



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, 2, 3: Seller/Grantor (Bronkhorst 2005 Revocable Living Trust), Buyer/Grantee (Rosaellen M. Hillyer, Johnathan L. Hillyer), and correspondence details.

Section 4: Street address (1116 Benjamin St - Clarkston, WA 99403), location (Asotin County), and exemption details.

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

Section 6: Property classification questions (forest land, current use, historical property).

(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...

This land does not qualify for continuance.

(2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY) NEW OWNER(S): To continue special valuation as historic property...

(3) OWNER(S) SIGNATURE PRINT NAME

Section 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) Reason for exemption

Table with 2 columns: Description, Amount. Includes Statutory Warranty Deed (SWD), Gross Selling Price (\$94,000.00), Excise Tax (State \$1,203.20, Local \$235.00), and Total Due (\$1,443.20).

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

Section 8: I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. Signatures of 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...

REV 84 0001a (6/26/14)

THIS SPACE - TREASURER'S USE ONLY

COUNTY TREASURER

ATEC CK# 17938 (handwritten)

PAID

DEC 02 2016

ASOTIN COUNTY TREASURER

49393

D. Any Trustee may resign at any time upon giving written notice, deposited the United States Mail, postage prepaid, and addressed to the following:

- (1) The Grantors, or the Surviving Grantor;
- (2) Any co-trustee;
- (3) All adult beneficiaries who are entitled or authorized to receive income payments from the Trust at that time; and
- (4) The parents or guardians of any minor beneficiary who is entitled or authorized to receive income payments from the Trust at that time.

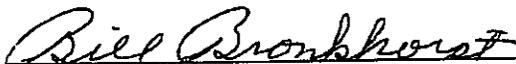
Any such resignation shall be effective at the expiration of thirty (30) days from the date of mailing such notice.

E. Upon the death, incapacity or resignation of either BILL BRONKHORST or RUTH L. BRONKHORST, then the other shall serve as sole trustee. Upon the death, incapacity or resignation of both BILL BRONKHORST and RUTH L. BRONKHORST as trustee, then CHERYL FULLER and JOE BRONKHORST are hereby appointed as successor Co-Trustees. In the event either CHERYL FULLER or JOE BRONKHORST is unable or unwilling to serve as Trustee, then ROBERT BRONKHORST is hereby appointed as successor Co-Trustee. In the event ROBERT BRONKHORST is unable or unwilling to serve as Trustee, then BRENDA BRONKHORST is hereby appointed as successor Co-trustee.

Incapacity, as used herein, shall mean that the Trustee is, in the judgment of two (2) physicians licensed to practice medicine in the state of Idaho, or the state of Washington, (or in such other state of which the respective Trustee is a resident at that time) unable to manage his financial affairs, whether because of illness or for any other reason.

The successor Trustee shall be vested with all the rights, powers, and privileges of the original Trustee. The successor Trustee shall have no responsibility or accountability for the acts of a predecessor Trustee; his accountability and responsibility shall be limited to those assets or properties, record title to which is in the name of the predecessor Trustee at the date when the successor Trustee commences to act and which are delivered into his possession or the existence of which are brought to his actual knowledge.

IN WITNESS WHEREOF, the parties have hereunto set their hands the day and year first above written.


BILL BRONKHORST


RUTH L. BRONKHORST

Return Address

Alliance Title & Escrow
735 5th St.
Clarkston, WA 99403

Please print or type information

Document Title(s) (or transactions contained therein): 1. Death Certificate 2. 3. 4.
Grantor(s) (Last name first, then first name and initials): 1. Bronkhorst, Ruth Louse 2. 3. 4. <input type="checkbox"/> Additional names on page ___ of document.
Grantee(s) (Last name first, then first name and initials): 1. 2. 3. 4. <input type="checkbox"/> Additional names on page ___ of document.
Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.) Lot 21, Block 2, Dr. Boston's Addition <input type="checkbox"/> Additional legal is on page ___ of document.
Reference Number(s) of Documents assigned or released: <input type="checkbox"/> Additional numbers on page ___ of document.
Assessor's Property Tax Parcel/Account Number 1-064-02-021-0000-0000 <input type="checkbox"/> Property Tax Parcel ID is not yet assigned <input type="checkbox"/> Additional parcel numbers on page ___ of document
The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

49893

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-015948

LOCAL FILE NUMBER: 0013RB

DATE ISSUED: 07/18/2014

FEE NUMBER: 000000012

GIVEN NAMES: RUTH LOUISE
LAST NAME: BRONKHORST

COUNTY OF DEATH: GARFIELD
DATE OF DEATH: July 12, 2014 FOUND
HOUR OF DEATH: 02:00 P.M. PRESUMED
SEX: FEMALE
AGE: 80 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: SEPTEMBER 14, 1933
BIRTHPLACE: SPOKANE, SPOKANE CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: BILL BRONKHORST

OCCUPATION: HOME MAKER/FARMER
INDUSTRY: OWN HOME/FARMING
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

INFORMANT: BILL BRONKHORST
RELATIONSHIP: HUSBAND
ADDRESS: 2871 HIGHWAY 12 E, POMEROV WA, 99347

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 2871 HIGHWAY 12 E
CITY, STATE, ZIP: POMEROV, WASHINGTON 99347

RESIDENCE STREET: 2871 HIGHWAY 12 E
CITY, STATE, ZIP: POMEROV, WASHINGTON 99347
INSIDE CITY LIMITS? NO

COUNTY: GARFIELD
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 42 YEARS

FATHER: BILL CARNEY
MOTHER: ROSE CREAMER

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: VINELAND CEMETERY
CITY, STATE: CLARKSTON, WA
DISPOSITION DATE: JULY 17, 2014

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

CAUSE OF DEATH:

- A. HEAT STROKE
INTERVAL: HOURS
- B. EXTENDED EXPOSURE TO SUN AND HEAT
INTERVAL: HOURS
- C. HEART CONDITION
INTERVAL: YEARS
- D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL
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: POMEROV WA 99347
DATE SIGNED: JULY 17, 2014

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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



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

LOCAL DEPUTY REGISTRAR:
KATHY CROWNER
DATE RECEIVED: JULY 17, 2014

49893

DOH 01-003 (5/98)



Affidavit for Correction

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

This is a legal Document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
Use the section below for requesting any changes on the record.				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution				
1. Name on record:		2. Date of Event:		3. Place of Event: (City or County)
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)			5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)	
The Record is incorrect or incomplete as follows:				
6. The Record now shows:			7. The True fact is:	
8.			9.	
10.			11.	
12.			13.	
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)				Telephone Number:
I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.				
15. Signature:		16. Date:	17. Address:	

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit
Examples of documentary proof: Certificate of Naturalization, Hospital Records, Insurance Records, Marriage/Divorce Records, Medical Record, Military Record (DD-214), Birth Record, Passport, School Record, Voter's Registration Card (if it bears an effective date), Alien Registration Card (front and back)

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe, Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or death) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

JUL 18 2014

Timothy Moody MD AMC
Dr. Timothy Moody
Health District Officer
Garfield County Health District
NN00668752
49893



Timothy C. Ball, MD
 William R. Bennett, MD
 Russell Blakeley, MD
 Eteri S. Byazrova, MD
 Donald A. Chilson, MD
 Dennis B. Cooke, MD
 John P. Everett, MD
 Angelo S. Ferraro, MD
 Ronald M. Fritz, DO

Lee W. Gould, MD
 R. Dean Hill, MD
 Michael D. Hostetler, MD
 Marek Janout, MD
 Ronald D. Jenkins, MD
 Keith A. Kadel, MD
 Kevin M. Kavanaugh, MD
 Timothy J. Lessmeier, MD
 Edward MacInerney, MD

Aaron J. Notestine, MD
 Eric C. Orme, MD
 Nathan E. Spence, MD
 Wolfgang J.T. Spyra, MD
 Matthew Taylor, MD
 Stephen T. Thew, MD
 L. Douglas Waggoner Jr., MD
 Eric Wallace, DO
 Michael P. Williams, MD

November 28, 2016

To Whom It May Concern

RE: Bill Bronkhorst
 DOB: 1/3/1931

Mr. Bronkhorst is severely debilitated with dementia and multiple CVAs. He is completely unable to handle any of his personal or business affairs.

Thank you for your concern.

Lee W Gould, MD, FACC
 LG/lc: 412616

49893

Coeur d'Alene
 700 Ironwood Dr
 Suite 325
 Coeur d'Alene, ID 83814
 208-625-1250 tel
 208-625-1251 fax

Spokane – Downtown
 102 W. 7th Ave
 Suite 310
 Spokane, WA 99204
 509-847-2500 tel
 509-847-2501 fax

Spokane – Northside
 212 E. Central Ave
 Suite 335
 Spokane, WA 99208
 509-847-2600 tel
 509-847-2601 fax

Post Falls
 1300 E. Muller Ave
 Suite 509
 Post Falls, ID 83854
 208-625-5530 tel
 208-625-5531 fax

Sandpoint
 423 N. 3rd Ave
 Suite 250
 Sandpoint, ID 83866
 208-766-7070 tel
 208-766-7071 fax

Clarkston
 1119 Highland Ave
 Suite 4
 Clarkston, WA 99403
 509-769-2929 tel
 509-769-2930 fax



Date: 12/02/2016

RECIPIENT: Bill Bronkhorst
2871 Highway 12 E
Clarkston, Washington 99403

To Whom It May Concern,

This letter is to advise that my patient, Bill Bronkhorst, has been incapacitated and is not expected to recover sufficiently to reassume his own decision making process. His daughter, Cheri Fuller, is documented as Power of Attorney and thus is in charge of all decision making for Bill at this time.

Sincerely,

A handwritten signature in black ink, appearing to be "W. Ellison", written over a horizontal line.

Dr. Warren Ellison
1119 Highland Ave, STE 10
Clarkston, WA 99403
509-758-1450

49893