

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.

1	Name <u>The Estate of Seth DeRoy Grover, deceased</u>	2	Name <u>Carma J. Grover, an unmarried woman</u>
SELLER GRANTOR	Mailing Address <u>2747 9th Ave.</u>	BUYER GRANTEE	Mailing Address <u>2747 9th Avenue</u>
	City/State/Zip <u>Clarkston, WA 99403</u>		City/State/Zip <u>Clarkston, WA 99403</u>
	Phone No. (including area code) _____		Phone No. (including area code) _____
3	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 _____		<u>1-270-010280000</u> <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>125,700</u>	

4 Street address of property: 2747 9th Avenue, Clarkston, WA 99403

The property is located in unincorporated _____ County OR within city of Clarkston

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)

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

5 Select Land Use Code(s): 11

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"/>

6

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 type="checkbox"/>	<input checked="" 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 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

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-202-4

Reason for exemption Community Property - Transfer to surviving spouse

Type of Document Lack of Probate Affidavit

Date of Document 12/15/16

Gross Selling Price \$	0.00
*Personal Property (deduct) \$	0.00
Exemption Claimed (deduct) \$	0.00
Taxable Selling Price \$	0.00
Excise Tax: State \$	_____
Local \$	_____
*Delinquent Interest: State \$	_____
Local \$	_____
*Delinquent Penalty \$	_____
Subtotal \$	_____
*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 _____

Name (print) Katie Grover - Chicago Title

Date & city of signing Vancouver 12/19/16

Signature of _____

Grantee or Grantee's Agent Becca Ambuel

Name (print) Becca Ambuel

Date & city of signing Vancouver 12/19/16

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
 County Assessor
 Dept. of Revenue
 Taxpayer

Escrow No.: 622-83121-KMG

Chicago Title
AT&T CK# 585042142

Fee

PAID
DEC 22 2016
ASOTIN COUNTY
TREASURER

48926



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

Return to:

Carma Grover
2747 9th Avenue
Clarkston, WA 99403

AFFIDAVIT (LACK OF PROBATE)

CARMA J. GROVER being first duly sworn, deposes and says:
 The undersigned affiant is the rightful heir to the real property described below, and is
the spouse (relationship to decedent)
 of SETH DEROT GROVER (decedent), who died on (date)
JUNE 12, 2015, 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:

2747 9th AVENUE
CLARKSTON WASHINGTON 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)

Full name, age, relationship, address

Ken Ken Grover son - 50

3211 Heid Caldwell Idaho

Full name, age, relationship, address

Kerwin Grover 56 son

9754 9th ave Lakewood WA

Full name, age, relationship, address

Cathy Blisney 55

Rigby Idaho

Full name, age, relationship, address

Caryn Staker - 49 daughter

Peri dale Wyoming

Full name, age, relationship, address

Cindy ~~son~~ Inell 46 daughter

Webster Pullman WA

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

49926

Dated: 12/15/16

Carma Jean Grover
Affiant's full name

Telephone number
509-522-1968

0 Clarkston # Street
City WA State
99403 Zip Code

Carma J Grover
Carma Jean Grover Signature
12/15/16 Date

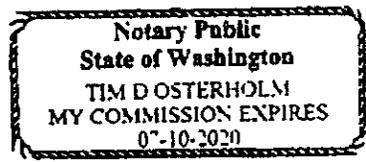
State of WASHINGTON County of ASOTIN

I know or have satisfactory evidence that CARMA J. GROVER
(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: 12/15/2016

T-D. [Signature]



Notary Public
Residing at: Spokane Valley, WA

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
CERTIFICATE OF DEATH

Date Filed JUNE 16, 2015

State File No. 2015-05800

DECEDENT - LEGAL NAME SETH DERBY GROVER			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 75 YEARS	DATE OF BIRTH NOVEMBER 02, 1939
BIRTHPLACE REXBURG, IDAHO		PLACE OF RESIDENCE CLARKSTON, WASHINGTON	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (if wife, maiden name) CARMA JEAN CORBETT	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME SETH BENNETT GROVER			BIRTHPLACE IDAHO
MOTHER - MAIDEN NAME MARGARET EMMA WRIGHT			BIRTHPLACE IDAHO
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE DENNIS W. HASTINGS	
NAME AND ADDRESS OF FUNERAL FACILITY VASSAR-RAWLS FUNERAL HOME, LEWISTON, IDAHO			
DATE OF DEATH JUNE 12, 2015	TIME OF DEATH 3:10 A.M.	CITY, TOWN OR LOCATION OF DEATH LEWISTON, IDAHO	COUNTY OF DEATH NEZ PERCE
CAUSE OF DEATH (underlying cause last) PROGRESSIVE PANCREATIC CANCER			Approximate Interval Between Onset and Death WEEKS
DUE TO (or as a consequence of): WEAKNESS AND DEBILITATION SECONDARY TO THE CANCER			WEEKS
DUE TO (or as a consequence of): c.			
DUE TO (or as a consequence of): d.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above NONE STATED			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER SUSHMA PANT, M.D.		TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY WORK
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

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: JUNE 16, 2015

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

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