



REAL ESTATE EXCISE TAX AFFIDAVIT
CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

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, 2, and 3: Seller/Grantor (Nancy L. Poole) and Buyer/Grantee (Edward G. Kuther, Martha C. Lewallen-Kuther) information, including addresses and tax correspondence details.

Section 4: Property address (2621 Palouse Ct., Clarkston, WA 99403) and location details (Asotin County, Unincorp).

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

Section 6: Continuation questions regarding forest land, current use, and special valuation.

Section 6 (continued): Notice of Continuance (FOREST LAND OR CURRENT USE) instructions and signature line.

Section 6 (continued): Notice of Compliance (HISTORIC PROPERTY) instructions and signature line.

Section 6 (continued): Owner(s) signature and print name line.

Section 7: Personal property included in selling price.

Section 7 (continued): Exemption information and WAC number.

Section 7 (continued): Document type (Statutory Warranty Deed) and date (09/30/16).

Table with 2 columns: Description and Amount. Includes Gross Selling Price (\$240,000.00), Excise Tax (State \$3,072.00, Local \$600.00), and Total Due (\$3,677.00).

A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX *SEE INSTRUCTIONS

Section 8: Certification of truth and correctness, including signatures and dates of Grantor (Nancy L. Poole) and Grantee (Edward G. Kuther).

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)).



State of Washington
 Department of Revenue
 Special Programs Division
 Miscellaneous Tax
 PO Box 47477
 Olympia WA 98504-7477

Return to:

AFFIDAVIT (LACK OF PROBATE)

Nancy L. Poole, being first duly sworn, deposes and says:
 The undersigned affiant is the rightful heir to the real property described below, and is
the wife (relationship to decedent)
 of Dwight M. Poole (decedent), who died on (date)
March 3, 2014, at
Clarkston Asotin Washington
City County State

*** A CERTIFIED COPY OF THE DEATH CERTIFICATE MUST BE PRESENTED.
 PLEASE NOTE: A copy may be used for recording at the discretion of the county.

REGARDING DISPOSITION OF REAL PROPERTY:

Attach the full legal description of the property with county and parcel number being transferred which is located at a commonly recognized address of:

2621 Palouse Ct.
Clarkston WA 99403
City State Zip Code

- Decedent left no Last Will and Testament and/or Community Property Agreement; OR Decedent left a Community Property Agreement in favor of surviving spouse (A COPY OF WHICH IS ATTACHED for review), or has been recorded under _____ County recording number _____; OR
- Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked (A COPY OF WHICH IS ATTACHED for review)

“Heirs at law” includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

Nancy Lee Poole, age 89, wife
715 16th St. - Clatsop, WA 99403

Full name, age, relationship, address

49709

Dated : _____

Nancy Lee Poole
Affiant's full name

Telephone number

715 16th St.

Clarkston, WA 99403
City State Zip Code

Nancy Lee Poole 9-30-16
Signature Date

State of Washington County of Asotin
Debbie C. Heagy

I know or have satisfactory evidence that Nancy L. Poole
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 9/30/2016.

Debbie C. Heagy
Notary Public
Residing at: Clarkston, WA



49709

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Washington State Certificate of Death

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (include AKA's if any): First Middle LAST Suffix Dwight M. Poole					2. Death Date March 03, 2014		
3. Sex (M/F) Male	4a. Age - Last Birthday 81	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number 539-22-6245	6. County of Death Asotin		
7. Birthdate Feb. 25, 1933		8a. Birthplace (City, Town, or County) Lewiston		8b. (State or Foreign Country) Idaho		9. Decedent's Education 2½ Years of College	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No				11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? Yes	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 2621 Palouse Ct.					13b. City or Town Clarkston		
13c. Residence: County Asotin		13d. Tribal Reservation Name (if applicable) N/A		13e. State or Foreign Country Washington		13f. Zip Code + 4 99403	
13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk		14. Estimated length of time at residence. 5½ years					
15. Marital Status at Time of Death Married				16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Nancy L. Dailey			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Owner/Operator				18. Kind of Business/Industry (Do not use Company Name) Grocery Store			
19. Father's Name (First, Middle, Last, Suffix) Fred M. Poole				20. Mother's Name Before First Marriage (First, Middle, Last) Loreta H. Davis			
21. Informant's Name Nancy L. Poole		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No City or Town State Zip 2621 Palouse Ct. Clarkston, Wa. 99403			
24. Place of Death, if Death Occurred in a Hospital:				24. Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Home			
25. Facility Name (if not a facility, give number & street or location) 2621 Palouse Ct.				26a. City, Town, or Location of Death Clarkston		26b. State Wa.	
27. Zip Code 99403		28. Method of Disposition Burial					
29. Place of Final Disposition (Name of cemetery, crematory, other place) Vineland Cemetery				30. Location-City/Town, and State Clarkston, Washington			
31. Name and Complete Address of Funeral Facility Merchant Funeral Home, 1000-7th Street, Clarkston, Wa. 99403						32. Date of Disposition March 07, 2014	
33. Funeral Director Signature X Don J. Brown							
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) → a. Liver failure						Interval between Onset & Death 6 months	
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 b. Sclerosing cholangitis						Interval between Onset & Death years	
c. _____						Interval between Onset & Death	
d. _____						Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Aortic Atherosclerosis & regurgitation, CAD						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 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"/> 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						40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <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. _____							
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 (Type in Print) Donald Greggain, MD. 1267 Belmont Way Clarkston, WA 99403				48b. Medical Examiner/Coroner			
49. Name and Address of Certifier (Physician, Medical Examiner or Coroner) (Type in Print)						50. Hour of Death (24hrs) 1245	
51. Name and Title of Attending Physician if other than Certifier (Type in Print)						52. Date Signed (MM/DD/YYYY) 3-4-2014	
53. Title of Certifier Medical Doctor		54. License Number M-06680		55. Certifier File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature Ann M. [Signature]						58. Date Received (MM/DD/YYYY) MAR 05 2014	
59. Amendments							



THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL

49709



AFFIDAVIT FOR CORRECTION

Division for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(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

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)

4. Father's Full Name (For Birth); (Husband for Marriage or Dissolution)
5. Mother's Full Maiden Name (For Birth); (Wife for Marriage or Dissolution)

The Record is Incorrect or Incomplete as follows:

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

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

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

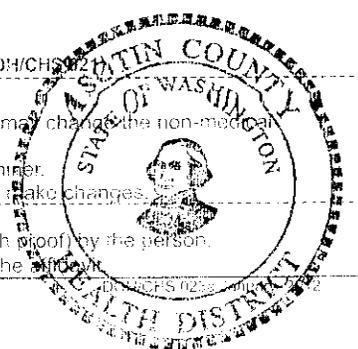
15. Signature; 16. Date; 17. Address

All vital records are registered as received.
Most changes must be established by documentary proof submitted with the affidavit
Examples of documentary proof: Certificate of Naturalization, Numident Report (Social Security Administration), School Transcripts (Official), Hospital/Medical Record, Military Record (DD-214), Voter's Registration Card (if it bears an effective date), Life Insurance Policy, Birth Record, Alien Registration Card (front and back), Marriage/Divorce Record, Passport, We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

Birth Certificates:
1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. 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.
3. Child (under 18)
- Only parent(s) or legal guardian can change the birth certificate.
- Guardian must submit certified court order giving them authority to act on behalf of child(ren).
- Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
- Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
- To correct birth date, place of birth or parent's information, one documentary proof is required.
4. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 023)
Adult (18 years or older)
- Only the adult themselves can change the birth certificate.
- If the first or middle name is absent, three pieces of documentary proof are required.
- If the first and/or middle name is misspelled, two pieces of documentary proof are required.
- To correct birth date, place of birth or parent's information, one documentary proof is required.
- Proof must be five (or more) years old or have been established within five years of birth.

Death Certificates:
1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. 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:
1. 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.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.



Lawrence M. Garges, M.D
Health Officer

MAR 10 2014
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Last Will and Testament

of

Dwight M. Poole

I, Dwight M. Poole, of Asotin County, Washington, and a citizen of the United States, declare this to be my Last Will and Testament. I revoke all Wills and Codicils previously made by me.

I.

IDENTIFICATION OF FAMILY

My immediate family now consists of my wife, Nancy L. Poole, and my children, Douglas B. Poole, Stephen P. Poole, Jeffrey S. Poole, Lisa Lynn Poole, and Cara L. Thompson. References in this Last Will to "my child" or to "my children" are intended to include the above-named children and any child or children later born to or legally adopted by me. Except as provided below, I make no provision in this Will for any of my children who survive me, nor for the issue of any child who does not survive me.

II.

DEBTS

I direct that all my just debts and expenses of my last illness and funeral, the costs and charges of the administration of my estate, and any and all estate or inheritance taxes due, be paid as soon as convenient after my death; provided, however, that no obligation which may be a specific lien on real or personal property need be paid prior to its normal maturity in due course.

DMP
D.M.P.

49709

III.

PERSONAL REPRESENTATIVE

I appoint Nancy L. Poole as Personal Representative of my estate. If Nancy L. Poole is unable or unwilling to serve, then I appoint Cara L. Thompson as Personal Representative of my estate. My Personal Representative shall serve without bond and with non-intervention powers.

IV.

DISPOSITION OF ESTATE

4.1 Wife Living. If my wife is living sixty (60) days after my death, I give my entire estate outright to her.

4.2 Wife Not Living. If my wife is not living sixty (60) days after my death, then:

4.2.1 Personal Property. Those items of my tangible personal property listed on the signed memorandum, which I intend to furnish to my Personal Representative, shall be given to the person or persons whose name or names are set out opposite such item or items on the memorandum. Such property shall be deemed to pass under this Will pursuant to RCW 11.12.260.

4.2.2 Residue. I give the residue of my estate in equal shares to my children. If any of my children predecease me, the share otherwise receivable by such child shall instead be given to such child's issue, by right of representation, but subject to the withholding provision in Article V for young beneficiaries. Any distribution to my daughter Lisa Lynn Poole shall be distributed to the trustee of the Lisa Lynn Poole Trust in Article V.

V.

LISA LYNN POOLE TRUST

In the event Lisa Lynn Poole shall receive a distribution under this will I direct that such share shall be given to the trustee as appointed in Paragraph V6 to hold and administer for her benefit as follows:

5.1 My trustee shall hold this trust as a unitrust in accordance with RCW Chapter 11.104A, and in particular RCW 11.104A.040.

5.2 In each taxable year of the trust, the Trustee shall pay to or for the benefit of the Beneficiary a unitrust amount equal to four percent multiplied by the average net fair market value of the Trust as valued on December 31st of the prior three years, or fewer years for the first two years of the trust. The unitrust amount shall be paid in equal quarterly installments on the last day of March, June, September, and December. The Trustee's obligation to make the unitrust amount payment to the Beneficiary shall cease with the payment next preceding Beneficiary's death.

5.3 The percentage distribution designated in Paragraph 5.2 shall be paid to the beneficiary each month until the beneficiary dies, at which time the trust will terminate and my trustee shall distribute the remaining trust assets to Lisa Lynn Poole's issue in equal shares, *per stirpes*.

5.4 My trustee shall make no distributions to the beneficiary other than those set forth in paragraph 5.2.

5.5 The beneficiary of this trust shall not have the right or power to anticipate, pledge, assign, sell, transfer, alienate or encumber her interest in any assets of this trust in any way; nor shall any such interest in any manner be liable for or subject to the debts, liabilities, or obligations of such beneficiary or claims of any sort against such beneficiary.

5.6 I appoint Timothy O. Lynch as Trustee of the Lisa Lynn Poole Trust.

5.7 The income beneficiary (and remaindermen) and the trustee shall attempt to settle all disagreements between themselves in good faith. If a dispute arises regarding the interpretation or effect of this instrument or the administration of this trust, the dispute shall first be submitted to nonbinding mediation by a mediator selected by the parties. The parties will share equally the costs of the mediation. However, any disagreement that cannot be so settled shall be resolved promptly by binding arbitration in the following manner: The party seeking arbitration shall submit to the other party a written statement of the issue(s) to be arbitrated and shall designate such party's nominated arbitrator. The party receiving such notice shall in turn select a second arbitrator and respond with any additional

issue(s) to be arbitrated within 30 days of the first notification (excluding weekends and holidays). The two arbitrators thus nominated shall proceed to select a third arbitrator within 30 days (excluding weekends and holidays). The arbitrators shall promptly conduct a hearing on the issue(s) submitted to them and render a written decision as soon as possible, but not later than 30 days after the appointment of the third arbitrator. The arbitrators shall not be related to the parties or have either a direct or indirect interest in the matter to be arbitrated. The decision of these arbitrators by majority rule shall be fixed and binding on all parties, heirs and assigns. The arbitrators, at their discretion, may enter their decision in any court having jurisdiction, in accordance with the provisions of RCW 7.04.150. All arbitration proceedings shall be kept confidential. This arbitration provision specifically preempts and supersedes any remedies which might be otherwise available and shall be the sole and exclusive remedy for dispute resolution. The arbitrators shall have authority to award costs and reasonable attorney fees to either party in accordance with the merits and good faith of the positions asserted by the parties. In lieu of appointing three arbitrators and in accordance with the foregoing, the parties may, by written agreement, designate a single arbitrator. To the extent that any provisions in this section are inconsistent with RCW 11.96A.300 and RCW 11.96A.310, then the provisions of this section control otherwise the proceedings for dispute resolution which shall be in accordance with RCW 11.96A pertaining to trust and estate dispute resolution.

5.8 All trust transactions and fees of the Trustee shall be deemed approved by the Trustor as set forth in the trust financial statements if the Trustor does not respond to Northwest Trustee & Management Services in writing within 30 days from the date of the mailing of the trust financial statements to the Trustor.

5.9 The Trustee shall be relieved from any duty under the laws of the State of Washington to give a bond or filing any documents or other accountings in any court. The Trustee shall provide at least an annual accounting to the income beneficiary and keep an accounting and all records of the Trust, and shall hold the same open to reasonable inspection by the income beneficiary or her agents.


D.M.P.

49709

VI.

PROTECTION FOR YOUNG BENEFICIARIES

If any assets become distributable to a beneficiary who is under age twenty-five (25), my Personal Representative may (a) at any time distribute the same to a custodian for such beneficiary under any Uniform Transfers or Gifts to Minors Act or (b) continue to hold the same in trust, with my Personal Representative acting as Trustee, and shall pay to such beneficiary so much of the net income and principal from time to time as my Personal Representative shall deem advisable for the maintenance, education, support, and health of such beneficiary (net income not so paid to be added to principal) until such beneficiary attains age twenty-five (25) or dies under that age. Thereupon my Personal Representative shall distribute such assets to such beneficiary, if then living, or if not then living, to such beneficiary's estate.

No beneficiary shall have the right or power to anticipate, pledge, assign, sell, transfer, alienate or encumber his or her interest in any assets held by my Personal Representative pursuant to this provision in any way; nor shall any such interest in any manner be liable for or subject to the debts, liabilities, or obligations of such beneficiary or claims of any sort against such beneficiary.

VII.

ADVANCEMENT

I direct that any gift that I have made to any of my children shall be treated as an advancement and included in the estate to determine the distribution among my children. I further state that the gift which I have made to Cara L. Thompson and her husband, Scott Thompson, in the amount of Thirty Thousand Dollars (\$30,000) shall be considered an advancement to Cara L. Thompson.

VIII.

TAXES

My Personal Representative is authorized to exercise all elections with respect to taxes or the deductibility of items for any tax purpose, including generation-skipping transfer tax

purposes, in accordance with what my Personal Representative in my Personal Representative's sole discretion believes to be consistent with my intentions and in the best interest of my estate. I relieve my Personal Representative of any duty to make adjustments to the shares or interests of any person who may be adversely affected by any such elections. The provisions of this paragraph shall also apply to the Trustee of the Trust, as the case may be.

IX.

MISCELLANEOUS

9.1 Validity. If a court of competent jurisdiction rules invalid or unenforceable any provision or provisions hereof, such provision or provisions shall be disregarded, but the remainder of this Will shall, nevertheless, be given full force and effect.

9.2 Gender. Unless some other meaning and intent are apparent from the context, the plural shall include the singular and vice versa, and masculine, feminine and neuter words shall be used interchangeably.

I have signed this Will the 14 day of February, 2014, at Clarkston, Washington.

Dwight M. Poole
DWIGHT M. POOLE, TESTATOR

The foregoing instrument, consisting of seven (7) typewritten pages, including this page containing the attestation clause, was on the _____ day of February, 2014, signed, sealed, and published by Dwight M. Poole as, and declared by him to be his Last Will and Testament, in the presence of each of us who, at his request and in his presence, and in the presence of each other have subscribed our names as witnesses thereto.

Imogene Babino residing at Clarkston
JBL residing at Clarkston, WA

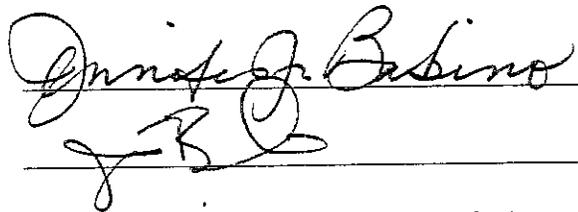
STATE OF WASHINGTON)
 : ss.
County of Asotin)

The undersigned, competent to testify, each for himself, testify on oath, at the request of the maker, as follows:

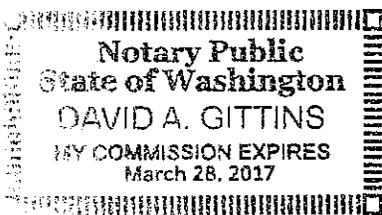
The above instrument purports to be and is the Last Will and Testament of the maker, and was signed and executed by said maker on the above date at Clarkston, Washington, in the presence of each of us as witnesses.

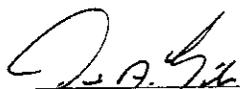
The maker thereupon published the instrument as, and declared it to be his Last Will and Testament and requested us to sign the same as witnesses. At the request and in the presence of the maker and in the presence of each other, we each subscribed our names as witnesses thereto.

At the time of executing said instrument, maker and each of us witnesses, were of legal age, and the maker appeared to be of sound and disposing mind, and not acting under duress, menace, fraud, undue influence, or misrepresentation.



SIGNED AND SWORN to before me this 14th day of February, 2014.





Notary Public for Washington
Residing at Clarkston
My appointment expires March 28, 2017

428
D.M.P.

49709