="checkbox"/> Yes <input type="checkbox"/> Probably<br><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?<br><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:<br><input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian<br><input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) |   |   |
| 48a. Certifying Physician<br><b>X</b> <i>[Signature]</i>   |                            |   |  | 48b. Medical Examiner/Coroner<br><b>X</b>   |   |   |
| 49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)<br><b>Sushma Pant, M.D., 1250 Idaho Street, Lewiston, Idaho 83501</b>   |                            |   |  | 50. Hour of Death (24hrs)<br><b>1020</b>  |   |   |
| 51. Name and Title of Attending Physician if other than Certifier (Type or Print)  |                            |   |  | 52. Date Signed (MM/DD/YYYY)<br><b>02-16-2013</b>   |   |   |
| 53. Title of Certifier<br><b>Medical Doctor</b>  |                            | 54. License Number<br><b>116366</b>   |  | 55. ME/Coroner File Number<br><b>47566</b>  |   | 56. Was case referred to ME/Coroner?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 57. Registrar Signature<br><b>X</b> <i>[Signature]</i>   |                            |   |  | 58. Date Received (MM/DD/YYYY)<br><b>FEB 19 2013</b>  |   |   |
| 59. Amendments   |                            |   |  |   |   |   |



1  
2 STATE OF WASHINGTON )  
3 ) ss  
4 County of Asotin )  
5

6 I, MARIE EGGART, County Clerk of the County of Asotin, State of Washington, and ex-  
7 officio Clerk of the Superior Court of the State of Washington for Asotin County, do hereby  
8 certify that the within and foregoing is a full, true and correct copy of the original Letters of  
9 Administration and of the whole thereof, as the same is now on file and of record in the above  
10 entitled cause in my office and custody, said letters have never been revoked and are still in Full  
11 Force and Effect.  
12

13 IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said  
14 Superior Court, this 4<sup>th</sup> day of ~~February~~<sup>March</sup>, 2013.  
15

16  
17   
18 \_\_\_\_\_  
19 County Clerk and ex-officio Clerk  
of the Superior Court

LETTERS OF ADMINISTRATION

*Broyles & Laws, PLLC*  
901 Sixth Street  
Clarkston, WA 99403  
(509) 758-1636

47566