



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 with two columns: SELLER GRANTOR and BUYER GRANTEE. Fields include Name, Mailing Address, City/State/Zip, and Phone No. for both parties.

Section 4: Street address of property, location in Clarkston, and legal description of property including lot numbers and block information.

Section 5: Select Land Use Code(s) and tax exemption questions. Includes codes like 11 - Household and 09 - Land with mobile home.

Section 6: Continuation and compliance notices. Includes 'NOTICE OF CONTINUANCE (FOREST LAND OR CURRENT USE)' and 'NOTICE OF COMPLIANCE (HISTORIC PROPERTY)'.

Section 7: Property tax calculation table. Lists gross selling price, deductions for personal property and exemptions, and final total due of \$10.00.

Section 8: Signature lines for Grantor or Grantor's Agent and Grantee or Grantee's Agent, including names and dates.

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)).

Handwritten notes: Jones, Brewer, & Callery, ck # 12866, and a circled '70'.

PAID MAY 06 2016 ASOTIN COUNTY TREASURER

49289

Continuation of #3, List all real and personal property numbers:

1-041-02-004-0001-0000

1-002-14-004-0001-0000 & 5-002-14-004-0001-0010

Continuation of #4, Legal description of property:

2346 Valleyview Drive, Clarkston, Washington

That part of Lot 4 of Block "C-1" of Clarkston Heights, according to plat recorded in Book C of Plats, page 10, in Asotin County, Washington, more particularly described as follows:

Commencing at the Northwest corner of said Lot 4, said point being on the center line of the County road; thence Southerly along said center line a distance of 155 feet to the True Place of Beginning; thence continue Southerly along said center line a distance of 41.0 feet; thence deflect left 90°00' a distance of 180.0 feet; thence deflect left 90°00' a distance of 41.0 feet; thence deflect left 90°00' a distance of 180.0 feet to the True Place of Beginning.

617 11th Street, Clarkston, Washington:

The North half of Lot 4 in Block 14 of West of Clarkston according to the official plat thereof, filed in Book B of Plats at Page(s) 23, records of Asotin County, Washington.

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STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
CERTIFICATE OF DEATH

Date Filed MARCH 19, 2014

State File No. 2014-02482

DECEDENT - LEGAL NAME FRED ANTHONY JABBORA			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 84 YEARS	DATE OF BIRTH FEBRUARY 02, 1930
BIRTHPLACE OROFINO, IDAHO		PLACE OF RESIDENCE LEWISTON, IDAHO	
MARITAL STATUS AT TIME OF DEATH WIDOWED		NAME OF SURVIVING SPOUSE (if wife, maiden name)	WAS DECEDENT EVER IN U.S. ARMED FORCES? YES
FATHER - NAME THOMAS JABBORA		BIRTHPLACE SYRIA	
MOTHER - MAIDEN NAME EFFIE JUHNKE		BIRTHPLACE WASHINGTON	
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE JAMES E. FITZHUGH JR.	
NAME AND ADDRESS OF FUNERAL FACILITY MOUNTAIN VIEW FUNERAL HOME, LEWISTON, IDAHO			
DATE OF DEATH MAR. 14, 2014	TIME OF DEATH 6:05 P.M.	CITY, TOWN OR LOCATION OF DEATH LEWISTON, IDAHO	COUNTY OF DEATH NEZ PERCE
CAUSE OF DEATH (underlying cause last) a. METASTATIC LUNG CANCER			Approximate Interval Between Onset and Death MONTHS
b. DUE TO (or as a consequence of): ADULT FAILURE TO THRIVE SEVERE PROTEIN CALORIE MALNUTRITION			MONTHS
c. DUE TO (or as a consequence of): DIABETES			YEARS
d. DUE TO (or as a consequence of): ATRIAL FIBRILLATION			YEARS
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above DEMENTIA - HYPERTENSION - PROSTATE CANCER			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER THERESA M. SMITH, N.P.		TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

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This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

MARCH 19, 2014

DATE ISSUED: _____

This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT CERTIFIED BY THE STATE IS VALID WITH THE DEPARTMENT OF HEALTH AND WELFARE BUREAU OF VITAL RECORDS AND HEALTH STATISTICS. LOCAL REG. NO.

DECEASED	1. DECEASED'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix) ROSE E. JABBORA		2. SEX FEMALE	3. SOCIAL SECURITY NUMBER [REDACTED]	
	1a. AGE-Last Birthday 78 (Years)	4b. UNDER 1 YEAR Months: 00 Days: 17	4c. UNDER 1 DAY Hours: 00 Minutes: 17	5. DATE OF BIRTH (Mo/Day/Yr) 00/17/1934	6. BIRTHPLACE (City and State, Territory, or Foreign Country) LEWISTON, IDAHO
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY NEZ PERCE	7c. CITY OR TOWN LEWISTON	
	7d. STREET AND NUMBER 1429 POWERS AVENUE		7e. APT. NO.	7f. ZIP CODE 83501	7g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown			9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) FRED A. JABBORA	
PARENTS	10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11. BIRTHPLACE (State, Territory, or Foreign Country) ARKANSAS		
	11a. FATHER'S NAME (First, Middle, Last, Suffix) HARRY DRAKE		12. BIRTHPLACE (State, Territory, or Foreign Country) OREGON		
INFORMANT	13a. INFORMANT'S NAME (Type or print) FRED JABBORA		13b. RELATIONSHIP TO DECEASED SPOUSE	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 1429 POWERS AVENUE LEWISTON, ID 83501	
	DISPOSITION	14. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) LEWIS CLARK MEMORIAL GARDENS 3521 7TH ST. LEWISTON, IDAHO 83501	
16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY MOUNTAIN VIEW FUNERAL HOME 3521 SEVENTH STREET LEWISTON, IDAHO 83501		17. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: JAMES E. FITZHUGH JR.			
17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: JAMES E. FITZHUGH JR.		17b. LICENSE NUMBER (of licensee) M0070	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
PLACE OF DEATH	19a. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Facility name (if not facility, give street and number) 1429 POWERS AVENUE		
	20. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE LEWISTON, ID 83501		22. COUNTY OF DEATH NEZ PERCE		
DATE OF DEATH	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) May 20, 2013		24. TIME OF DEATH (24hr) 17:41	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) May 20, 2013	26. TIME PRONOUNCED DEAD (24hr) 18:30
	27. CAUSE OF DEATH				
CAUSE OF DEATH	PART I. 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. Enter only one cause on a line.				Approximate Interval Onset to Death
	IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. SUDDEN CARDIAC ARRHYTHMIA DUE TO (or as a consequence of):				MINUTES
	Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death) b. SEIZURES DUE TO (or as a consequence of):				6 MONTHS
	c. UNKNOWN ETIOLOGY DUE TO (or as a consequence of):				UNKNOWN
	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I DEMENTIA-KIDNEY FAILURE				
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER USE)	29. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		30. IF FEMALE (Aged 10-44): <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year		31. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined
	32. DATE OF INJURY (Mo/Day/Yr) (Spell month)		33. TIME OF INJURY (24hr)	34. PLACE OF INJURY (Decedent's home, farm, school, construction site, nursing home, restaurant, forest, etc.)	
	35. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____		36. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
CERTIFIER	37. DESCRIBE HOW INJURY OCCURRED, IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEASED OCCUPIED, if applicable				
	TRANSPORTATION INJURY ONLY: 38a. WAS DECEASED: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		38b. WHAT SAFETY DEVICES(S) DID DECEASED USE/EMPLOY? <input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown		
	39a. CERTIFIER (Check only one, based on official capacity for this certificate) <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE PROFESSIONAL NURSE - To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s) / manner stated. <input checked="" type="checkbox"/> CORONER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		39b. LICENSE NUMBER		
REGISTRAR	Signature and Title of Certifier: ELECTRONICALLY SIGNED: GARY L. GILLIAM		39c. DATE SIGNED 5 / 23 / 2013 MM DD YYYY		
	39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) GARY L. GILLIAM, PO BOX 896 LEWISTON, ID 83501		40b. REGISTRAR'S SIGNATURE <i>James B. Galtte</i>		
				40c. DATE SIGNED 5 / 24 / 2013 MM DD YYYY	

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

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DATE ISSUED: *May 24 2013*

James B. Galtte
JAMES B. AYDELOTTE
STATE REGISTRAR

This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

PANV01REV10212

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



1
2 CERTIFIED

FILED

APR 13 2016

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8 SUPERIOR COURT OF WASHINGTON FOR ASOTIN COUNTY

9
10 In re the Estate of) No. 14-4-00015-7
11 ROSE E. JABBORA.) LETTERS OF ADMINISTRATION
12 Deceased.) WITH NONINTERVENTION
13 POWERS

14 WHEREAS, Rose E. Jabbora, of Lewiston, Nez Perce County, Idaho, died intestate
15 on or about May 20, 2013, leaving at the time of her death property in this state subject to
16 administration; and;

17 WHEREAS, Fred A. Jabbora was appointed Administrator of decedent's estate; and

18 WHEREAS, Fred A. Jabbora passed away on March 14, 2014.

19 WHEREAS, Mary S. King has duly qualified to be appointed successor Administratrix;

20 NOW, THEREFORE, know all persons by these presents:

21 We hereby appoint Mary S. King as successor Administratrix of said estate; and

22 We hereby authorize Mary S. King to administer the same according to law.

23
24 WITNESS, Thomas L. Ledgerwood, Commissioner of our Superior Court, and the seal
25 of said Court hereto affixed this 28th day of April, 2016.

26
27 *Luci Juvie*
28 Clerk of the Superior Court

LETTERS OF ADMINISTRATION
WITH NONINTERVENTION
POWERS

Law Office of
David A. Gittins
843 Seventh Street
Clarkston, WA 99403
(509)758-2501
Facsimile: (509) 758-3576

49289

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

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

10 IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said
11 Superior Court this 28th day of April, 2016.

12 **MARIE EGGART**

13 County Clerk & Ex-Officio Clerk of
14 the Superior Court

15 By *Traci Javvie*
16 Deputy



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LETTERS OF ADMINISTRATION
WITH NONINTERVENTION
POWERS

Law Office of
David A. Gittins
843 Seventh Street
Clarkston, WA 99403
(509)758-2501
Facsimile: (509) 758-3576

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CONFIRMED COPY

FILED

2015 MAY 19 P 3 18

MARIE J. EGGART
COUNTY CLERK
ASOTIN COUNTY, WA

SUPERIOR COURT OF WASHINGTON FOR ASOTIN COUNTY

In re the Estate of:)	No. 15-4-00031-7
)	
FRED A. JABBORA,)	ORDER GRANTING
)	NONINTERVENTION
)	POWERS
)	
Deceased.)	RCW 11.68.011; 11.68.041

After hearing on the Administratrix's Petition for Order Granting Nonintervention Powers this day before the undersigned Judge, the Court finds that notice of the hearing on the petition was given, that no heir, legatee, or devisee has appeared to object to the granting of nonintervention powers, that the Administratrix is entitled to nonintervention powers, and that the estate is solvent.

ORDER

IT IS ORDERED that Mary S. King, the Administratrix, is entitled to administer and close decedent's estate without further court intervention or supervision.

Dated this 19th day of May, 2015.


JUDGE/COURT COMMISSIONER

ORDER GRANTING
NONINTERVENTION POWERS 1

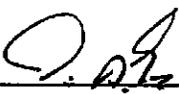
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Prepared by:

LAW OFFICES OF DAVID A. GITTINS

By: 
David A. Gittins, WSBA #7796
Attorney for Administratrix

ORDER GRANTING
NONINTERVENTION POWERS

2

Law Office of
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