



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 1-3: Seller/Grantor (Ronald Lee JeanBlanc & Amanda Marie Collins), Buyer/Grantee (Joshua M. Webber), and correspondence details.

Section 4: Street address of property (1404 Birch Street, Clarkston, WA) and location details (Asotin County, Unincorp).

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

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

Section 7: Notices of Continuation and Compliance, and Owner's Signature area.

Section 7: Personal property included in selling price and tax calculation table (Total Due \$2,315.30).

Section 8: Signature and date of signing for both Grantor and Grantee.

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)).

REV 84 0001a (6/26/14) THIS SPACE - TREASURER'S USE ONLY COUNTY TREASURER

Handwritten notes: ATEC CE #17590, Va

PAID NOV 09 2016 ASOTIN COUNTY TREASURER 48797



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

Return to:

AFFIDAVIT (LACK OF PROBATE)

Ronald Lee Jean Blanc & Amanda Marie Collins, being first duly sworn, deposes and says:

The undersigned affiant is the rightful heir to the real property described below, and is
children (relationship to decedent)

of Brenda K Montgomery (decedent), who died on (date)
November 2, 2016, at
Lewiston Nez Perce ID
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:

1404 Birch St.
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)

Ronald Lee Jean Blanc - Son

1536 Alder Ave, Lewiston, ID 83501

Full name, age, relationship, address

Amanda Marie Collins - ~~Son~~ Daughter

1302 Carson Ct., Astoria, WA 97102

Full name, age, relationship, address

n/a

Full name, age, relationship, address

49797

Dated: 11/4/16

Ronald Lee Jeanblanc
Affiant's full name

Telephone number

1536 Alder Ave.

Lewiston
City

10
Street
State

83501
Zip Code

x [Signature]
Signature

11-4-16
Date

Affiant's full name

Amanda Marie Collins

Telephone number

1302 Carson Ct.

Asotin
City

WA
Street
State

99402
Zip Code

x Amanda Marie Collins

11-4-16

State of Washington County of Asotin

I know or have satisfactory evidence that Ronald Lee Jeanblanc \$
Amanda Marie Collins (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: 11/4/16

[Signature]
Notary Public
Residing at: Lewiston, 10



49797

Last Will and Testament of

BRENDA KAY MONTGOMERY

I, Brenda Kay Montgomery, a resident of Clarkston, County of Asotin, State of Washington, being now of legal age and of sound and disposing mind and memory, and not acting under the undue influence or duress of any person whomsoever, hereby make, publish and declare this to be my Last Will and Testament and hereby revoke all former Wills and Codicils made by me.

ARTICLE I - IDENTIFICATION OF FAMILY

I declare that I am single. There have been two children born as issue of a previous marriage, namely: Amanda Marie Collins of Lewiston, Idaho, and Ronald Lee JeanBlanc of Lewiston, Idaho.

It is my intention by this Will to exclude any family members or other persons who are not specifically mentioned within this Will.

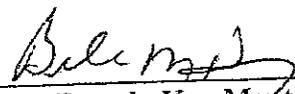
ARTICLE II - PAYMENT OF DEBTS AND EXPENSES

I direct the payment out of my estate of all my just debts allowed in the due course of administration, the expenses of my last illness and funeral and the expenses of the administration of my estate. In no event shall this direction be construed so as to require the payment of any debt prior to its normal maturity.

ARTICLE III - PAYMENT OF TAXES

All estate, inheritance, legacy, successor transfer taxes, including any interest or penalties thereon, which become payable by reason of my death with respect to property disposed by this Will or passing outside of my probate estate, including insurance upon my life and benefits payable under any pension, retirement or profit-sharing plan, shall be paid and borne on a pro

LAST WILL AND TESTAMENT -- 1
cjm/Montgomery, Brenda/will



Brenda Kay Montgomery

Creason, Moore, Dokken & Geidl, PLLC
P.O. Drawer 835, Lewiston ID 83501
(208)743-1516; Fax(208)746-2231

49797

rata basis by the recipients of my taxable estate. My personal representative is hereby authorized and instructed to collect or withhold all taxes resulting from my death from the recipients of my estate in proportion to the amount of the taxable estate which they receive.

ARTICLE IV - BEQUESTS OF PERSONAL PROPERTY

I hereby give and bequeath unto such named persons such items of tangible personal property as I may hereafter designate in a separate writing or writings, in my handwriting or signed by me in accordance with RCW Section 11.12.260. In the event that any person receiving a bequest under this Article shall fail to survive me, the bequest to such person shall lapse and the property so bequeathed or designated to such person shall be distributed as a part of my residuary estate.

Except to the extent that I have designated specific bequests as provided in this Article, I give and bequeath as part of my residuary estate all of my interest in all household furniture and furnishings, books, apparel, art objects, jewelry and personal effects; all other property for personal use; all other like contents of my home, any automobile or automobiles which I may own at the time of my death; and any unexpired insurance on all such property.

ARTICLE V - RESIDUARY ESTATE

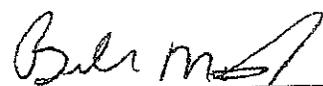
I give, devise and bequeath all of the rest, residue and remainder of my property and estate of whatsoever character and wheresoever situate, to my issue, as their sole and separate property, on a per stirpes basis.

ARTICLE VI - PERSONAL REPRESENTATIVE

I hereby appoint Ronald Lee JeanBlanc to be the personal representative of my Last Will and Testament. If Ronald Lee JeanBlanc should not survive me or should be or become unable or unwilling to serve as my personal representative, then, and in that event, I appoint Amanda Marie Collins to be personal representative. My personal representative shall not be required to execute a bond for the faithful performance of his or her duties.

My personal representative shall have all of the duties and powers of personal representatives as are described in RCW Section 11.48, as those powers now exist or are hereafter amended, unless specifically provided otherwise herein. My personal representative shall have unrestricted non-intervention powers to the extent allowed by law. Should a dispute

LAST WILL AND TESTAMENT -- 2
cjm/Montgomery, Brenda/will



Brenda Kay Montgomery

Creason, Moore, Dokken & Geidl, PLLC
P.O. Drawer 835, Lewiston ID 83501
(208)743-1516; Fax(208)746-2231

49797

arise among my issue regarding the division of any personal property not specifically bequested herein, then my personal representative shall determine how the personal property shall be divided and his or her determination shall be final. My personal representative is hereby specifically authorized to make any election which may be necessary during the administration of my estate regarding federal and state income and estate tax deductions or any other matter necessary to properly administer my estate.

My personal representative shall be entitled to compensation at a reasonable rate for services performed on behalf of the estate.

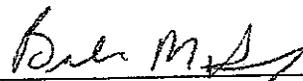
ARTICLE VII - POWER IN TRUST

If any person has not attained the age of twenty-one (21) years or is otherwise incapacitated when he or she becomes entitled to a share of my estate, equitable title to the property constituting such share shall vest in such person but my personal representative shall retain legal title and possession of such property. My personal representative shall pay to, or apply for the benefit of, such person so much or all of the income and principal as my personal representative, in his or her sole discretion, determines to be necessary or desirable for the support, maintenance, education, health or other benefit of such person. Any income not so paid to or for the benefit of such person may be accumulated for his or her benefit (and paid to him or her at any time) or added to principal. All principal not previously paid and any accumulated income shall be paid to such person when he or she attains the age of twenty-one years, or to his or her estate upon his or her death prior to attaining such age.

In making payments of income or principal to or for the benefit of such person, my personal representative is also authorized, in his or her sole discretion, to make such payments to a parent or guardian of such person or to an adult person with whom he or she resides. The receipt for such payment executed by a parent, guardian or other person to whom the income or principal payment is made shall be a complete discharge of my personal representative from liability with respect to such payment.

No beneficiary shall have any transmissible interest in any assets held in trust or in the income therefrom, and neither the principal nor the income of the trust shall be liable for the debts of any beneficiary. No beneficiary shall have any power to sell, assign, transfer, encumber or in any other manner to anticipate or dispose of his or her interest in the trust or the income produced thereby prior to the actual distribution thereof by my personal representative to such beneficiary or to another for the benefit of the beneficiary in the manner authorized by this Will.

LAST WILL AND TESTAMENT -- 3
cjm/Montgomery, Brenda/will



Brenda Kay Montgomery

Creason, Moore, Dokken & Geidl, PLLC
P.O. Drawer 835, Lewiston ID 83501
(208)743-1516; Fax(208)746-2231

49797

My personal representative, in exercising any discretionary powers given under any provisions of this Will, need not take into consideration any other assets or income owned by or available to the person to whom a discretionary payment is under consideration, except that my personal representative shall be prohibited from making any payments in reimbursement to any governmental entity which may have incurred expense for the benefit of a beneficiary, and my personal representative shall not pay any obligation of a beneficiary which obligation is otherwise payable by any governmental entity or pursuant to any government program of reimbursement or payment.

If the balance held in trust should be or become so small as to become economically impractical to manage, my personal representative may combine the amount of other funds held in trust or distribute the balance for the benefit of the beneficiary hereof.

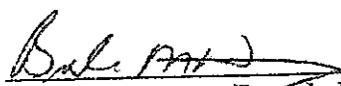
ARTICLE VIII - SURVIVAL

No person shall be deemed to have survived me who shall die at the same time as I, or in a common accident or disaster with me, or under any circumstances which make it difficult or impossible to determine who died first. For purposes of construing the provisions of this Will, I direct that a person shall not be deemed to survive me if such person dies within ninety (90) days after my death.

ARTICLE IX - OTHER MATTERS

The use of article captions and headings within this Will are for convenience only and shall not be used to define or construe any of the provisions hereof. The term "issue" as used herein shall mean issue per stirpes, and shall include descendants born or legally adopted either before or after the execution of this Will or after my death. The term "child" or "children" shall include any child or children born or legally adopted either before or after the execution of this Will or after my death. The term "minor" as used herein shall mean any person who has not attained the age of twenty-one (21) years. The use of masculine references herein shall include the feminine, and the feminine shall include the masculine; the use of singular and plural shall be interchangeable. "Per stirpes" means by the roots or by the stock and as used herein means that assets would be proportionally divided among beneficiaries according to their ancestor's share; in other words, assets would pass to the issue of a deceased beneficiary by representation.

LAST WILL AND TESTAMENT -- 4
cjm/Montgomery, Brenda/will

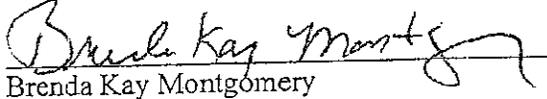


Brenda Kay Montgomery

Creason, Moore, Dokken & Geidl, PLLC
P.O. Drawer 835, Lewiston ID 83501
(208)743-1516; Fax(208)746-2231

49797

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 1st day of October, 2012.


Brenda Kay Montgomery

LAST WILL AND TESTAMENT -- 5
cjm/Montgomery, Brenda/will

Creason, Moore, Dokken & Geidl, PLLC
P.O. Drawer 835, Lewiston ID 83501
(208)743-1516; Fax(208)746-2231

49797

ATTESTATION OF WITNESSES AND
AFFIDAVIT OF ATTESTING WITNESSES

STATE OF IDAHO)
) ss.
County of Nez Perce)

Each of the undersigned being first duly sworn, on oath, states that on this 1st day of October, 2012:

1. I am over the age of twenty-one (21) years and competent to be a witness to the Will of Brenda Kay Montgomery (the "Testatrix").

2. The Testatrix in my presence and in the presence of the other witness whose signature appears below

a. Declared the foregoing Will, consisting of six (6) pages, of which this is the last, to be the Will of the Testatrix;

b. Requested me and the other witness to act as witnesses to this Will of the Testatrix and to make this Affidavit; and

c. Signed such instrument.

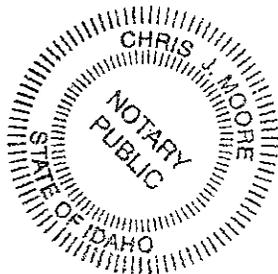
3. I believe the Testatrix to be of sound mind, and that in so declaring and signing, the Testatrix was not acting under any duress, menace, fraud or undue influence.

4. The other witness and I in the presence of the Testatrix and of each other now affix our signatures as witnesses to the Will and make this Affidavit.

Sharon Kaschmitter Residing at Lewiston, ID
Karen MacArthur Residing at Lewiston, ID

SIGNED AND SWORN to before me on October 1, 2012, by Sharon Kaschmitter
and Karen MacArthur.

(SEAL)



Chris J. Moore
Notary Public in and for said State,
residing at or employed in Lewiston.
Commission Expires: 11-17-2013

LAST WILL AND TESTAMENT -- 6
cjm/Montgomery, Brenda/will

Creason, Moore, Dokken & Geidl, PLLC
P.O. Drawer 835, Lewiston ID 83501
(208)743-1516; Fax(208)746-2231

49797

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 PRIMA FACIE EVIDENCE OF THIS DEATH UNDER 58-21(1) AND 58-27A, IDAHO CODE. Local Reg. No.

DECEDENT	* 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) BRENDA KAY MONTGOMERY		2. SEX FEMALE	3. SOCIAL SECURITY NUMBER [REDACTED]
TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. FOR INSTRUCTIONS SEE HANDBOOKS	4a. AGE - Last Birthday 58 (Years)		4b. UNDER 1 YEAR Months: _____ Days: _____	
	4c. UNDER 1 DAY Hours: _____ Minutes: _____		5. DATE OF BIRTH (Mo/Day/Yr) 07/31/1958	
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) WYANDOTTE, MICHIGAN		7a. RESIDENCE - STATE OR FOREIGN COUNTRY WASHINGTON	
	7b. COUNTY ASOTIN		7c. CITY OR TOWN CLARKSTON	
	7d. STREET AND NUMBER 1404 BIRCH STREET		7e. APT. NO. 99403	7f. ZIP CODE 99403
	8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (if wife, give maiden name)	
PARENTS	10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11a. FATHER'S NAME (First, Middle, Last, Suffix) DONALD RAY MULLINS	
	11b. BIRTHPLACE (State, Territory, or Foreign Country) KENTUCKY		12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) JANICE MARIE STOLZENFELD	
	12b. BIRTHPLACE (State, Territory, or Foreign Country) MICHIGAN		13a. INFORMANT'S NAME (Type or print) RONALD L. JEANBLANC	
INFORMANT	13b. RELATIONSHIP TO DECEDENT SON		13c. MAILING ADDRESS (Street and Number, City, State; Zip Code) 1636 ALDER AVENUE LEWISTON, ID 83501	
DISPOSITION	14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify) _____		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) VALLEY CREMATORY 920 21ST AVENUE LEWISTON, IDAHO 83501	
	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY VASSAR-RAWLS FUNERAL HOME 920 21ST AVENUE LEWISTON, IDAHO 83501		17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: DENNIS W. HASTINGS	
	17b. LICENSE NUMBER (Of license) M0791		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PLACE OF DEATH	PLACE OF DEATH (19-22)			
	19a. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> COA <input type="checkbox"/> Hospice facility		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input checked="" type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify) _____	
	20. FACILITY NAME (if not facility, give street and number) LIFE CARE CENTER OF LEWISTON		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE LEWISTON, ID 83501	
	22. COUNTY OF DEATH NEZ PERCE		23. DATE OF DEATH (Mo/Day/Yr) (Spell month) November 2, 2016	
DATE OF DEATH	24. TIME OF DEATH (24hr) 00:30		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) November 2, 2016	
CAUSE OF DEATH	26. TIME PRONOUNCED DEAD (24hr) 00:30		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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → LIVER METASTASES		Approximate Time Interval: Onset to Death 18 MONTHS	
	Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death). METASTATIC BREAST CANCER		2 YEARS	
	PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I.		28a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	29. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	30. IF FEMALE (Aged 10-54): <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"/> Not pregnant, but pregnant within 42 days of death		31. MANNER OF DEATH <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	
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____			
	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? <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	
CERTIFIER	39a. CERTIFIER (Check only one, based on official capacity for this certificate) <input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE		39b. LICENSE NUMBER M-12810	
	- To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated.		39c. DATE SIGNED 11 / 2 / 2016	
	<input type="checkbox"/> 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.		MM DD YYYY	
	Signature and Title of Certifier: ELECTRONICALLY SIGNED: CLINTON R. MORGAN, M.D.			
	39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) CLINTON R. MORGAN, 1250 IDAHO STREET LEWISTON, ID 83501			
REGISTRAR	40a. REGISTRAR'S SIGNATURE <i>James B. Galtte</i>		40b. DATE SIGNED 11 / 3 / 2016	
			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: **NOV 03 2016**

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

James B. Galtte
JAMES B. AYDELOTTE
STATE REGISTRAR

49797





* 0 0 0 7 3 8 3 0 1 *

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 Durst

Local Vital Statistics Registration Official

49797