

**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, indicate %

sold.

List percentage of ownership acquired next to each name.

|                        |   |                       |   |
|------------------------|---|-----------------------|---|
| 1<br>SELLER<br>GRANTOR | Name <u>Cheryl Yochum, Personal Representative of the Roger W. Yochum Estate, an estate</u> | 2<br>BUYER<br>GRANTEE | 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

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"/> |

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|   |                                     |                                     |
|---|-------------------------------------|-------------------------------------|
| 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 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**

[Signature] [Signature]

PRINT NAME  
Cheryl D. Yochum Darren W. Yochum

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-217(1)

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

Re-record to correct legal description. Original Special Warranty Deed recorded on September 21, 2016, Asotin County Auditor's No. 350967. Prior Affidavit No. 49668

Type of Document Correction Special Warranty Deed

Date of Document Oct. 17, 2016

|                                |       |       |
|--------------------------------|-------|-------|
| Gross Selling Price \$         | _____ | 0.00  |
| *Personal Property (deduct) \$ | _____ |       |
| Exemption Claimed (deduct) \$  | _____ |       |
| Taxable Selling Price \$       | _____ | 0.00  |
| Excise Tax : State \$          | _____ | 0.00  |
| <u>0.0075</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 Yochum</u>                          | Name (print) <u>Cheryl D. Yochum</u>                       |
| Date & city of signing: <u>10/17/16, Clarkston, WA</u>     | Date & city of signing: <u>10/17/16, Clarkston, 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)).

## 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 South Half 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;

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Township 10 North, Range 44 East of the Willamette Meridian, Asotin County, Washington  
Section 20 continued

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.

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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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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FILED

MAY 06 2016

PEGGY A. SEMPRIMOZNIK  
LINCOLN COUNTY CLERK

SUPERIOR COURT OF WASHINGTON  
FOR LINCOLN COUNTY

|  |   |
|--|---|
| <p>Estate of</p> <p><b>ROGER W. YOCHUM,</b></p> <p>Deceased.</p> | <p>NO. 16 - 4 00029 - 9</p> <p>LETTERS TESTAMENTARY<br/>(RCW 11.28.090)</p> |
|--|---|

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 Judicial Clerk of the Superior Court of the State of Washington for Lincoln County, do hereby certify that the *Will* and foregoing is a true and correct copy of the original *Will* and Testamentary and of the whole thereof as the same is recorded and of record in the above entitled cause in my office and that said *Will* and letters have never been impeached and are in full force and effect. In TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Superior Court.

PEGGY A. SEMPRIMOZNIK, CLERK

Clerk of the Superior Court

By: Dana Rybak  
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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# 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

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE  
RAISED SEAL, SHALL BE USED AS PRIMARY EVIDENCE OF THIS DEATH UNDER Idaho Code §§36-2101 AND §36-271. IDAHO CODE

Local Reg. No. \_\_\_\_\_

|  |   |  |   |  |   |  |
|--|---|--|---|--|---|--|
| <b>DECEDENT</b>  | 1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix)<br><b>ROGER WALLACE YOCHUM</b>  |  | 2. SEX<br><b>MALE</b>   |  | 3. SOCIAL SECURITY NUMBER<br>██████████   |  |
| TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN<br><br>FOR INSTRUCTIONS SEE HANDBOOKS | 4a. AGE-Last Birthday<br><b>79</b> (Years)  |  | 4b. UNDER 1 YEAR<br>Months: _____ Days: _____ Hours: _____ Minutes: _____   |  | 4c. UNDER 1 DAY<br>Hours: _____ Minutes: _____  |  |
|  | 5. DATE OF BIRTH (Mo/Day/Yr)<br><b>11/05/1936</b>   |  | 6. BIRTHPLACE (City and State, Territory, or Foreign Country)<br><b>LEWISTON, IDAHO</b>   |  |   |  |
|  | 7a. RESIDENCE - STATE OR FOREIGN COUNTRY<br><b>WASHINGTON</b>   |  | 7b. COUNTY<br><b>ASOTIN</b>   |  | 7c. CITY OR TOWN<br><b>CLARKSTON</b>  |  |
|  | 7d. STREET AND NUMBER<br><b>26126 PEOLA RD.</b>   |  | 7e. APT. NO.<br><b>99403</b>  |  | 7f. ZIP CODE<br><b>99403</b>  |  |
| 7g. INSIDE CITY LIMITS?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No     |   | 8. MARITAL STATUS AT TIME OF DEATH<br><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 |   |  |   |  |
| <b>PARENTS</b>   | 10. EVER IN U.S. ARMED FORCES?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  | 11a. FATHER'S NAME (First, Middle, Last, Suffix)<br><b>EDWARD JOSEPH YOCHUM</b>   |  | 11b. BIRTHPLACE (State, Territory, or Foreign Country)<br><b>AUSTRIA</b>  |  |
|  | 12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix)<br><b>NELLIE DAVIS</b>  |  | 12b. BIRTHPLACE (State, Territory, or Foreign Country)<br><b>COLORADO</b>   |  |   |  |
| <b>INFORMANT</b>   | 13a. INFORMANT'S NAME (Type or print)<br><b>CHERYL YOCHUM</b>   |  | 13b. RELATIONSHIP TO DECEDENT<br><b>DAUGHTER</b>  |  | 13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)<br><b>22705 60TH AVE. MOUNTLAKE TERRACE, WA 98041</b>   |  |
| <b>DISPOSITION</b>   | 14. METHOD OF DISPOSITION<br><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) _____   |  | 15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place)<br><b>MOUNTAIN VIEW CREMATORY<br/>3521 SEVENTH STREET<br/>LEWISTON, IDAHO 83501</b>   |  | 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY<br><b>MERCHANT FUNERAL HOME<br/>1000 SEVENTH STREET<br/>CLARKSTON, WASHINGTON 99403</b>   |  |
|  | 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH<br><b>ELECTRONICALLY FILED: GERALD E. BARTLOW</b>   |  | 17b. LICENSE NUMBER (if licensee)<br><b>M0771</b>   |  | 18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |
| <b>PLACE OF DEATH</b>  | 19a. IF DEATH OCCURRED IN A HOSPITAL:<br><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) _____  |  |   |  |   |  |
|  | 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:<br><input type="checkbox"/> Facility (If not facility, give street and number) <b>ROYAL PLAZA HEALTH &amp; REHABILITATION</b> <b>LEWISTON, ID 83501</b> <b>NEZ PERCE</b>  |  |   |  |   |  |
| <b>DATE OF DEATH</b>   | 23. DATE OF DEATH (Mo/Day/Yr) (Spell month)<br><b>March 19, 2016</b>  |  | 24. TIME OF DEATH (24hr)<br><b>23:10</b>  |  | 25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month)<br><b>March 19, 2016</b>   |  |
| <b>CAUSE OF DEATH</b>  | 26. TIME PRONOUNCED DEAD (24hr)<br><b>23:10</b>   |  | 27. CAUSE OF DEATH  |  |   |  |
|  | 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.<br>IMMEDIATE CAUSE (Final disease or condition resulting in death) → <b>a. RESPIRATORY ARREST SECONDARY TO ASPIRATION PNEUMONIA</b> <b>4 WEEKS</b> |  | DUE TO (or as a consequence of):<br><b>b. ALCOHOLIC SEIZURE AND LOSS OF CONSCIOUSNESS</b> <b>4 WEEKS</b>  |  | DUE TO (or as a consequence of):<br><b>c. _____</b>   |  |
| <b>CERTIFIER</b>   | PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I.<br><b>ISCHEMIC HEART DISEASE CHRONIC OBSTRUCTIVE LUNG DISEASE</b>   |  | 28a. WAS AN AUTOPSY PERFORMED?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | 28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |
|  | 29. DID TOBACCO USE CONTRIBUTE TO DEATH?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown  |  | 30. IF FEMALE (Aged 10-54):<br><input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant but pregnant 30 days to 1 year before death<br><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 |  | 31. MANNER OF DEATH<br><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 |  |
| <b>ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)</b>                                   | 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.)  |  |
|  | 35. INJURY AT WORK?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | 36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____<br>Street and Number or Location _____ Apartment Number _____  |  |   |  |
| <b>CERTIFIER</b>   | 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  |  |   |  |   |  |
|  | TRANSPORTATION INJURY ONLY: 38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____   |  | 38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY?<br><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   |  |   |  |
| <b>CERTIFIER</b>   | 39a. CERTIFIER (Check only one, based on official capacity for this certificate)<br><input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE<br>To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated.  |  | 39b. LICENSE NUMBER<br><b>M-06680</b>   |  | 39c. DATE SIGNED<br><b>3 / 21 / 2016</b><br>MM DD YYYY  |  |
|  | Signature and Title of Certifier <b>ELECTRONICALLY SIGNED: DONALD J. GREGGAIN, M.D.</b><br>39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print)<br><b>DONALD J. GREGGAIN, 1267 BELMONT WAY CLARKSTON, WA 99403</b>   |  | 40a. REGISTRAR'S SIGNATURE<br><i>James B. Aydelotte</i>   |  |   |  |
| <b>REGISTRAR</b>   | 40b. DATE SIGNED<br><b>3 / 22 / 2016</b><br>MM DD YYYY  |  |   |  |   |  |

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*  
**JAMES B. AYDELOTTE**  
STATE REGISTRAR

**49766**

