



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 with fields for Seller/Grantor (Monte L. Mingus) and Buyer/Grantee (Brian J. Shinn, Peggy E. Shinn), including addresses and contact information.

Form with fields for property address (929 Beachview Blvd.), location (Asotin County), and checkboxes for unincorporated area and segregated parcels.

Form with field for Land Use Code(s) (11 Household, single family units) and checkboxes for exemptions.

Form with checkboxes for property tax exemptions under chapters 84.36, 84.37, or 84.38 RCW.

Form with checkboxes for forest land, current use, and special valuation exemptions.

Form with instructions for continuation of forest land or current use classification, including a notice of compliance for historic property.

Form with fields for Deputy Assessor, Date, and Owner(s) Signature/Print Name.

Form with field for personal property included in selling price.

Form with fields for WAC No. and Reason for exemption.

Form with fields for Type of Document (Statutory Warranty Deed) and Date of Document (09/28/16).

Table with financial details: Gross Selling Price (\$235,000.00), Personal Property (deduct) (\$0.00), Taxable Selling Price (\$235,000.00), Excise Tax (State \$3,008.00, Local \$587.50), Delinquent Interest (\$0.00), Delinquent Penalty (\$0.00), State Technology Fee (\$5.00), Affidavit Processing Fee (\$0.00), Total Due (\$3,600.50).

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

Form with signature lines for Grantor's Agent (Monte L. Mingus) and Grantee's Agent (Brian J. Shinn), date (09-28-2016), and city (Clarkston).

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. ASOTIN COUNTY TREASURER. PAID OCT 07 2016. REV 84 0001a (6/26/14). COUNTY TREASURER 49726.

Handwritten note: APEC OK # 1215 DP

**CERTIFIED**

**FILED**

2016 SEP 13 P 4: 22

IRVING KELLEY  
COUNTY CLERK  
ASOTIN COUNTY, WA

SUPERIOR COURT OF WASHINGTON FOR ASOTIN COUNTY

1  
2  
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4  
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6  
7 IN THE MATTER OF THE ESTATE OF )  
8 CHARLES J. MINGUS, ) NO. 16 - 4 - 00069 - 2  
9 )  
10 Deceased. ) LETTERS TESTAMENTARY  
11 )

12 STATE OF WASHINGTON )  
13 )ss.  
14 County of )

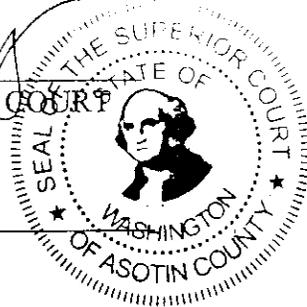
15 WHEREAS, the Last Will and Testament of Charles J. Mingus, deceased, was,  
16 on Sept 12, duly exhibited, proven, and recorded in our Superior Court; and,  
17 whereas, it appears in and by said Will that MONTE L. MINGUS was appointed executor  
18 thereon, and whereas, said MONTE L. MINGUS duly qualified, as such.

19 NOW, THEREFORE, KNOW ALL MEN BY THESE PRESENTS, that we  
20 hereby authorize the said MONTE L. MINGUS to execute said Will according to law.

21 WITNESS my hand and the seal of said Court this 13<sup>th</sup> day of Sept,  
22 2016.

23 Irving Kelley  
24 CLERK OF SAID SUPERIOR COURT

25 By: \_\_\_\_\_  
26 DEPUTY



5  
MK

STATE OF WASHINGTON )

: ss.

County of Asotin )

I, McKenzie A. Kelley, County Clerk of the County of Asotin, State of Washington, an ex-officio Clerk of the Superior Court of the State of Washington for Asotin County, do hereby certify that the within and foregoing is a full, true and correct copy of the Letters of Administration and of the whole thereof, as the same are now on file and of record in the above-entitled cause in my office and custody. Said Letters have never been revoked and are still in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this Superior Court this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

County Clerk & Ex-officio  
Clerk of the Superior Court

By \_\_\_\_\_  
Deputy

49726

STATE OF WASHINGTON )

: ss.

County of Asotin )

I, McKENZIE A. KELLEY, County Clerk and ex-officio Clerk of the Superior Court for the State of Washington for Asotin County, do hereby certify that this instrument is a true and correct copy of the original as the same now appears on file and of record in my office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Seal of said Superior Court this 16<sup>th</sup> day of September 2016

McKENZIE A. KELLEY, Clerk

By: Betty Weissenfels  
Deputy Clerk



49726



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

Return to:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**AFFIDAVIT (LACK OF PROBATE)**

Connie Jo Wanke, Monte Lee Mingus,  
and Cynthia Lu Woltering, being first duly sworn, deposes and says:  
 The undersigned affiant is the rightful heir to the real property described below, and is  
daughter, son, and daughter (relationship to decedent)  
 of Rowena Velma Mingus (decedent), who died on (date)  
2/17/2008, 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:

929 Beachview Blvd.  
Clarkston, WA City 99403 Street 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)

---

CYNTHIA Lu WALTERS 68 DAUGHTER 2736 18<sup>th</sup> ST CLK. WA 99403  
Full name, age, relationship, address

---

MONTE Lee MINGUS 66 / SON / 5622 SAGAMORE CANYON ST  
Full name, age, relationship, address NORTH LAS VEGAS, NV. 89081

---

CONSTANCE J. WANKE 69 / DAUGHTER / 2015 6<sup>th</sup> AVE  
Full name, age, relationship, address CLARKSTON, WA 99403

---

Full name, age, relationship, address

49726

Dated: 9-9-16

CYNTHIA Lu WOLTERING

Affiant's full name

509 7585302

Telephone number

2736 18<sup>th</sup> ST

Street

CLARKSTON

City

WA

State

99403

Zip Code

Cynthia Lu Woltering  
Signature

9-9-16

Date

State of Washington County of Asotin

I know or have satisfactory evidence that Cynthia Lu Woltering  
(name of person)

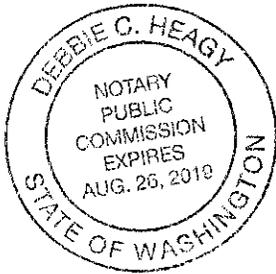
is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 9/9/2016

Debbie C. Heagy

Notary Public

Residing at: Clarkston, WA



49726

Dated: September 9, 2016

Monte Lee Mingu  
Affiant's full name

(703) 431-0116  
Telephone number

5622 Sagamore Canyon St  
Street

NORTH Las Vegas NV 89081  
City State Zip Code

Monte Mingu  
Signature

September 9, 2016  
Date

State of Washington County of Asotin

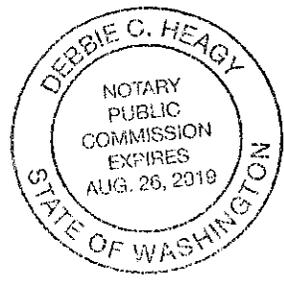
I know or have satisfactory evidence that Monte Lee Mingu  
(name of person)

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: 9/9/2016

Debbie C. Heagy  
Notary Public

Residing at: Clarkston, WA



49726

Dated: 9-9-2016

Affiant's full name

CONSTANCE J. WANKE

Telephone number

(509) 758-1184

CLARKSTON <sup>Street</sup> WA 99403  
<sub>City State Zip Code</sub>

Constance J. Wanke  
<sub>Signature</sub>

9-9-2016  
<sub>Date</sub>

State of Washington County of Asotin

I know or have satisfactory evidence that Constance J. Wanke  
<sub>(name of person)</sub>

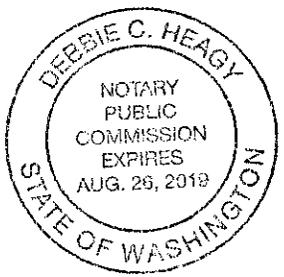
is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 9/9/2016

Debbie C. Heagy

Notary Public

Residing at: Clarkston, WA



49726

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number \_\_\_\_\_ Washington State Certificate of Death \_\_\_\_\_ State File Number \_\_\_\_\_

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any): First Middle LAST Suffix <b>ROWENA VELMA MINGUS</b>				2. Death Date <b>Feb. 17, 2008</b>	
3. Sex (M/F) <b>Female</b>	4a. Age - Last Birthday <b>80</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death <b>Asotin</b>
7. Birthdate <b>April 22, 1927</b>		8a. Birthplace (City, Town, or County) <b>Potlatch</b>		8b. (State or Foreign Country) <b>Idaho</b>	
9. Decedent's Education <b>High School Graduate</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>NO</b>		
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>929 Beachview Blvd</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
14. Estimated length of time at residence. <b>24 Years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>Charles Mingus</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) <b>Supplies Manager (Bookstore)</b>			18. Kind of Business/Industry (Do not use Company Name) <b>State College</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>William E. Nagle</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Rosa Anna Browning</b>		
21. Informant's Name <b>Charles Mingus</b>		22. Relationship to Decedent <b>Husband</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>929 Beachview Blvd Clarkston, WA. 99403</b>	
24. Place of Death, if Death Occurred in a Hospital: <b>Emergency Room/Out Patient</b>			24. Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (If not a facility, give number & street or location) <b>Tri-State Memorial Hospital</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>Burial</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Greenwood Cemetery</b>	
30. Location-City/Town, and State <b>Palouse, Washington</b>			31. Name and Complete Address of Funeral Facility <b>Kramer Funeral Home N. 203 Bridge St. Box 125 Palouse, WA. 99161</b>		
32. Date of Disposition <b>February 21, 2008</b>			33. Funeral Director Signature X <i>Mark Kesson</i>		

Part 2 completed by Certifier

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. <u>Cardiac arrest</u>		Interval between Onset & Death	
		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		b. <u>Respiratory Arrest</u>		Interval between Onset & Death	
		Due to (or as a consequence of):		Interval between Onset & Death	
		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 <u>CHF Acute stenosis</u>				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 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"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <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 <i>Donald Chin</i>			48b. Medical Examiner/Coroner		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Tri-state Memorial Hospital 1221 Highland Avenue Clarkston, WA. 99403</b>			50. Hour of Death (24hrs) <b>0021</b>		
51. Name and Title of Attending Physician if other than Certifier (Type or Print) <b>Donald Chin MD</b>			52. Date Signed (MM/DD/YYYY) <b>2/17/08</b>		
53. Title of Certifier <b>MD</b>		54. License Number		55. Coroner File Number	
56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
57. Registrar Signature <i>Speters, MS</i>				58. Date Received (MM/DD/YYYY) <b>FEB 20 2008</b>	
59. Amendments					



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

49726

# Last Will and Testament of

ROWENA V. MINGUS

I, ROWENA V. MINGUS, of legal age, do hereby make, publish and declare this to be my Last Will and Testament, and I hereby revoke all former Wills I have made.

## ARTICLE 1.

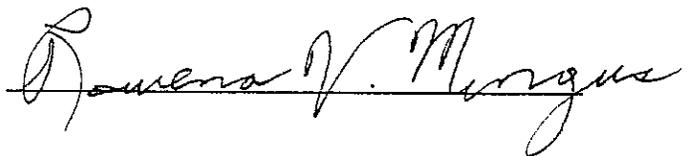
### FAMILY

1.1 My immediate family consists of CHARLES J. MINGUS, hereinafter called "my spouse," and our children, CONSTANCE J. WANKE, CYNTHIA L. WOLTERING, and MONTE L. MINGUS, who together with each other child hereafter born to or adopted by me, are hereinafter called "my children."

## ARTICLE 2.

### DEBTS, EXPENSES AND TAXES

2.1 I direct my Personal Representative to pay those of my just debts and funeral expenses as are required to be paid by law and to pay the expense of probate, estate and inheritance taxes before the same become delinquent. I further direct that such debts, expenses and taxes be paid from the residue of my estate.



ARTICLE 3.

BEQUEST AND DEVISE TO SPOUSE

3.1 I give, devise and bequeath all of my property to my spouse if my spouse survives me by thirty (30) days.

ARTICLE 4.

BEQUEST AND DEVISE TO CHILDREN

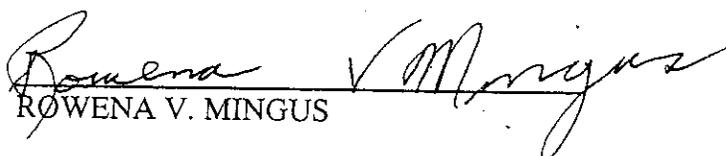
4.1 If my spouse does not survive me by thirty (30) days, I give, devise and bequeath all of my property to my children, in equal shares.

ARTICLE 5.

PERSONAL REPRESENTATIVE

5.1 I hereby appoint my spouse Personal Representative of this, my Last Will and Testament. In the event my spouse does not act, then I appoint MONTE L. MINGUS as Personal Representative and if MONTE L. MINGUS does not act, then I appoint CONSTANCE J. WANKE and CYNTHIA L. WOLTERING as co-Personal Representatives. Said Personal Representative or co-Personal Representatives shall serve without bond and shall have unrestricted non-intervention powers.

IN WITNESS WHEREOF, I have hereunto set my hand this 2nd day of March 2005, at Pullman, Washington.

  
ROWENA V. MINGUS

STATE OF WASHINGTON )  
 )ss.  
County of Whitman )

We who have as witnesses signed below, on oath state:

Each of us is of legal age and competent to be a witness. On the date shown immediately above, ROWENA V. MINGUS appeared to be of sound mind, of legal age, and not acting under duress or undue influence. ROWENA V. MINGUS declared the foregoing instrument, consisting of three (3) typewritten pages, including this affidavit, to be her LAST WILL AND TESTAMENT, signed it in our presence, and requested that we sign as witnesses to this Will and to make this affidavit. Each of us then, in the presence of the Testatrix and each other, did sign below as witnesses to the Will and to make this Affidavit.

Bethany D. Johnson  
WITNESS

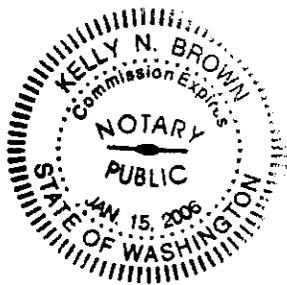
N. Dawn Clark Butler  
WITNESS

SIGNED AND SWORN to before me on March 2, 2005, by  
Bethany D. Johnson and N. Dawn Clark Butler

Signature: Kelly N. Brown  
Print Name: Kelly N. BROWN

NOTARY PUBLIC in and for the State of  
Washington, residing at Fullerton

My appointment expires: 1/15/06



Rowena V. Mingus  
497210