

REAL ESTATE EXCISE TAX AFFIDAVIT

PLEASE TYPE OR PRINT

CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

This form is your receipt when stamped by cashier.

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.

SELLER GRANTOR	Name <u>Diane E. Ellis, Personal Representative of the Estate of Russell L. Ellis</u>	BUYER GRANTEE	Name <u>Diane E. Ellis</u>
	Mailing Address <u>1166 Amity Lane</u>		Mailing Address <u>1166 Amity Lane</u>
	City/State/Zip <u>Clarkston, WA 99403</u>		City/State/Zip <u>Clarkston, WA 99403</u>
	Phone No. (including area code) <u>(208) 413-2067</u>		Phone No. (including area code) <u>(208) 413-2067</u>
Send all property tax correspondence to: <input checked="" type="checkbox"/> Same as Buyer/Grantee		List all real and personal property tax parcel account numbers - check box if personal property	
Name _____		1-132-00-285-0031 <input type="checkbox"/>	
Mailing Address _____		_____ <input type="checkbox"/>	
City/State/Zip _____		_____ <input type="checkbox"/>	
Phone No. (including area code) _____		_____ <input type="checkbox"/>	
List assessed value(s) <u>426,400^{cc}</u>			

Street address of property: 1166 Amity Lane

This property is located in Asotin County

Check box if any of the listed parcels are being segregated from another parcel, are part of a boundary line adjustment or parcels being merged.

Legal description of property (if more space is needed, you may attach a separate sheet to each page of the affidavit)

Please see the attached Exhibit A.

Select Land Use Code(s):
11 - Household, single family units

enter any additional codes: _____

(See back of last page for instructions)

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)?

YES NO

Is this property designated as forest land per chapter 84.33 RCW? YES NO

Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW? YES NO

Is this property receiving special valuation as historical property per chapter 84.26 RCW? YES NO

If any answers are yes, complete as instructed below.

(1) NOTICE OF CONTINUANCE (FOREST LAND OR CURRENT USE)
NEW OWNER(S): To continue the current designation as forest land or classification as current use (open space, farm and agriculture, or timber) land, you must sign on (3) below. The county assessor must then determine if the land transferred continues to qualify and will indicate by signing below. If the land no longer qualifies or you do not wish to continue the designation or classification, it will be removed and the compensating or additional taxes will be due and payable by the seller or transferor at the time of sale. (RCW 84.33.140 or RCW 84.34.108). Prior to signing (3) below, you may contact your local county assessor for more information.

This land does does not qualify for continuance.

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

PRINT NAME

List all personal property (tangible and intangible) included in selling price.

If claiming an exemption, list WAC number and reason for exemption:
WAC No. (Section/Subsection) 458-61A-202
Reason for exemption Inheritance.

Type of Document Personal Representative's Deed

Date of Document October 28, 2016

Gross Selling Price \$	0.00
*Personal Property (deduct) \$	0.00
Exemption Claimed (deduct) \$	0.00
Taxable Selling Price \$	0.00
Excise Tax : State \$	0.00
<u>0.0025</u> Local \$	0.00
*Delinquent Interest: State \$	0.00
Local \$	0.00
<u>0.00</u> *Delinquent Penalty \$	0.00
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

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signature of Grantor or Grantor's Agent Diane E. Ellis Signature of Grantee or Grantee's Agent Diane E. Ellis

Name (print) Diane E. Ellis, Personal Representative Name (print) Diane E. Ellis

Date & city of signing: 10/28/16, Clarkston Date & city of signing: 10/28/16, 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)).

REV 84 0001a (09/14/16)

THIS SPACE - TREASURER USE ONLY

COUNTY TREASURER

David Gettins
ck#14707

PAID
NOV 09 2016
ASOTIN COUNTY
TREASURER

48804

Exhibit A

Parcel I: That part of the NE $\frac{1}{4}$ SE $\frac{1}{4}$ of Section 35 of Township 11 North, Range 45, East of the Willamette Meridian, Asotin County, Washington, more particularly described as follows: Commencing at the Southwest corner of said NE $\frac{1}{4}$ SE $\frac{1}{4}$, thence North 0°04'03" East along the West line of said NE $\frac{1}{4}$ SE $\frac{1}{4}$ a distance of 652.34 feet to the true place of beginning; thence continue North 0°04'03" East, 654.20 feet; thence East 670.05 feet; thence South 0°02'01" West, 645.96 feet; thence South 89°17'45" West, 670.49 feet to the true place of beginning.

Parcel II: Together with an easement for ingress, egress, and utilities being 60 feet in width as shown on the Record of Survey and recorded as Instrument No. 242966.

Parcel III: Also together with an easement for ingress, egress, and utilities lying 60 feet adjacent to the East line of Parcel I.

49804

CERTIFIED

FILED

2016 OCT -5 A 11:07

SHARON KELLEY
CLERK
ASOTIN COUNTY, WA

SUPERIOR COURT OF WASHINGTON FOR ASOTIN COUNTY

In re the Estate of:)	No. 16 - 4 - 00079 - 0
)	
RUSSELL L. ELLIS.)	LETTERS TESTAMENTARY
)	WITH NONINTERVENTION
Deceased.)	POWERS

WHEREAS, the Last Will and Testament of Russell L. Ellis, deceased, was on the 5th day of October, 2016, duly exhibited, proven, and recorded in our said Superior Court:

WHEREAS, Diane E. Ellis is the person nominated as Personal Representative in said Will;

WHEREAS, Diane E. Ellis has petitioned this court to be appointed Personal Representative thereof; and

WHEREAS, this court has entered an order granting nonintervention powers to the Personal Representative.

NOW, THEREFORE, know all men by these presents, that we do hereby authorize the said Diane E. Ellis to execute the terms of the Will with nonintervention powers according to law.

LETTERS TESTAMENTARY WITH
NONINTERVENTION POWERS

1

Law Office of
David A. Gittins
843 Seventh Street
Clarkston, WA 99403
(509)758-2501
Facsimile: (509) 758-3576

49804

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-038968

LOCAL FILE NUMBER: 0061RE

DATE ISSUED: 09/28/2016

FEE NUMBER: 000000012

GIVEN NAMES: RUSSELL LEE
LAST NAME: ELLIS

COUNTY OF DEATH: GARFIELD
DATE OF DEATH: SEPTEMBER 24, 2016
HOUR OF DEATH: 03:00 A.M.
SEX: MALE
AGE: 66 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: MAY 05, 1950
BIRTHPLACE: LA GRANDE, OREGON

MARITAL STATUS: MARRIED
SPOUSE: DIANE SKEEL

OCCUPATION: LAW ENFORCEMENT SALES DIRECTOR
INDUSTRY: AMMUNITION
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES? NO

INFORMANT: DIANE ELLIS
RELATIONSHIP: WIFE
ADDRESS: 1166 AMITY LN, CLARKSTON WA, 99403

PLACE OF DEATH: OTHER PLACE
FACILITY OR ADDRESS: 20 PORT WAV #8
CITY, STATE, ZIP: POMEROY, WASHINGTON 99347

RESIDENCE STREET: 1166 AMITY LN
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
INSIDE CITY LIMITS? NO

COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 9 YEARS

FATHER/PARENT: UNKNOWN BEANS
MOTHER/PARENT: EVELYN WALLACE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY
CITY, STATE: LEWISTON, ID
DISPOSITION DATE: SEPTEMBER 27, 2016

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES LLC
ADDRESS: PO. BOX 107
CITY, STATE, ZIP: CLARKSTON WA 99403
FUNERAL DIRECTOR: RICHARD LASSITER

CAUSE OF DEATH:

- A. ASPHYXIA
INTERVAL: MINUTES
B. CARBON MONOXIDE POISONING
INTERVAL: HOURS
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: SEPTEMBER 24, 2016
HOUR OF INJURY: 03:00 A.M.
INJURY AT WORK? NO
PLACE OF INJURY: DECEDENT'S RV

LOCATION OF INJURY: 20 PORT WAV

CITY, STATE, ZIP: POMEROY, WASHINGTON 99347
COUNTY: GARFIELD
DESCRIBE HOW INJURY OCCURRED:
SMALL CHARCOAL BBQ WAS IGNITED INSIDE RV WITH LACK
OF VENTILATION, RESULTING IN INSUFFICIENT OXYGEN
AND AN INCREASE IN CARBON MONOXIDE.

MANNER OF DEATH: SUICIDE
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

ME/CORONER: MATT NEWBERG
TITLE: CORONER
ME/CORONER
ADDRESS: PO BOX 820
CITY, STATE, ZIP: POMEROY WA 99347
DATE SIGNED: SEPTEMBER 27, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

LOCAL DEPUTY REGISTRAR:
KATHY CROWNER
DATE RECEIVED: SEPTEMBER 27, 2016

DOH 01-003 (1/14)

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

49804

AFFIDAVIT

Garfield County Health District

1000 1/2 N. 1st St. PO Box 1000

Durango, CO 81301

T.M.

Garfield County Health District

1000 1/2 N. 1st St. PO Box 1000

Durango, CO 81301

Health District Officer

1. Name of person

2. Death

3. Date

4. Cause

5. Place of death

6. Signature

7. Signature of Health District Officer

8. Signature of

9.

10.

11.

12. I represent the person as:

1. Self

2. Parent

3. Guardian

4. Health

5. Other

6. Funeral Director

7. Other

13. Date and place of death

14. Cause

15. Signature

16.

17. We do not accept a driver's license, Social Security card or hospital discharge as documentary proof.

Example of acceptable documentary proof: Birth certificate, Marriage certificate, Divorce certificate, Court order, Hospital discharge, Death certificate, Burial record, Cemetery record, Funeral home record, Affidavit of death, Affidavit of marriage, Affidavit of divorce, Affidavit of parentage, Affidavit of guardianship, Affidavit of custody, Affidavit of adoption, Affidavit of emancipation, Affidavit of name change, Affidavit of sex change, Affidavit of gender change, Affidavit of marital status, Affidavit of marital dissolution, Affidavit of marital annulment, Affidavit of marital separation, Affidavit of marital reconciliation, Affidavit of marital agreement, Affidavit of marital contract, Affidavit of marital deed, Affidavit of marital will, Affidavit of marital trust, Affidavit of marital agreement, Affidavit of marital contract, Affidavit of marital deed, Affidavit of marital will, Affidavit of marital trust.

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Birth Certificates

- 1. On the date of registration, the registrant must be at least 18 years of age and a resident of Garfield County, Colorado.
- 2. The registrant must be the parent, grandparent, or other person with legal custody of the child.
- 3. The registrant must be the parent, grandparent, or other person with legal custody of the child.
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- 19. The registrant must be the parent, grandparent, or other person with legal custody of the child.
- 20. The registrant must be the parent, grandparent, or other person with legal custody of the child.

Death Certificates

- 1. The registrant must be the parent, grandparent, or other person with legal custody of the child.
- 2. The registrant must be the parent, grandparent, or other person with legal custody of the child.
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- 20. The registrant must be the parent, grandparent, or other person with legal custody of the child.

Marriage/Dissolution (Divorce) Certificates

- 1. The registrant must be the parent, grandparent, or other person with legal custody of the child.
- 2. The registrant must be the parent, grandparent, or other person with legal custody of the child.
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- 19. The registrant must be the parent, grandparent, or other person with legal custody of the child.
- 20. The registrant must be the parent, grandparent, or other person with legal custody of the child.

CERTIFIED

SEP 28 2016

Timothy Moody MD
Dr. Timothy Moody
Health District Officer
Garfield County Health District

49804

AA00038014