

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>ESTATE OF KATHRYN BIVINS, by Successor PT. MARION A. BIVINS APPLINGTON, by her atty in fact. CHARLENE QUASCHNICK</u> | BUYER GRANTEE | 2 Name <u>CHARLENE QUASCHNICK</u> |
| | Mailing Address <u>614 E DALKE AVENUE</u> | | Mailing Address <u>614 E DALKE AVENUE</u> |
| | City/State/Zip <u>SPOKANE, WA 99208</u> | | City/State/Zip <u>SPOKANE, WA 99208</u> |
| | Phone No. (including area code) <u>(509) 844-7513</u> | | Phone No. (including area code) <u>(509) 844-7513</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 _____ | | 1-058-00-013-0001-0000 <input type="checkbox"/> 43,200 | |
| Mailing Address _____ | | 1-058-00-013-0002-0000 <input type="checkbox"/> 36,800 | |
| City/State/Zip _____ | | _____ <input type="checkbox"/> _____ | |
| Phone No. (including area code) _____ | | _____ <input type="checkbox"/> _____ | |

4 Street address of property: 2031 & 2033 ANDREASEN 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)
LOT 13 OF ANDREASEN'S SUBDIVISION OF BLOCK E-2 OF CLARKSTON HEIGHTS, ASOTIN COUNTY, WASHINGTON.

5 Select Land Use Code(s):

 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)? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
|--|------------------------------|--|

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 RCW? | <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 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(c)
 Reason for exemption INHERITANCE

Type of Document PR DEED
 Date of Document _____

| | | |
|--------------------------------|-------|-------|
| 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><i>Marion Applington</i></u> | Signature of Grantee or Grantee's Agent <u><i>Charlene Quaschnick</i></u> |
| Name (print) <u>MARION BIVINS APPLINGTON by her atty in fact</u> | Name (print) <u>CHARLENE QUASCHNICK</u> |
| Date & city of signing: <u>10/22/14 - CLARKSTON</u> | Date & city of signing: <u>10/22/14 - 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)).

REV 84 0001a (6/26/14) THIS SPACE - TREASURER'S USE ONLY COUNTY TREASURER

Cash 10.00 SK

OCT 22 2014

ASOTIN COUNTY TREASURER

47911

Filed for record at the request of:

Inst: 335056 04/09/2013 12:43P
Filed: BROYLES & LAWS PLLC Fee Cd: DL03
Code: 070 Pwr Attorney 34.00
Asotin County Auditor

DURABLE POWER OF ATTORNEY

I, Marion Alice Bivins Applington, resident of the state of Washington, revoke any powers of attorney I may have given in the past and give Charlene Marie Quaschnick and David Allen Quaschnick (referred to below as "the agents") a durable power of attorney. I intend that it not be limited by any disability I may have in the future.

1. POWERS

- A. The agents shall act on my behalf and for my benefit, and shall have all powers over my estate that I have or acquire. These shall include, but not be limited to, the following: the power to make deposits to, and payments from, any account in my name in any financial institution; the power to open and remove items from any safe deposit box in my name; the power to sell, exchange or transfer title to stocks, bonds, or other securities; the power to sell, convey, or encumber any real or personal property.
- B. The agents shall have the power to consent to, or to withhold consent from, medical treatment, shall have all powers necessary or desirable to provide for my support, maintenance, health and comfort; the agents shall be entitled to obtain and use any of my medical records or other individually identifiable health information to the same extent as I would myself. This is intended as a full release of all information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

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2. EFFECTIVE DATE AND REVOCATION

- A. This power of attorney shall become effective the third day of January, 2013.
- B. It shall remain in effect until revoked or until my death.
- C. I may revoke this power of attorney by giving written notice to the agents and, if the power of attorney has been recorded, by recording the written instrument in the county office where deeds are recorded.
- D. If I give notice of revocation after my agents have certified that I lack the mental capacity to make important decisions, then my agents' power of attorney shall be suspended unless and until a court determines that the revocation was not effective.

3. RIGHTS AND DUTIES OF THE AGENTS

- A. My estate shall hold the agents harmless from, and indemnify the agents for, all liability for acts done for me in good faith based on this power of attorney.
- B. The agents shall be required to account to any subsequently appointed personal representative.

Dated: 1-3-2013 Signed X

(Marion Alice Applington)

Signed Charlene Marie Quaschnick

(AGENT Charlene Marie Quaschnick)

Signed David Allen Quaschnick

(AGENT David Allen Quaschnick)

Signed Jeanine Marie Scarborough

(WITNESS Jeanine Marie Scarborough)

Signed Lois Jean Bougher

(WITNESS Lois Jean Bougher)

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On Jan. 3rd 2013, a person known to
be Marion A. Applington appeared before me in person, signed
above, and acknowledged that the signing was done freely and voluntarily for the purposes
mentioned above.

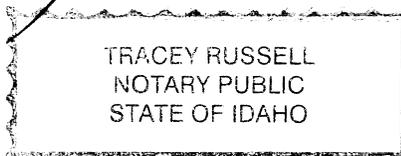
Dated: 1-3-2013

Notary Public, State of Washington,



Residing at: Lewiston, Idaho

Commission expires: 9-10-2014



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FILED

2013 JUN 13 P 3:47

MARIE J. EGGART
COUNTY CLERK
ASOTIN COUNTY, WA

SUPERIOR COURT OF WASHINGTON
COUNTY OF ASOTIN

In re the Estate of:

NO. 94-4-00023-6

KATHRYN BIVINS,

ORDER REOPENING ESTATE

Deceased.

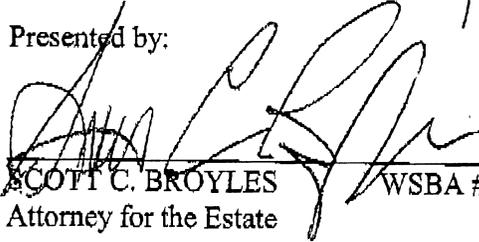
This matter having come on upon the request of MARION ALICE BIVINS by CHARLENE QUASCHNICK, her attorney in fact, to reopen the estate, and the Court having considered the records and files herein,

NOW THEREFORE, IT IS HEREBY ORDERED that the estate of Kathryn Bivins is reopened; that the appointment of MARION ALICE BIVINS as Personal Representative is confirmed, with all rights, duties and obligations, all as if the estate had never been closed.

DONE IN OPEN COURT this 13th day of June, 2013.


WILLIAM D. AVEY
JUDGE/COURT COMMISSIONER

Presented by:


SCOTT C. BROYLES WSBA #6070
Attorney for the Estate

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

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