



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 information including parcel numbers and assessed values.

Form section 4: Street address and legal description of the property.

Form section 5: Land use codes and exemption questions.

Form section 6: Continuation and compliance notices.

Form section 6 (continued): Deputy Assessor signature and date.

Form section 6 (continued): Owner's signature and name.

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 0001e (4/18/08)

THIS SPACE IS FOR REGISTER'S USE ONLY

COUNTY TREASURER

C B M ok 2/14/8 #

PAID

MAY 26 2016

ASOTIN COUNTY

49342

Exhibit A

That part of the SE1/4 of Sections 11, of the SW ¼ of Section 12 and of the NW ¼ of Section 13 of Township 9 North, Range 44 East, W.M., Asotin County, Washington more particularly described as follows: Beginning at the Southwest corner of said Section 11; thence S89° 48' 10"W. along the South line of said of Section 11 a distance of 1368.63 feet; thence S89° 48' 10.00"W, 1368.63 feet to a point on the centerline of Cloverland Road; thence North along said centerline 30.00 feet; thence N89° 48' 10"E, 1362.94 feet; thence S73° 42' 23.00"E, 87.69 feet; thence N89° 58' 31.00"E, 720.72 feet; thence N17° 12' 51.00"E, 83.05 feet; thence N87° 52' 38"E , 248.90 feet; thence S71° 25' 16"E, 225.44 feet; thence S6° 31' 56"W, 141.33 feet; thence S44° 15' 11"W, 114.27 feet; thence S23° 58' 12"W, 80.31 feet; thence S89° 48' 47"W, 275.91 feet; thence N67° 19' 27"W, 49.42 feet; thence N32° 55' 06"W, 44.95 feet; thence N10° 36' 19"W, 196.39 feet; thence S89° 58' 31"W, 701.48 feet; thence N73° 42' 23"W, 77.32 feet to a point on the West line of said Section 13; thence N0° 32' 43.00"E, along the West line of said Section 13 a distance of 2.93 feet to the place of beginning.

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BUILDING & PLANNING DEPARTMENT

KARST J. RIGGERS
BUILDING OFFICIAL
COUNTY PLANNER



P.O. Box 610
Asotin, WA 99402
PHONE (509) 243-2020
Fax: (509) 243-2019

JEFFREY A. SANDERSON
SR. BUILDING INSPECTOR

May 24, 2016

Nancy Johnson
17037 Cloverland Road
Asotin, WA 99402

RE: Variance Permit 16-09 at 17037 Cloverland Road

Dear Ms. Johnson;

The purpose of this letter is to provide written conformation of your Variance Permit Application at 17037 Cloverland Road. The Variance Permit was approved by the Board of County Commissioners on May 23, 2016, to segregate a 5 acre parcel where the existing homestead and related agricultural buildings are located at the above stated address.

I have attached a copy of the Variance Permit Application for your records. Since this action has been approved, the legal documents can be filed with the Asotin County Auditor's Office at your convenience.

Please call if you have any questions or need additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Karst Riggers", is written over a horizontal line.

Karst Riggers
Asotin County Building Official/Planner

Encl: Variance Application

49342

BUILDING & PLANNING DEPARTMENT

Application # 16-09



P.O. Box 610
Asotin, WA 99402
PHONE (509) 243-2020
FAX (509) 243-2019

RECEIVED

APR 29 2016

**ASOTIN COUNTY
BUILDING & PLANNING**

APPLICATION FOR VARIANCE

Assessor' tax parcel number of property: 2-009-44-013-2000 Property Size: 5 acre farmstead on approximately 160 acres
(acres/square feet)
Address or general location of property: 17037 Cloverland Road, Asotin, WA 99403
Legal description of property: 30' Strip Sec 14 and NW Sec 13; see also attached survey

Applicant: Nancy Johnson Phone: 509-243-1299
Mailing Address: 17037 Cloverland Road
City: Asotin State: WA Zip: 99402
Applicant Signature: Karcy Johnson
Property Owner: Nancy Johnson Phone: 509-243-1299
Address: 17037 Cloverland Road
City: Asotin State: WA Zip: 99402
Property Owner Signature: Karcy Johnson
Surveyor: Riedesel Engineering Phone: 208-743-3818
Mailing Address: 77 Southway Suite C
City: Lewiston State: ID Zip: 83501
Surveyor Signature: _____

By signing this application, the owner/agent attests that the information provided herein, and in any attachments, is true and correct to the best of his/her knowledge. Any material falsehood or any omission of a material fact made by the owner/agent with respect to this application may result in this permit being null and void.
I further agree to save, indemnify and hold harmless Asotin County against all liabilities, judgments, court costs, reasonable attorney's fees and expenses which may in any way accrue against Asotin County as a result of or in consequence of granting this permit.
I further agree to provide access and right of entry to Asotin County and its employees, representatives or agents for the sole purpose of application review and any required later inspections. Access and right of entry to this property shall be requested and shall occur only during regular business hours.
Signature: Karcy Johnson Date: 5-2-16

TO BE COMPLETED BY PLANNING & BUILDING STAFF

Ordinance /Resolution 12-06 states that the requirement is 40 acre minimum parcel size in the Agricultural Zone
Planning Commission Meeting: May 16, 20 16.
RECOMMENDATION: Approve as submitted
Board of County Commissioners Meeting: May 23, 20 16.
ACTION: Approved as submitted

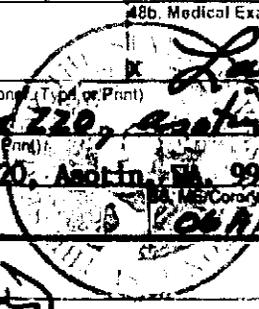
49342

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death			State File Number	
1. Legal Name (include initials if any): First Middle LAST				2. Death Date		
CARROLL L. JOHNSON				Aug. 18, 2006		
3. Sex (M/F)		4a. Age - Last Birthday		4b. Under 1 Year		5. Social Security Number
Male		71		Months Days		[REDACTED]
6. Birthdate		7a. Birthplace (City, Town, or County)		7b. (State or Foreign Country)		8. County of Death
October 26, 1934		Cloverland		Washington		Asotin
9. Decedent's Education				10. Was Decedent of Hispanic Origin? (Yes or No) if yes, specify		
High School Graduate				No		
11. Decedent's Race(s)				12. Was Decedent ever in U.S. Armed Forces? YES		
White				YES		
13a. Tribal Reservation Name (if applicable)						13b. City or Town
[REDACTED]						Asotin
14. Estimated length of time at residence		15a. State or Foreign Country		15b. Zip Code - 4		15c. Inside City Limits?
Lifetime		Washington		99402		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
16. Surviving Spouse's Name (Give name prior to first marriage)				17. Kind of Business/Industry (Do not use Company Name)		
Nancy Pease				Wheat/Cattle		
18. Relationship to Decedent				19. Mother's Name Before First Marriage (First, Middle, Last)		
Wife				Agnes N. McNeil		
20. Mailing Address				21. City, Town, or Location of Death		
17037 Cloverland Rd. Asotin, WA 99402				Rural Asotin		
22. Place of Death, if Death Occurred in a Hospital				23. Facility Name (if not a facility, give number & street or location)		
800 Lake Road, rural Asotin County				800 Lake Road		
24. Method of Disposition				25. Place of Final Disposition (Name of cemetery, crematory, other place)		26. State
Burial				Cloverland Cemetery		WA
27. Name and Complete Address of Funeral Facility				28. Location-City/Town, and State		29. Date of Disposition
Merchant Funeral Home, 1000 7th St. Clarkston, WA 99403				Cloverland, WA		August 23, 2006
30. Cause of Death (See instructions and examples)						
31. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ABBREVIATE. Add additional lines if necessary. 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. TRAMATIC INJURIES DO TO 750/1000 BALE OF HAY						
b. FALLING ON VICTIM						
c. POSSIBLE ASPHYXIATION/ASPERGATION: POSSIBLE						
d. ASPIRATION OF STOMACH CONTENTS.						
32. Other significant conditions contributing to death but not resulting in the underlying cause given above						
33. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
34. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
35. Manner of Death						
<input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending						
36. If female						
<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year						
37. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Probably <input type="checkbox"/> Unknown						
38. Date of Injury (MM/DD/YYYY)		39. Hour of Injury (24hrs)		40. Place of Injury (e.g. Decedent's home, construction site, restaurant, wooded area)		41. Injury at Work?
18 AUG 2006		5:13:00		800 LAKE RD CLOVERLAND, WA		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
42. Location of Injury: Number & Street						
800 LAKE RD						
43. Describe how injury occurred						
UNLOADING SEMI TRAILER OF BALES OF HAY						
44. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)						
45. Certifying Physician						
46. Medical Examiner/Coroner						
47. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)						
Larry J Ballard #279						
48. Name and Title of Attending Physician if other than Certifier (Type or Print)						
Larry J. Ballard, Dep. Coroner, POB 220, Asotin, WA 99402						
49. Title of Certifier						
DEP COR						
50. License Number						
06A105596						
51. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
52. Registrar Signature						
[Signature]						
53. Date Received (MM/DD/YYYY)						
AUG 23 2006						
54. Amendments						

Part 1 completed by Funeral Director

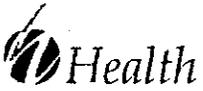
Part 2 completed by Certifier



DCH 01-003 (3/99)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH THE DEPARTMENT OF HEALTH. STATE-FILED COPIES MUST HAVE THE OFFICIAL SEAL.

13342



Affidavit for Correction

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507 9709
(360) 236-4300

This is a legal Document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:	Certificate of Naturalization	Medical Record	School Record
	Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Insurance Records	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Records	Passport	

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday)
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

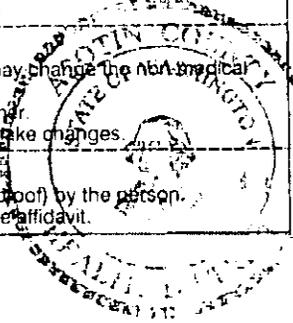
Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)



Christina M.D.
Christina M.D.
Health Officer

AUG 23 2006

MM00370131

49342

CERTIFIED

REC'D & FILED
OFFICE OF CO. CLERK
ASOTIN COUNTY, WA
SEP 11 2006
CLERK DEPUTY

1
2
3
4
5
6

SUPERIOR COURT, STATE OF WASHINGTON
ASOTIN COUNTY

In the matter of the Estate of:
CARROLL L. JOHNSON,
Deceased.

Case no. 06-4 00054 7
PROBATE
LETTERS TESTAMENTARY

7 STATE OF WASHINGTON)
8)
9 COUNTY OF ASOTIN : ss.
10)

11 WHEREAS, the last Will of CARROLL L. JOHNSON, deceased, was, on
12 September 11, 2006, duly exhibited, proven, and recorded in our said Superior
13 Court; and, whereas, it appears in and by said Will that NANCY J. JOHNSON is the
14 person nominated as personal representative in said Will, and, whereas, said
15 NANCY J. JOHNSON has petitioned this court to be appointed personal
16 representative thereof and has duly qualified, and this court has entered an order
granting nonintervention powers to the personal representative,

LETTERS TESTAMENTARY -1 -

Eric K. Peterson
WSB-17060
Clements, Brown & Mc Nichols, P.A.
P.O. Box 1510
Leviston, Idaho 83501
(208) 743-6538
Fax (208) 746-0753

COPY

49342

1 NOW, THEREFORE, KNOW ALL MEN BY THESE PRESENTS, that we do
2 hereby authorize the said NANCY J. JOHNSON to execute the terms of the Will
3 with nonintervention powers according to law.

4 WITNESS my hand and the seal of said Court this 15 day of September,
5 2006.

6 15 HEATHER HUNT Deputy
7 Clerk of the Superior Court
8

9 STATE OF WASHINGTON)
10 ss:
11 COUNTY OF ASOTIN)

12 I, LINDA HOUGH County Clerk in and for the said County and
13 State, do hereby certify that the foregoing is a true and correct copy of the original
14 LETTERS TESTAMENTARY as the same appear on file and of record in my office
15 and that said LETTERS TESTAMENTARY are now in full force and effect and have
16 never been revoked.

17 IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my
18 seal this 15 day of September 2006.

19 LINDA HOUGH

20 Clerk of Said Superior Court

21 By Heather Hunt
22 Deputy

LETTERS TESTAMENTARY -2 -

Eric K. Peterson
WSB-17060
Clements, Brown & McNichols, P.A.
P.O. Box 1510
Lewiston, Idaho 83501
(208) 743-6538
Fax (208) 746-0753

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