

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>James E. Johnson, Surviving Trustee</u><br><u>of the Johnson Living Trust</u> | BUYER GRANTEE                                                                                   | 2 Name <u>Frank Carrasco, Jr.</u><br><u>April Carrasco</u> |
|                                                                                                     | Mailing Address <u>TBD 19147 Clyde Dale Dr.</u>                                         |                                                                                                 | Mailing Address <u>2931 Belle Vista Ct</u>                 |
|                                                                                                     | City/State/Zip <u>Clarkston, ID 83501</u>                                               |                                                                                                 | City/State/Zip <u>Clarkston WA 99403</u>                   |
|                                                                                                     | Phone No. (including area code)                                                         |                                                                                                 | Phone No. (including area code)                            |
| 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 <u>Frank Carrasco, Jr. April Carrasco</u>                                                      |                                                                                         | 11630000300000000 <input type="checkbox"/>                                                      |                                                            |
| Mailing Address <u>2931 Belle Vista Ct.</u>                                                         |                                                                                         | <input type="checkbox"/>                                                                        |                                                            |
| City/State/Zip <u>Clarkston WA 99403</u>                                                            |                                                                                         | <input type="checkbox"/>                                                                        |                                                            |
| Phone No. (including area code)                                                                     |                                                                                         | <input type="checkbox"/>                                                                        |                                                            |
|                                                                                                     |                                                                                         | List assessed value(s)<br><u>249,100.00</u>                                                     |                                                            |

4 Street address of property: 2931 Belle Vista Ct. - Clarkston, WA 99403

This property is located in  unincorporated Asotin County OR within  city of Unincorp

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

Lot 3 of Bella Vista Addition, according to the official plat thereof, filed in Book D of Plats at Page 48 Official Records of Asotin County, Washington

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)?

6 YES NO

Is this property designated as forest land per chapter 84.33 RCW?

Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW?

Is this property receiving special valuation as historical property per chapter 84.26 RCW?

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 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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If claiming an exemption, list WAC number and reason for exemption:

WAC No. (Section/Subsection) \_\_\_\_\_

Reason for exemption \_\_\_\_\_

Type of Document Statutory Warranty Deed (SWD)

Date of Document 08/16/16

|                             |    |            |
|-----------------------------|----|------------|
| Gross Selling Price         | \$ | 285,000.00 |
| *Personal Property (deduct) | \$ | 0.00       |
| Exemption Claimed (deduct)  | \$ | 0.00       |
| Taxable Selling Price       | \$ | 285,000.00 |
| Excise Tax : State          | \$ | 3,648.00   |
| Local                       | \$ | 712.50     |
| *Delinquent Interest: State | \$ | 0.00       |
| Local                       | \$ | 0.00       |
| *Delinquent Penalty         | \$ | 0.00       |
| Subtotal                    | \$ | 4,360.50   |
| *State Technology Fee       | \$ | 5.00       |
| *Affidavit Processing Fee   | \$ | 0.00       |
| Total Due                   | \$ | 4,365.50   |

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 James E. Johnson

Name (print) James E. Johnson, Surviving Trustee

Date & city of signing: 8/17/2016 - Clarkston, WA

Signature of Grantee or Grantee's Agent [Signature]

Name (print) Frank Carrasco, Jr.

Date & city of signing: 8/18/16, Clarkston, WA

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

ATEC CK#16565  
[Signature]

PAID  
AUG 18 2016  
ASOTIN COUNTY  
TREASURER

49575

time for cause, as defined under Section 20 of Article Fifteen. The serving Trustee who is being removed for cause may accept such removal, or may, within thirty days of receiving written notice of removal, petition a court of competent jurisdiction for a determination as to whether sufficient cause exists for such Trustee's removal and shall continue to serve until otherwise ordered by such court.

A majority in interest of the then living income beneficiaries of any trust hereunder (in the case of a minor beneficiary, the legal guardian or natural parent of the minor beneficiary) shall have the right to remove any corporate trustee of such trust by a written instrument duly acknowledged and delivered to such corporation. Concurrent with the exercise of this right, the income beneficiaries (in the case of a minor beneficiary, the legal guardian or natural parent of the minor beneficiary) shall appoint a successor corporate trustee by a written instrument duly acknowledged and delivered to the corporation appointed successor trustee; provided, however that such corporation must be a trust company or bank possessing trust powers organized under the laws of the United States or one of the states thereof and it must have under its management a minimum of One Hundred Million Dollars (\$100,000,000) in trust assets. Upon receipt by the removed corporation of the written notice of acceptance of appointment by the successor corporation, the removed corporation shall forthwith surrender and deliver to the successor corporate trustee all of the assets in the trust estate, and the trusteeship of the removed corporation shall terminate.

**d. Notice to Removed Trustee**

Unless a serving Trustee has petitioned, or will petition within thirty days, a court as provided in the paragraph above, written notice of removal under our Trust Agreement shall be effective immediately when signed by the person or persons authorized to make the removal and delivered to our Trustee personally or within three business days after mailing by certified mail, return receipt requested. The written notice removing a Trustee shall identify the Successor Trustee appointed pursuant to the other provisions of this Article.

**e. Transfer of Trust Property**

Unless petitioning the court as provided above, the Trustee so removed shall promptly transfer and deliver to the Successor Trustee all property of our Trust under the removed Trustee's possession and control.

**Section 4. Appointment of Trustees**

We shall serve as the Initial Trustees. If for any reason either of us is unwilling or unable to serve as Trustee, the other Trustor shall become sole Trustee. If for any reason both of us are unwilling or unable to serve as Trustee, then DUANE C. SIMPSON shall serve as Successor Trustee. If for any reason DUANE C. SIMPSON were unwilling or unable to serve as Trustee, then DONNA

Return Address

Alliance Title & Escrow  
735 5<sup>th</sup> St.  
Clarkston, WA 99403

Please print or type information

Document Title(s) (or transactions contained therein):

1. Death Certificate
- 2.
- 3.
- 4.

Grantor(s) (Last name first, then first name and initials):

1. Johnson, Lynnette L.
- 2.
- 3.
4.  Additional names on page \_\_ of document.

Grantee(s) (Last name first, then first name and initials):

- 1.
- 2.
- 3.
4.  Additional names on page \_\_ of document.

Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.)

Lot 3 of Bella Vista Addition

- Additional legal is on page \_\_ of document.

Reference Number(s) of Documents assigned or released:

- Additional numbers on page \_\_ of document.

Assessor's Property Tax Parcel/Account Number

1-163-00-003-0000-0000

- Property Tax Parcel ID is not yet assigned  
 Additional parcel numbers on page \_\_ of document

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

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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 JANUARY 25, 2012

State File No. 2012-00591

|                                                                                                                                |                                                   |                                                                       |                                                                |
|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------|
| DECEDENT - LEGAL NAME<br><b>LYNNETTE L. JOHNSON</b>                                                                            |                                                   |                                                                       |                                                                |
| SEX<br><b>FEMALE</b>                                                                                                           | SOCIAL SECURITY NUMBER<br><b>[REDACTED]</b>       | AGE<br><b>54 YEARS</b>                                                | DATE OF BIRTH<br><b>MAY 08, 1957</b>                           |
| BIRTHPLACE<br><b>LEWISTON, IDAHO</b>                                                                                           |                                                   | PLACE OF RESIDENCE<br><b>CLARKSTON, WASHINGTON</b>                    |                                                                |
| MARITAL STATUS AT TIME OF DEATH<br><b>MARRIED</b>                                                                              |                                                   | NAME OF SURVIVING SPOUSE (If wife, maiden name)<br><b>JIM JOHNSON</b> | WAS DECEDENT EVER IN U.S. ARMED FORCES?<br><b>NO</b>           |
| FATHER - NAME<br><b>JACK DENNIS SIMPSON</b>                                                                                    |                                                   |                                                                       | BIRTHPLACE<br><b>COLORADO</b>                                  |
| MOTHER - MAIDEN NAME<br><b>BARBARA RAMONA SMITH</b>                                                                            |                                                   |                                                                       | BIRTHPLACE<br><b>WASHINGTON</b>                                |
| METHOD OF DISPOSITION<br><b>BURIAL</b>                                                                                         |                                                   | FUNERAL SERVICE LICENSEE<br><b>WILLIAM S. MALCOM</b>                  |                                                                |
| NAME AND ADDRESS OF FUNERAL FACILITY<br><b>MALCOM'S FUNERAL CHAPEL, LEWISTON, IDAHO</b>                                        |                                                   |                                                                       |                                                                |
| DATE OF DEATH<br><b>JAN. 21, 2012</b>                                                                                          | TIME OF DEATH<br><b>1:51 A.M.</b>                 | CITY, TOWN OR LOCATION OF DEATH<br><b>LEWISTON, IDAHO</b>             | COUNTY OF DEATH<br><b>NEZ PERCE</b>                            |
| CAUSE OF DEATH (underlying cause last)<br>a. <b>METASTATIC PELVIC NEOPLASIA</b>                                                |                                                   |                                                                       | Approximate Interval Between Onset and Death<br><b>6 YEARS</b> |
| b. DUE TO (or as a consequence of):                                                                                            |                                                   |                                                                       |                                                                |
| c. DUE TO (or as a consequence of):                                                                                            |                                                   |                                                                       |                                                                |
| d. DUE TO (or as a consequence of):                                                                                            |                                                   |                                                                       |                                                                |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above<br><b>NONE STATED</b> |                                                   |                                                                       | WAS AN AUTOPSY PERFORMED?<br><b>NO</b>                         |
| MANNER OF DEATH<br><b>NATURAL</b>                                                                                              | NAME OF CERTIFIER<br><b>GERARDO MIDENCE, M.D.</b> |                                                                       | TITLE<br><b>PHYSICIAN</b>                                      |
| CORONER SUBSEQUENT CERTIFICATION IF NECESSARY                                                                                  |                                                   |                                                                       |                                                                |
| <b>EXTERNAL CAUSES ONLY</b>                                                                                                    |                                                   |                                                                       |                                                                |
| DATE OF INJURY                                                                                                                 | TIME OF INJURY                                    | PLACE OF INJURY                                                       | INJURY AT WORK?                                                |
| LOCATION WHERE INJURY OCCURRED                                                                                                 |                                                   |                                                                       |                                                                |
| DESCRIPTION OF HOW INJURY OCCURRED                                                                                             |                                                   |                                                                       |                                                                |

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.

DATE ISSUED: JANUARY 25, 2012

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

PNCO (Rev) 0718

*James B. Aydelotte*  
**JAMES B. AYDELOTTE**  
STATE REGISTRAR

49575





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