



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.

Form sections 1 and 2: Seller/Grantor and Buyer/Grantee information including names, addresses, and phone numbers.

Form section 3: Property tax correspondence and parcel account information.

Form section 5: Land Use Code(s) and exemption questions.

Form section 6: Continuation and compliance notices.

Form section 7: Owner signature and date.

Form section 7: Personal property included in selling price and tax calculation table.

Form section 8: Certifications and signatures of Grantor and Grantee.

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 (09/22/15)

THIS SPACE - TREASURER'S USE ONLY

COUNTY TREASURER

Handwritten signature: Scott Brayles, CP # 1085

PAID NOV 04 2015 ASOTIN COUNTY TREASURER

Handwritten number: 48892

RECORD AND RETURN TO

**SCOTT C. BROYLES, ESQ.
LAW OFFICE OF SCOTT C. BROYLES
P.O. BOX 208
CLARKSTON WA 99403**

DOCUMENT TITLE: LACK OF PROBATE AFFIDAVIT

REFERENCE NOS: 193961

**GRANTORS: ESTATES OF LOREN G. ROGERS and
JOAN A. ROGERS, by her Personal
Representative, MICHAEL ROGERS**

GRANTEES: MICHAEL ROGERS, a single man

**ABBREVIATED LEGAL: That part of the NE1/4SE1/4 of Section 6 of
Township 10 North, Range 46 East of the
Willamette Meridian, Asotin County, Washington.**

TAX PARCEL NO: 1-049-00-038-0008-0000

48892

LACK OF PROBATE AFFIDAVIT

STATE OF WASHINGTON)
 : ss
County of Asotin)

Affiant, MICHAEL ROGERS, being sworn states that:

1. Affiant, MICHAEL ROGERS, makes this affidavit as Personal Representative of the Estate of Joan A. Rogers, Asotin County Superior Court Case No. 15-4-00016-3. Please see attached Certificate of Death and Letters Testamentary.
3. That JOAN A. ROGERS and LOREN G. ROGERS acquired property located at 3401 Twenty-second Street, Clarkston, Washington, as husband and wife, on or about January 16, 1992, which property is described as follows:

See attached Exhibit "A."
4. That LOREN G. ROGERS died on February 29, 2000, without a Will. Please see copy of Certificate of Death attached hereto.
5. Affiant, MICHAEL ROGERS, is the sole heir and devisee under the Last Will and Testament of Joan A. Rogers.

DATED this 19th day of October, 2015.

Michael Rogers
MICHAEL ROGERS
932 Fourth Street
Clarkston, WA 99403

SUBSCRIBED AND SWORN to before me this 19th day of October, 2015.



Cindy L Bolen
Notary Public in and for the State of Washington
Residing at: Clewiston, Id
My Commission Expires: 8/25/2017

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-004635

LOCAL FILE NUMBER: 0657

DATE ISSUED: 02/18/2015

FEE NUMBER: 0000243339

GIVEN NAMES: JOAN ALICE
LAST NAME: ROGERS

COUNTY OF DEATH: SPOKANE
DATE OF DEATH: FEBRUARY 13, 2015
HOUR OF DEATH: 10:18 A.M.
SEX: FEMALE
AGE: 73 YEARS

PLACE OF DEATH: HOSPICE FACILITY
FACILITY OR ADDRESS: HOSPICE HOUSE SOUTH
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99202

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 3401 22ND STREET
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
INSIDE CITY LIMITS? NO
COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 25 YEARS

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

FATHER: JOHN KNOEPKE
MOTHER: ESTHER HANSEN

BIRTHDATE: MARCH 05, 1941
BIRTHPLACE: LEWISTOWN, FERGLUS CNTY, MONTANA

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY
CITY, STATE: CLARKSTON, ID
DISPOSITION DATE: FEBRUARY 18, 2015

MARITAL STATUS: WIDOWED
SPOUSE:

OCCUPATION: TITLE OFFICER
INDUSTRY: REAL ESTATE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES LLC
ADDRESS: PO. BOX 107
CITY, STATE, ZIP: CLARKSTON WA 99403
FUNERAL DIRECTOR: RICHARD LASSITER

INFORMANT: MICHAEL ROGERS
RELATIONSHIP: SON
ADDRESS: 932 4TH STREET, CLARKSTON WA, 99403

CAUSE OF DEATH:

A. CARCINOMA UNKNOWN PRIMARY
INTERVAL: 1 MONTH

B. INTERVAL:

C. INTERVAL:

D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

LOCATION OF INJURY:

CERTIFIER NAME: KIRK LUND MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 910 W 5TH AVE STE 700
CITY, STATE, ZIP: SPOKANE WA 99204
DATE SIGNED: FEBRUARY 16, 2015

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:
JUNE RICE-CRANER
DATE RECEIVED: FEBRUARY 17, 2015

NUMBER(S): NONE
DATE(S): NONE

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DOH 01-003 (1/14)

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

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

11
12 IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of
13 said Superior Court, this 26th day of February, 2015.
14

15 MARIE EGGART
16 _____
17 County Clerk and ex-officio Clerk
18 of the Superior Court

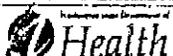
19
20 BY: Rici Jamies
21 Deputy
22



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

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TYPE OR PRINT IN PERMANENT BLACK INK



CERTIFICATE OF DEATH

146

STATE OF WASHINGTON

LOCAL FILE NUMBER

1 NAME First Middle Last Loren G. Rogers			2 SEX (M/F) Male	3 DATE OF BIRTH (Mo, Day, Yr) February 28, 2000			
4 AGE LAST BIRTHDAY (Mo, Day, Yr) 61	5 UNDER 1 YEAR MO. DAY. HOUR. MIN. 405	6 UNDER 1 DAY HOURS MIN. 1	7 BIRTHDATE (Mo, Day, Yr) May 9, 1938	8 BIRTHPLACE (City, State or Foreign Country) Great Falls, MT	9 WAS DECEDENT EVER IN U.S. ARMED FORCES (Y/N) NO	10 OCCUPATION OF DEATH (Yr, Mo, Day) Asotin	
11 CITY, TOWN OR LOCATION OF DEATH Asotin		12 PLACE OF DEATH - BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1a HOME 2 IN TRANSIT 3a HOSPITAL 4 HOME 5 OTHER NAME 6 OTHER PLACE One Mile S.E. Snake River Rd on Weissenfels RD			13 DECEASED AT HOME Yes		
14 MARITAL STATUS - Married (Never married, Widowed, Divorced (Specify)) Married		15 SURVIVING SPOUSE (If wife, give maiden name) JOAN A. Knoepka		16 SOCIAL SECURITY NO. [REDACTED]	17 DECEASED'S EDUCATION (Specify by degree given) (Elementary/Secondary 10-12, LUMINA 1-12) 12		
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Construction worker		19 KIND OF BUSINESS OR INDUSTRY Road Construction		20 Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No	21 RACE (Specify) White		
22 RESIDENCE - NUMBER AND STREET 3401 43rd 22nd St.		23 CITY/TOWN OR LOCATION Clarkston	24 INSIDE CITY LIMITS (Yes/No) No	25A COUNTY Asotin	25B LENGTH OF RES. IN CO. 27 yrs	26 STATE WA	27 ZIP CODE 99403
28 FATHER'S NAME - FIRST, MIDDLE, LAST Donald C Rogers			29 MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME Emma L Verzuh				
30 INFORMANT - NAME Joan A. Rogers		31 MAILING ADDRESS - STREET OR RFD NO. CITY OR TOWN STATE ZIP P.O. Box 337, Asotin, WA 99402					
32 BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		33 DATE (Mo, Day, Yr) Mar. 2, 2000	34 CEMETERY/CREMATORIUM - NAME Mt. View Crematory		35 LOCATION - CITY/TOWN, STATE Lewiston, ID 83501		
36 FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		37 NAME OF FACILITY Merchant Funeral Home		38 ADDRESS OF FACILITY 1000 7th, Clarkston, WA, 99403			
39 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X			40 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>[Signature]</i>				
41 DATE SIGNED (Mo, Day, Yr) 3/1/00		42 HOUR OF DEATH (24 Hrs.) 11:00		43 DATE SIGNED (Mo, Day, Yr) 2/28/00		44 HOUR OF DEATH (24 Hrs.) 12:15	
45 NAME AND TITLE OF ATTENDING PHYSICIAN (If type of Pract.)			46 PRONOUNCED DEAD (Mo, Day, Yr) 2/28/00		47 HOUR PRONOUNCED DEAD (24 Hrs.) 12:15		
48 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (If type of Pract.) Ray Lutes, Asotin Co. Coroner, Court House, Asotin, WA, 99402					49 MECCORONER FILE NUMBER 257301		
50 ENTER THE DISEASES, INJURIES OR COMPLICATIONS WHICH CAUSED THE DEATH: NAME (S) CAUSE (If the disease or condition resulting in death) PROBABLE CARDIO-VASCULAR ARRES							
DO NOT ENTER THE MODE OF DYING SUCH AS CHOKED ON, RESPIRATORY ARREST, SHOCK OR HEART FAILURE, LIST ONLY ONE CAUSE ON EACH LINE. Specify the following: (If not specified by medical examiner, list the probable cause, identify if any which included trauma resulting in death.)		A DUE TO OR AS A CONSEQUENCE OF RECORDED		INTERVAL BETWEEN ONSET AND DEATH			
		B DUE TO OR AS A CONSEQUENCE OF JAN 02 2003		INTERVAL BETWEEN ONSET AND DEATH			
		C DUE TO OR AS A CONSEQUENCE OF 11:35 AM		INTERVAL BETWEEN ONSET AND DEATH			
		D DUE TO OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH			
51 OTHER SIGNIFICANT FINDINGS		52 AUTOPSY? (Yes/No) No		53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) Yes			
54 PLACE OF DEATH (Home, Hospital, etc.) UNDET		55 REGISTRY DATE (Mo, Day, Yr)		56 REGISTERED BY (Name, Title, Address, City, State, Zip)			
57 PLACE OF BIRTH (City, State, Country) [REDACTED]		58 HOME PHONE		59 STREET OR RFD NO. CITY/TOWN STATE			
60 REGISTERED BY (Name, Title, Address, City, State, Zip) [Signature]					61 DATE RECEIVED (Mo, Day, Yr) FEB 29 2000		



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Exhibit A

Situate in the County of Asotin, State of Washington, to-wit:

That part of the NE $\frac{1}{4}$ SE $\frac{1}{4}$ of Section 6 of Township 10 North, Range 46, East of the Willamette Meridian, Asotin County, Washington, more particularly described as follows:

Commencing at the Southwest corner of said NE $\frac{1}{4}$ SE $\frac{1}{4}$; thence North 2°14'13" West a distance of 165.0 feet; thence North 87°45'44" East a distance of 133.0 feet; thence North 2°14'16" West a distance of 245.0 feet; thence North 15°46' East a distance of 126.0 feet to the TRUE PLACE OF BEGINNING; thence North 81°14' West a distance of 130.24 feet to a point on the centerline of 22nd Street; thence North 25°13'40" East along said centerline a distance of 218.35 feet; thence South 80°58'29" East a distance of 372.54 feet; thence South 31°15'44" West a distance of 60.0 feet; thence South 13°15'44" West a distance of 120.0 feet; thence North 88°05' West a distance of 273.76 feet to the true place of beginning. EXCEPTING therefrom all that portion lying in the right of way of 22nd Street.

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