



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 sections 1 and 2: Seller/Grantor (Dan Kennedy, Estate of Diana M. Powers) and Buyer/Grantee (Linda L. Everett) information including names, addresses, and phone numbers.

Form section 3: Correspondence information for Linda L. Everett and a table for listing real and personal property tax parcel account numbers and assessed values.

Form section 4: Street address (1308 7th Street, Clarkston, WA) and location details (Asotin County, OR, Clarkston city).

Form section 5: Land Use Codes (11 Household, single family units) and a table for property tax exemption/deferral status.

Form section 6: Designation of forest land, current use, or special valuation as historical property.

Form section 7: Continuation notice (1) and compliance notice (2) for forest land or current use.

Form section 7: Continuation notice (3) and compliance notice (3) for historic property, and owner signature line.

Form section 7: List of personal property included in selling price.

Form section 7: Exemption information including WAC No. and reason for exemption.

Table with 2 columns: Description and Amount. Includes Statutory Warranty Deed (SWD), Date of Document (11/28/16), and a detailed breakdown of Gross Selling Price, taxes, and fees totaling \$2,131.70.

Form section 8: Signature and date of signing for both Grantor (Dan Kennedy) and Grantee (Linda L. Everett) on 11-28-16 in Clarkston, WA.

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)).

CERTIFIED

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SUPERIOR COURT OF WASHINGTON FOR ASOTIN COUNTY

| | | |
|---------------------------------|---|------------------------|
| In the Matter of the Estate of: |) | |
| |) | NO. 16 - 4 - 00059 - 5 |
| DIANA MARIE POWERS, |) | |
| |) | LETTERS TESTAMENTARY |
| Deceased. |) | |
| _____ |) | |

WHEREAS, the last Will of DIANA MARIE POWERS, deceased, was on the 14th day of July, 2016, duly exhibited, proven and recorded in our said Superior Court, a copy of which is hereto annexed; and whereas, it appears in and by the said Will that DAN KENNEDY is appointed as personal representative thereon;

Now, therefore, know all men by these presents, that we do hereby authorize the said DAN KENNEDY to execute said Will, with codicils attached, according to law.

WITNESS, Judge Scott D. Gallina of our said Superior Court, and the seal of said Court hereto affixed this 14th day of July, 2016.

Luci Jarnie, Deputy
Clerk of Superior Court



Law Office of Scott C. Broyles
901 Sixth Street
Clarkston, WA 99403
(509) 758-1636

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STATE OF WASHINGTON)
) ss
County of Asotin)

I, MARIE EGGART, County Clerk of the County of Asotin, State of Washington, and 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 original Letters Testamentary and of the whole thereof, as the same is 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 said Superior Court, this _____ day of July, 2015.

County Clerk and ex-officio Clerk
of the Superior Court

BY: _____
Deputy

*Law Office of Scott C. Broyles
901 Sixth Street
Clarkston, WA 99403
(509) 758-1636*

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STATE OF WASHINGTON)

: ss.

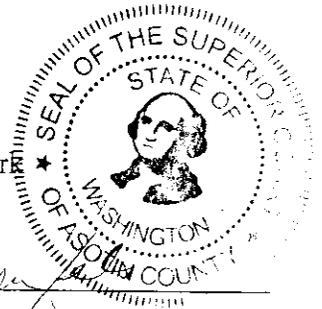
County of Asotin)

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 13th day of October 2016.

McKENZIE A. KELLEY, Clerk

By: Betty Wilson
Deputy Clerk



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

Return to:

AFFIDAVIT (LACK OF PROBATE)

Dan Kennedy, being first duly sworn, deposes and says: The undersigned affiant is the rightful heir to the real property described below, and is

SON-IN-LAW (relationship to decedent)

of Robert Edward Powers (decedent), who died on (date)

November 14, 2012, 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:

1308 7th Street

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 Asotin County recording number 350530 and 350531; 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)

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x Michelle A Kennedy - step daughter

- 52y

Full name, age, relationship, address

2811 Scenic Hills Dr

Clarkston, WA 99403

Full name, age, relationship, address

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Dated: 11/28/16

Dan Kennedy
Affiant's full name

Telephone number
2811 Scenic Hills DR.

Clarkston WA 99403
City State Zip Code

[Signature] 11/28/16
Signature Date

State of Washington County of Asotin

I know or have satisfactory evidence that Dan Kennedy
(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: November 28, 2016

[Signature]
Notary Public

Residing at: Lewiston, ID



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Asotin County, WA
Darla McKay Auditor

350530

08/12/2016 09:53 AM



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I-131 DC
Pgs=3 Fee:595.00
BROYLES & LAWS PLLC

RECORD AND RETURN TO:

SCOTT C. BROYLES
ATTORNEY AT LAW
P.O. BOX 208
CLARKSTON WA 99403

| | |
|---------------------------------|-----------------------------|
| DOCUMENT TITLE: | CERTIFICATE OF DEATH |
| NUMBER OF PAGES: | 3 (including cover) |
| DATE CERTIFICATE ISSUED: | 11/16/2012 |
| CERTIFICATE NUMBER: | _____ |
| NAME OF DECEASED: | ROBERT AUGUST POWERS |
| DATE OF DEATH: | 11/14/2012 |

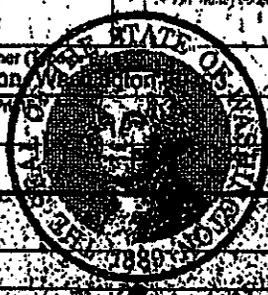
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STATE OF WASHINGTON DEPARTMENT OF HEALTH

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| | | | |
|---|--|--|---|
| 1. Legal Name (Last, First, Middle) ROBERT AUGUST POWERS | | 2. Date of Birth November 14, 2012 | |
| 3. Sex Male | 4. Age - Last Birthday 74 | 5. Under 1 Year None | 6. Under 1 Day None |
| 7. Social Security Number [REDACTED] | | 8. County of Death Asotin | |
| 9. Birth Date May 16, 1938 | 10. Birthplace (City, Town, or County) Orr Springs | 11. State of Birth Tennessee | 12. Decedent's Education High school graduate or GED completed |
| 13. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. | | 14. Decedent's Race(s) White | |
| 15. Was Decedent in U.S. Armed Forces? Yes | | 16. City or Town Clarkston | |
| 17. Residence Number and Street (e.g., 321 SE 7th St.) (Include Apt. No.) 1308 7th Street | | 18. State or Foreign Country Washington | |
| 19. Residence County Asotin | 20. Tribal Reservation Name (if applicable) | 21. Zip Code + 4 99403 | 22. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk |
| 23. Estimated length of time at residence 43 years | 24. Marital Status at Time of Death Married | 25. Surviving Spouse's or Domestic Partner's Name (Give name prior to last marriage) Diana Marie Mayer | |
| 26. Usual Occupation (Indicate type of work done during most of working life. (do not use retirement)) Kill Operator | | 27. Kind of Business/Industry (Do not use Company Name) Pulp & Paper Mill | |
| 28. Father's Name (First, Middle, Last) Robert Edward Powers | | 29. Mother's Name Before First Marriage (First, Middle, Last) Elsie Clytie Miller | |
| 30. Decedent's Name Robert A. Powers | | 31. Relationship to Decedent Wife | |
| 32. Mailing Address: 1308 7th Street, Clarkston, Washington 99403 | | | |
| 33. Place of Death, if Death Occurred in a Hospital Decedent's home | | | |
| 34. Facility Name (if not a facility, give number & street or location) 1308 7th Street | | 35. City, Town, or Location of Death Clarkston | 36. State WA |
| 37. Zip Code 99403 | | 38. Location - City, Town, and State Lewiston, Idaho | |
| 39. Method of Disposition Cremation | | 40. Place of Final Disposition (Name of cemetery, crematory, other place) Valley Crematory | |
| 41. Name and Complete Address of Funeral Facility Wilson's Express - Funeral Home, 920-21st Avenue, Lewiston, Idaho 83501 | | 42. Date of Disposition 11-16-2012 | |
| 43. Funeral Director Signature <i>[Signature]</i> | | | |
| 44. Cause of Death (See instructions and examples) - 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 particular condition without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. | | | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) End Stage CHF | | Interval between Onset & Death 5 years | |
| 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 | | Interval between Onset & Death | |
| Due to (or as a consequence of) | | Interval between Onset & Death | |
| Due to (or as a consequence of) | | Interval between Onset & Death | |
| 45. Other significant conditions contributing to death but not resulting in the underlying cause given above | | | |
| 46. Autopsy <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 47. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 48. Manner of Death | | | |
| 49. Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending | | 50. 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"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year | |
| 51. Date of Injury (mm/dd/yyyy) 11/16/2012 | | 52. Hour of Injury (24hrs) 10:10 | |
| 53. Place of Injury (e.g., Decedent's Home, construction site, restaurant, wooded area) | | 54. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk | |
| 55. Location of Injury - Number & Street 1308 7th Street | | 56. City or Town Clarkston | |
| 57. Describe how injury occurred [REDACTED] | | 58. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) | |
| 59. Certifying Physician (to be filled in by physician, nurse practitioner, or physician assistant) [Signature] | | 60. Medical Examiner/Coroner [Signature] | |
| 61. Name and Address of Coroner - Physician, Medical Examiner or Coroner Jayne Mackay, M.D., 1287 Belmont Way, Clarkston, Washington | | 62. Hour of Death (24hrs) 10:10 | |
| 63. Name and Title of Attending Physician (Other than Coroner) (Type of Physician) Medical Doctor | | 64. License Number 35944 | |
| 65. Signature of Physician [Signature] | | 66. Date Received (mm/dd/yyyy) 11-16-2012 | |
| 67. Annotations | | | |



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COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT entered into on this 8th day of May, 2012, between ROBERT A. POWERS and DIANA M. POWERS, husband and wife, for the purposes contained herein:

In consideration of the love and affection that each party has for the other, and in consideration of the mutual benefits to be derived hereunder, the parties agree as follows:

I.

All property of whatever nature or description whether real, personal or mixed and wherever situated, irrespective of the source, now owned or hereafter acquired by either or both parties, shall be considered and is hereby declared to be community property from this day forward.

II.

Upon the death of either party, title to all community property shall immediately vest in fee simple in the surviving party.

III.

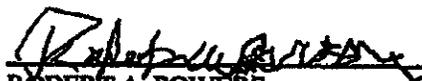
The parties hereto are executing contemporaneously with this Agreement Last Wills and Testaments. The purpose of each such Last Will and Testament is to supplement this agreement and to effectuate the complete transfer of each party's property. However, nothing contained herein shall be construed to be a contract to make mutual wills.

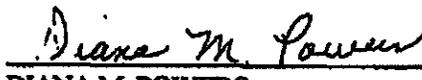
IN WITNESS WHEREOF, parties have signed this agreement on the date first written above.

Asotin County, WA
Darla McKay Auditor

350531

08/12/2016 09:54 AM


ROBERT A. POWERS


DIANA M. POWERS



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Page 2 Fee: \$74.00
BROYLES & LAWS PLLC

Broyles & Laws, PLLC
901 Sixth Street
Clarkston, WA 99403
509-758-1636

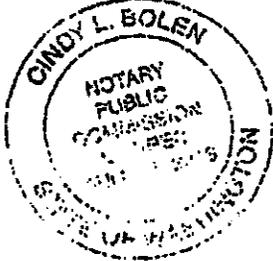
COMMUNITY PROPERTY AGREEMENT

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STATE OF WASHINGTON)
) ss
County of Asotin)

This is to certify that on this 8th day of May, 2012, personally appeared ROBERT A. POWERS and DIANA M. POWERS, husband and wife, to me known to be the individuals described in and who executed the within instrument, and acknowledged to me that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have set my hand and seal this 8th day of May, 2012.



Cindy L Bolen
NOTARY PUBLIC in and for the State of Washington,
residing at: LEWISTON, ID
My Commission Expires: 8/25/2013

COMMUNITY PROPERTY AGREEMENT

Broyles & Laws, PLLC
901 Sixth Street
Clarkston, WA 99403
509-758-1636

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