

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>Cheryl Yochum, Personal Representative of the Roger W. Yochum Estate, an estate</u>	BUYER GRANTEE	2 Name <u>Cheryl D. Yochum and Darren W. Yochum, each as their sole and separate property</u>
	Mailing Address <u>22705 - 60th Avenue W</u>		Mailing Address <u>22705 - 60th Avenue W</u>
	City/State/Zip <u>Mountlake Terrace, WA 98043</u>		City/State/Zip <u>Mountlake Terrace, WA 98043</u>
	Phone No. (including area code) <u>(206) 399-9584</u>		Phone No. (including area code) <u>(206) 399-9584</u>

3 Send all property tax correspondence to: Same as Buyer/Grantee

Name _____
Mailing Address _____
City/State/Zip _____
Phone No. (including area code) _____

List all real and personal property tax parcel account numbers – check box if personal property

See attached Exhibit "B"

List assessed value(s)

4 Street address of property: _____

This property is located in Asotin County

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.

Legal description of property (if more space is needed, you may attach a separate sheet to each page of the affidavit)
As per attached Exhibit "A", which by this reference is incorporated herein and made a part hereof.

5 Select Land Use Code(s):
83 - Agriculture classified under current use chapter 84.34 RCW
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)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	YES	NO
Is this property designated as forest land per chapter 84.33 RCW?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is this property receiving special valuation as historical property per chapter 84.26 RCW?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 transferred continues to qualify and will indicate by signing below. 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.

[Signature] 9/21/16
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
[Signature] [Signature]
PRINT NAME Cheryl D. Yochum Darren W. Yochum
7/12/2016

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) 458-61A-202(1)
Reason for exemption Inheritance

Type of Document Special Warranty Deed
Date of Document 7/12/16

Gross Selling Price \$	0.00
*Personal Property (deduct) \$	
Exemption Claimed (deduct) \$	
Taxable Selling Price \$	0.00
Excise Tax : State \$	0.00
<u>0.0025</u> Local \$	0.00
*Delinquent Interest: State \$	
Local \$	
*Delinquent Penalty \$	
Subtotal \$	0.00
*State Technology Fee \$	5.00
*Affidavit Processing Fee \$	5.00
Total Due \$	10.00

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 <u>[Signature]</u>	Signature of Grantee or Grantee's Agent <u>[Signature]</u>
Name (print) <u>Cheryl D. Yochum</u>	Name (print) <u>Cheryl D. Yochum</u>
Date & city of signing: <u>7/12/16, Seattle, WA</u>	Date & city of signing: <u>7/12/16, Seattle, WA</u>

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)).

Joshua Grant
CR# 9838 [Signature]

PAID
SEP 21 2016
ASOTIN COUNTY TREASURER
49668

EXHIBIT "B"

ASSESSOR'S PROPERTY TAX PARCEL: 2-010-43-027-1000-0000, 2-010-44-020-4000-0000, 2-010-44-017-7700-0000, 2-010-44-020-1400-0000, 2-010-44-020-3000-0000, 2-010-44-020-8000-0000, 2-010-44-021-6000-0000

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Exhibit 'A'

Township 10 North, Range 43 East of the Willamette Meridian, Asotin County, Washington

Section 27: The Northeast Quarter EXCEPTING THEREFROM the following described property. Beginning at a point 74 rods South of the Northeast Quarter of the Northeast Quarter of Section 27 in Township 10 North, Range 43 East of the Willamette Meridian, Asotin County, Washington, running thence South along the East line of said Section a distance of 12 Rods to a point; thence West a distance of 6 ½ Rods; thence North a distance of 12 Rods; thence East 6 ½ Rods to the Point of Beginning.

Township 10 North, Range 44 East of the Willamette Meridian, Asotin County, Washington

Section 17: The South Half of the South Half;

Section 20: The Southeast Quarter EXCEPTING THEREFROM all that portion conveyed to the State of Washington as a right-of-way for State Highway 3-K, now known as State Highway 128;

The South Half of the Northeast Quarter EXCEPTING THEREFROM that part of the Southeast Quarter of the Northeast Quarter of said Section 20 described as follows: Beginning at the Southeast corner of said Southeast Quarter of the Northeast Quarter; thence North along the East line of said Southeast Quarter of the Northeast Quarter for a distance of 1000 feet; thence West a distance of 550 feet; thence South to a point on the South right of way line of State Highway #128; thence East a distance of 150 feet; thence South to a point on the South line of said Southeast Quarter of the Northeast Quarter, said point being 400 feet West of the place of beginning; thence East 400 feet to the place of beginning;

The Northeast Quarter of the Northeast Quarter;

The Northwest Quarter of the Northeast Quarter;

The Northwest Quarter;

The North Half of the Southwest Quarter;

The Southeast Quarter of the Southwest Quarter EXCEPTING THEREFROM the South Half of the South Half of the Southeast Quarter of the Southwest Quarter of said Section 20;

That portion of the South Half of the South Half of the Southeast Quarter of the Southwest Quarter lying East of Peola Road.

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Township 10 North, Range 44 East of the Willamette Meridian, Asotin County, Washington
continued

Section 21: The Northwest Quarter of the Northwest Quarter;

The South Half of the Northwest Quarter;

The Northeast Quarter of the Northwest Quarter;

The Northeast Quarter of the Southwest Quarter;

The West Half of the Southwest Quarter.

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FILED

MAY 06 2016

PEGGY A. SEMPRIMOZNIK
LINCOLN COUNTY CLERK

SUPERIOR COURT OF WASHINGTON
FOR LINCOLN COUNTY

<p>Estate of</p> <p>ROGER W. YOCHUM,</p> <p>Deceased.</p>	<p>NO. 16 - 4 00029 - 9</p> <p>LETTERS TESTAMENTARY (RCW 11.28.090)</p>
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On May 6th, 2016, the last *Will* of the above named Decedent was duly exhibited, proven, and filed in the foregoing Superior Court.

In the *Will*, Decedent named Cheryl Yochum to act as his Executor, who, by Order of this Court, is authorized to execute the *Will* according to law.

Witness my hand and the seal of this Court on May 6th, 2016.

STATE OF WASHINGTON
County of Lincoln

Certificate

I, Peggy A. Semprimoznik, County Clerk of the County of Lincoln, State of Washington, and ex-officio Clerk of the Superior Court of the State of Washington for Lincoln County, do hereby certify that the within and foregoing is a full, true and correct copy of the original Letters Testamentary and of the whole thereof, as the same is now on file and of record in the above entitled cause in my office and custody, said letters have never been viewed and are still in full force and effect. In TESTIMONY WHEREOF, I have hereunto set my hand and affixed my seal of said Superior Court this 6th day of May, 2016.

[Signature]
County Clerk, Lincoln County, Washington

PEGGY A. SEMPRIMOZNIK, CLERK

Clerk of the Superior Court

By: *[Signature]*
Deputy Clerk

Letters Testamentary
RCW 11.28.090
Page 1 of 1

JOSHUA F. GRANT, P.S.
Attorney at Law
P.O. Box 619
Wilbur, WA 99185
(509) 647-5578

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49668

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

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

State of Idaho
CERTIFICATE OF DEATH

Local Reg. No.

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix)		2. SEX		3. SOCIAL SECURITY NUMBER	
	ROGER WALLACE YOCHUM		MALE		[REDACTED]	
MORTICIAN: Complete/Verify and File Within 5 Days of Death	4a. AGE-Last Birthday		4b. UNDER 1 YEAR		4c. UNDER 1 DAY	
	79 (Years)		Months Days Hours Minutes		5. DATE OF BIRTH (Mo/Day/Yr)	
INFORMANT	7a. RESIDENCE - STATE OR FOREIGN COUNTRY		7b. COUNTY		7c. CITY OR TOWN	
	WASHINGTON		ASOTIN		CLARKSTON	
DISPOSITION	7d. STREET AND NUMBER		7e. APT. NO.		7f. ZIP CODE	
	26126 PEOLA RD.				99403	
PLACE OF DEATH	8. MARITAL STATUS AT TIME OF DEATH		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)			
	<input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown					
DATE OF DEATH	10. EVER IN U.S. ARMED FORCES?		11a. FATHER'S NAME (First, Middle, Last, Suffix)		11b. BIRTHPLACE (State, Territory, or Foreign Country)	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		EDWARD JOSEPH YOCHUM		AUSTRIA	
CAUSE OF DEATH	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix)		12b. BIRTHPLACE (State, Territory, or Foreign Country)			
	NELLIE DAVIS		COLORADO			
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	13a. INFORMANT'S NAME (Type or print)		13b. RELATIONSHIP TO DECEDENT		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)	
	CHERYL YOCHUM		DAUGHTER		22705 60TH AVE. MOUNTLAKE TERRACE, WA 98043	
CERTIFIER: Complete Within 72 Hours of Death	14. METHOD OF DISPOSITION		15. PLACE OF DISPOSITION (Name and address of crematory, crematory, other place)		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY	
	<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)		MOUNTAIN VIEW CREMATORY 3521 SEVENTH STREET LEWISTON, IDAHO 83501		MERCHANT FUNERAL HOME 1000 SEVENTH STREET CLARKSTON, WASHINGTON 99403	
REGISTRAR	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		17b. LICENSE NUMBER (Of license)		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH?	
	ELECTRONICALLY FILED: GERALD E. BARTLOW		M0771		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DATE OF DEATH	19a. IF DEATH OCCURRED IN A HOSPITAL:		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:			
	<input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice facility <input checked="" type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)		<input type="checkbox"/> Facility name (if not facility, give street and number) <input type="checkbox"/> City, Town, or Location of Death, and ZIP Code <input type="checkbox"/> County of Death			
CAUSE OF DEATH	20. FACILITY NAME (if not facility, give street and number)		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE		22. COUNTY OF DEATH	
	ROYAL PLAZA HEALTH & REHABILITATION		LEWISTON, ID 83501		NEZ PERCE	
DATE OF DEATH	23. DATE OF DEATH (Mo/Day/Yr) (Spell month)		24. TIME OF DEATH (24hr)		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month)	
	March 19, 2016		23:10		March 19, 2016	
CAUSE OF DEATH	26. TIME PRONOUNCED DEAD (24hr)		27. CAUSE OF DEATH			
	23:10		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.			
DATE OF DEATH	IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. RESPIRATORY ARREST SECONDARY TO ASPIRATION PNEUMONIA		Approximate Time Interval: Onset to Death	
			DUE TO (or as a consequence of):		4 WEEKS	
DATE OF DEATH	b. ALCOHOLIC SEIZURE AND LOSS OF CONSCIOUSNESS		DUE TO (or as a consequence of):		4 WEEKS	
DATE OF DEATH	c. DUE TO (or as a consequence of):					
DATE OF DEATH	d. DUE TO (or as a consequence of):					
DATE OF DEATH	PART II. Enter either significant conditions contributing to death, but not resulting in the underlying cause given in Part I.		28a. WAS AN AUTOPSY PERFORMED?		28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
	ISCHEMIC HEART DISEASE CHRONIC OBSTRUCTIVE LUNG DISEASE		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
DATE OF DEATH	29. DID TOBACCO USE CONTRIBUTE TO DEATH?		30. IF FEMALE (Aged 10-54):		31. MANNER OF DEATH	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		<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 of death <input type="checkbox"/> Unknown if pregnant within the past year		<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	
DATE OF DEATH	32. DATE OF INJURY (Mo/Day/Yr) (Spell month)		33. TIME OF INJURY (24hr)		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	
DATE OF DEATH	35. INJURY AT WORK?		36. LOCATION OF INJURY:			
	<input type="checkbox"/> Yes <input type="checkbox"/> No		State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____			
DATE OF DEATH	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 DECEDENT OCCUPIED, if applicable		38a. WAS DECEDENT:		38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY?	
			<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		<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	
DATE OF DEATH	39a. CERTIFIER (Check only one, based on official capacity for this certificate)		39b. LICENSE NUMBER		39c. DATE SIGNED	
	<input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE <input type="checkbox"/> CORONER		M-06680		3 / 21 / 2016	
DATE OF DEATH	Signature and Title of Certifier		39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print)		40a. REGISTRAR'S SIGNATURE	
	ELECTRONICALLY SIGNED: DONALD J. GREGGAIN, M.D.		DONALD J. GREGGAIN, 1267 BELMONT WAY CLARKSTON, WA 99403		James B. Aydelotte	
DATE OF DEATH	40b. DATE SIGNED		40c. REGISTRAR'S SIGNATURE			
	3 / 22 / 2016		James B. Aydelotte			

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: MAR 22 2016

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

JAMES B. AYDELOTTE
STATE REGISTRAR

49668

PBNC0 (REV 02/12)





000680155

STATE OF IDAHO County of Lewiston

This copy of a death certificate was issued
by the District Health Department on behalf of
the the Bureau of Vital Records and Health
Statistics.

Pauline Duvest

Local Vital Statistics Registration Official

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