



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 1-3: Seller/Grantor and Buyer/Grantee information, including names, addresses, and tax correspondence details.

Section 4: Street address of property (2651 22nd St, Clarkston, WA) and location details (Asotin County).

Section 5: Land Use Code (11 Household, single family units) and exemption questions.

Section 6: Questions regarding forest land designation and special valuation.

Section 7 (left): Notice of Continuance (Forest Land or Current Use) instructions.

Section 7 (right): Financial summary table showing Gross Selling Price, taxes, and fees totaling \$10.00.

Section 8: Signature lines for Grantor/Agent and Grantee/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)).

THIS SPACE - TREASURER'S USE ONLY COUNTY TREASURER

REV 84 0001a (6/26/14) ATEC 12284 PAID SEP 02 2016 ASOTIN COUNTY TREASURER 49623

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **572** Washington State Certificate of Death State File Number **2011 48067**

1. Legal Name (Include AKA's if any) First Middle LAST Suffix <b>Charles Harry Holley</b>				2. Death Date <b>March 15, 2011</b>	
3. Sex (M/F) <b>Male</b>		4a. Age - Last Birthday <b>74</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number <b>[REDACTED]</b>
7. Birthdate <b>March 22, 1936</b>		8a. Birthplace (City, Town, or County) <b>Billings</b>	8b. (State or Foreign Country) <b>Montana</b>	9. Decedent's Education <b>3 years of College</b>	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>			11. Decedent's Race(s) <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>2651 22nd Street</b>				13b. City or Town <b>Clarkston</b>	
13c. Residence: County <b>Asotin</b>		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country <b>Washington</b>	13f. Zip Code + 4 <b>99403</b>	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. <b>32 years</b>		15. Marital Status at Time of Death <b>Married</b>	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <b>Camille Marie Tholkes</b>		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRE)) <b>Dozer Operator</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Paper Mill</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Joseph Francis Holley</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Eva Louise Phythian</b>		
21. Informant's Name <b>Camille Holley</b>		22. Relationship to Decedent <b>Wife</b>	23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>2651 22nd Street Clarkston WA 99403</b>		
24. Place of Death, if Death Occurred in a Hospital: <b>Decedant's Home</b>					
25. Facility Name (if not a facility, give number & street or location) <b>2651 22nd Street</b>				26a. City, Town, or Location of Death <b>Clarkston</b>	26b. State <b>Wa</b>
27. Zip Code <b>99403</b>		28. Method of Disposition <b>Cremation</b>			
29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Mountain View Crematory</b>			30. Location-City/Town, and State <b>Lewiston, Idaho</b>		31. Date of Disposition <b>March 18, 2011</b>
31. Name and Complete Address of Funeral Facility <b>Mountain View Funeral Home 7th Street &amp; Cedar Avenue Lewiston, ID 83501</b>					
32. Funeral Director Signature <i>[Signature]</i>					
Cause of Death (See instructions and examples)					
34. 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. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → <b>a. Metastatic Esophageal Carcinoma</b>				Interval between Onset & Death <b>2 months</b>	
Due to (or as a consequence of):				Interval between Onset & Death	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST				Interval between Onset & Death	
Due to (or as a consequence of):				Interval between Onset & Death	
Due to (or as a consequence of):				Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days before 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		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street Apt No City or Town: County: State: Zip Code + 4:					
46. Describe how injury occurred				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated <i>[Signature]</i>			48b. Medical Examiner/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 <i>[Signature]</i>		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Gerardo Midence, MD 1250 Idaho Street Lewiston, ID 83501</b>				50. Hour of Death (24hrs) <b>1000</b>	51. Date Signed (mm/dd/yyyy) <b>03/16/2011</b>
53. Title of Certifier <b>Medical Doctor</b>		54. License Number <b>M-8750</b>	55. ME/Coroner File Number	56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature <i>[Signature]</i>				58. Date Received (mm/dd/yyyy) <b>MAR 17 2011</b>	
59. Amendments					



DOH/CHS 003 Rev 07/09/07

49623

DOH 01-003 (10/15)

# HOLLEY LIVING TRUST

## Article One

### Trust Creation

#### Section 1. Parties to Our Trust

Our Trust Agreement, dated AUG 1 0 2000, is made between CHARLES H. HOLLEY, the Husband Trustor, also known as CHARLES HARRY HOLLEY, and CAMILLE M. HOLLEY, the Wife Trustor, also known as CAMILLE MARIE HOLLEY (collectively referred to as "Trustors"), and the following Initial Trustees:

CHARLES H. HOLLEY  
CAMILLE M. HOLLEY

#### Section 2. Name of Our Trust

Our Trust may be referred to as the:

HOLLEY LIVING TRUST, dated AUG 1 0 2000.

The formal name of our Trust and the designation to be used for the transfer of title to the name of our Trust is:

CHARLES H. HOLLEY and CAMILLE M. HOLLEY, Trustees, or their successors in trust, under the HOLLEY LIVING TRUST, dated AUG 1 0 2000 and any amendments thereto.

#### Section 3. Revocable Living Trust

Our Trust is a revocable trust.

**c. Incapacity Trustees of CHARLES H. HOLLEY**

If CHARLES H. HOLLEY becomes incapacitated while serving as an Initial Trustee, he shall be replaced by the following Incapacity Trustee(s):

CAMILLE M. HOLLEY

If, for any reason, any Incapacity Trustee named above is unable or unwilling to serve, the following Successor Incapacity Trustee(s) shall serve in the priority listed until the list has been exhausted. Unless otherwise specified, if Co-Incapacity Trustees are serving, the next following named Successor Incapacity Trustee(s) shall serve only after all of the Co-Incapacity Trustees initially fail or thereafter cease to act as Trustees:

- (1) VICTORIA ANN PAROT
- (2) MIKEL (MIKE) C. PINKERTON

**d. Incapacity Trustees of CAMILLE M. HOLLEY**

If CAMILLE M. HOLLEY becomes incapacitated while serving as an Initial Trustee, she shall be replaced by the following Incapacity Trustee(s):

CHARLES H. HOLLEY

If, for any reason, any Incapacity Trustee named above is unable or unwilling to serve, the following Successor Incapacity Trustee(s) shall serve in the priority listed until the list has been exhausted. Unless otherwise specified, if Co-Incapacity Trustees are serving, the next following named Successor Incapacity Trustee(s) shall serve only after all of the Co-Incapacity Trustees initially fail or thereafter cease to act as Trustees:

- (1) VICTORIA ANN PAROT
- (2) MIKEL (MIKE) C. PINKERTON

**e. Death Trustees of CHARLES H. HOLLEY**

Upon the death of CHARLES H. HOLLEY, he or his Incapacity Trustee, if either is then serving as Trustee, shall be replaced by the following Death Trustee(s):

CAMILLE M. HOLLEY

If, for any reason, any Death Trustee named above is unable or unwilling to serve, the following Successor Death Trustee(s) shall serve in the priority listed until the

Subject to the other provisions of this Section, our Trustee may pay for the expenses of the beneficiary's last illness and funeral.

We have executed our Trust Agreement on the date set forth on the first page of our Trust Agreement.

We certify that we understand our Trust Agreement and that it correctly states the terms and conditions under which our Trust Estate is to be held, managed and disposed of by our Trustee. We approve this revocable living trust in all particulars and request our Trustee to execute it.

Trustors:

Charles H. Holley  
CHARLES H. HOLLEY

Camille M. Holley  
CAMILLE M. HOLLEY

Trustees:

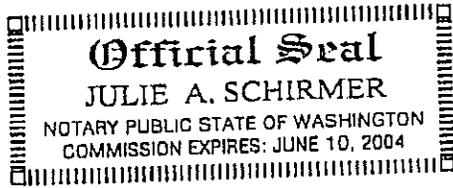
Charles H. Holley  
CHARLES H. HOLLEY

Camille M. Holley  
CAMILLE M. HOLLEY

STATE OF WASHINGTON )  
COUNTY OF WHITMAN ) SS

On this day personally appeared before me CHARLES H. HOLLEY and CAMILLE M. HOLLEY, Trustors and Trustees, to me known to be the individual, or individuals described in and who executed the within and foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

Dated: AUG 1 0 2000



Julie A. Schirmer  
Notary Public in and for the State  
of Washington, residing at Spokane  
My commission expires: 6/10/04

Prepared by:  
Moulton Law Offices, P.S.  
Rock Pointe III, Suite 3450  
1330 N. Washington  
Spokane, WA 99201  
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4. I hereby revoke **SECTION 1** of **ARTICLE ELEVEN** of my Trust Agreement and substitute the following **SECTION 1** to **ARTICLE ELEVEN**:
5. I hereby revoke **SECTION 1** of **ARTICLE THIRTEEN** of my Trust Agreement and substitute the following **SECTION 1** to **ARTICLE THIRTEEN**:

## **Article One**

### **Trust Creation**

#### **Section 1. Parties to Our Trust**

Our Trust Agreement, dated August 10, 2000, is made between CHARLES H. HOLLEY, the Husband Trustor, also known as CHARLES HARRY HOLLEY, and CAMILLE M. HOLLEY, the Wife Trustor, also known as CAMILLE MARIE HOLLEY (collectively referred to as "Trustors"), and the following Initial Trustees:

CHARLES H. HOLLEY  
CAMILLE M. HOLLEY

On March 15, 2011, my husband, CHARLES H. HOLLEY, passed away, and I became the sole Trustee of our Trust.

I hereby add VICTORIA ANN PAROT to serve as Co-Trustee of my Living Trust with me. Therefore, the current Co-Trustees of my Trust are:

CAMILLE M. HOLLEY and VICTORIA ANN PAROT, Co-Trustees

#### **Section 5. Our Family**

Unless specifically provided otherwise in subsequent provisions of our Trust Agreement, and in expansion of the provisions of Section 15.b of Article Fifteen, all references to "our children", subject to the exclusion of any child under any subsequent provision of this Section 5, are to all of the children so identified in this Section 5, but only to those children and any children born to or adopted by us subsequent to the execution of our Trust Agreement.

##### **a) Mutual Children**

We have no mutual children.