

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, indicate % sold.

List percentage of ownership acquired next to each name.

SELLER GRANTOR	1 Name <u>JULIE HYMAS</u>	BUYER GRANTEE	2 Name <u>JULIE HYMAS</u>
	Mailing Address <u>462 PLAYA DELLA ROSITA</u>		Mailing Address <u>462 PLAYA DELLA ROSITA</u>
	City/State/Zip <u>WASHINGTON, UT 84780</u>		City/State/Zip <u>WASHINGTON, UT 84780</u>
	Phone No. (including area code) <u>(435) 656-0057</u>		Phone No. (including area code) <u>(435) 656-0057</u>
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 _____		1-123-00-005-000-000 <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>109000</u>	

4 Street address of property: 1145 12TH STREET, CLARKSTON, WASHINGTON

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)
See attached Exhibit A

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

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 type="checkbox"/>

6

	YES	NO
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.
None

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 Lack of Probate Affidavit
Date of Document 6/30/17

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

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

Signature of Grantor or Grantor's Agent <u>Julie Hymas</u>	Signature of Grantee or Grantee's Agent <u>Julie Hymas</u>
Name (print) <u>Julie Hymas</u>	Name (print) <u>Julie Hymas</u>
Date & city of signing: <u>6/30/17 - Washington, UT</u>	Date & city of signing: <u>6/30/17 Washington, UT</u>

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)).

Creason, Moore, Dorken, & Heidl
CK# 11828

ASOTIN COUNTY TREASURER

50387

Exhibit A

1145 12th Street, Clarkston, Asotin County, Washington, and more particularly described as follows:

BEGINNING at the Southwest corner of Lot (4) of Block (3) South of Clarkston, Washington, running thence North on the West line of said Lot Four a distance of 100 feet, thence at right angles East and parallel to the South boundary line of said Lot Four, a distance of 140 feet to the East boundary line of said Lot Four, thence South along the said East boundary line of said Lot Four a distance of 100 feet to the Southeast corner of said Lot Four, thence, West along the South boundary line of said Lot Four a distance of 140 feet to the place of beginning, now known as "Lot Five (5) of the Tratz Sub-division of Lot (8) of Clears Sub-division of Lot Four (4) of Block (3) South of Clarkston, Washington," since the dedication of Tratz sub-division recorded July 22, 1919 Book C of Plats, Page 46 Records of Asotin County, Washington.

Tax Parcel No. 1-123-00-005-000-000

50387

AFTER RECORDING, RETURN TO:

Paul B. Burris
Creason, Moore, Dokken & Geidl, PLLC
P. O. Drawer 835
Lewiston ID 83501

LACK OF PROBATE AFFIDAVIT

Reference Numbers of Related Documents: N/A

Grantor: HYMAS, JULIE

Grantee: HYMAS, JULIE

Legal Description:

1. Real property located in Asotin County, Washington, described as follows:

BEGINNING at the Southwest corner of Lot (4) of Block (3) South of Clarkston, Washington, running thence North on the West line of said Lot Four a distance of 100 feet, thence at right angles East and parallel to the South boundary line of said Lot Four, a distance of 140 feet to the East boundary line of said Lot Four, thence South along the said East boundary line of said Lot Four a distance of 100 feet to the Southeast corner of said Lot Four, thence, West along the South boundary line of said Lot Four a distance of 140 feet to the place of beginning, now known as "Lot Five (5) of the Tratz Sub-division of Lot (8) of Clears Sub-division of Lot Four (4) of Block (3) South of Clarkston, Washington," since the dedication of Tratz sub-division recorded July 22, 1919 Book C of Plats, Page 46 Records of Asotin County, Washington.

2. Additional legal description is included in the Lack of Probate Affidavit

3. Assessor's Parcel No. 1-123-00-005-000-000

50387

AFTER RECORDING MAIL TO:

Paul B. Burris
P. O. Drawer 835
Lewiston, ID 83501

**AFFIDAVIT OF JULIE HYMAS
LACK OF PROBATE - REAL PROPERTY**

STATE OF UTAH)
 : ss.
County of Washington)

Julie Hymas, being first duly sworn, deposes and says:

Affiant is the lawful surviving spouse of Lorenzo Charles Hymas, who took title in the name of "Roy Hymas", who died on January 23, 2014 in Washington, Washington County, Utah, then being a resident of Washington, Washington County, Utah. A copy of the Certificate of Death is attached hereto.

Affiant has hereinbelow identified each and all of the heirs at law of decedent, including but not limited to his children, adopted children and the issue of any predeceased child or adopted child.

That the heirs of law of decedent are:

**AFFIDAVIT OF JULIE HYMAS
LACK OF PROBATE – REAL PROPERTY - 1**

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

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NAME AND ADDRESS	RELATIONSHIP
Julie Hymas 462 Playa Della Rosita Washington, UT 84780	Wife Adult
Ronald Val Hymas 2959 W. 38253 West Haven, UT 84401	Son Adult
Jace Wade Hymas 5761 Ferron Dircle Taylorsville, UT 84129	Son Adult
Cindy L. Hymas Stringham 2875 Hwy 52 Payette, ID 83661	Daughter Adult
Julie Rae Hymas Sullivan 6403 Adams Road New Plymouth, ID 83655	Daughter Adult

That affiant knows of her own knowledge, and so states, that each and all of the obligations against the marital community and against the estate of the decedent (including but not limited to: all the debts of decedent, all of the expenses of decedent's last illness, funeral and burial, promissory notes, installment contracts and mortgages, state and federal succession taxes upon decedent's estate, if applicable) have been paid in full.

Decedent left a Last Will and Testament, which HAS NOT been probated or revoked. A copy of which is attached hereto.

This affidavit is made solely to transfer the Estate's interest in real property commonly referred to as 1145 12th Street, Clarkston, Asotin County, Washington, and more particularly described as follows:

**AFFIDAVIT OF JULIE HYMAS
LACK OF PROBATE – REAL PROPERTY - 2**

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

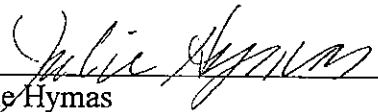
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BEGINNING at the Southwest corner of Lot (4) of Block (3) South of Clarkston, Washington, running thence North on the West line of said Lot Four a distance of 100 feet, thence at right angles East and parallel to the South boundary line of said Lot Four, a distance of 140 feet to the East boundary line of said Lot Four, thence South along the said East boundary line of said Lot Four a distance of 100 feet to the Southeast corner of said Lot Four, thence, West along the South boundary line of said Lot Four a distance of 140 feet to the place of beginning, now known as "Lot Five (5) of the Tratz Sub-division of Lot (8) of Clears Sub-division of Lot Four (4) of Block (3) South of Clarkston, Washington," since the dedication of Tratz sub-division recorded July 22, 1919 Book C of Plats, Page 46 Records of Asotin County, Washington.

Tax Parcel No. 1-123-00-005-000-000

Affiant hereby agrees to indemnify and hold harmless any person or entity who is damaged economically as the result of transferring or accepting title in reliance upon the representations in this document.

DATED This 30 day of June, 2017.



Julie Hymas
462 Playa Della Rosita
Washington, UT 84780

**AFFIDAVIT OF JULIE HYMAS
LACK OF PROBATE – REAL PROPERTY - 3**

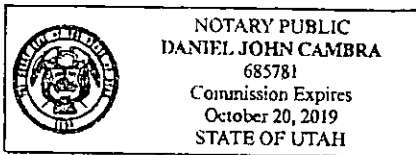
**Creason, Moore, Dokken & Geidl, PLLC
P.O. Drawer 835, Lewiston ID 83501
(208)743-1516; Fax(208)746-2231**

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STATE OF UTAH)
 : ss.
County of Washington)

On this 30 day of June, 2017, before me, the undersigned, a notary public in and for said state, personally appeared Julie Hymas, known or identified to me to be the individual described in and who executed the foregoing instrument and acknowledged that she signed and sealed the same as her own free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN UNDER MY HAND AND OFFICIAL SEAL the day and year in this certificate first above written.



(SEAL)



Notary Public in and for said state,
residing at or employed in Sj. Geisler
My Commission Expires: 10/20/2019

AFFIDAVIT OF JULIE HYMAS
LACK OF PROBATE – REAL PROPERTY - 4

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

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STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2014001133

Lorenzo Charles Hymas

DECEDENT INFORMATION

Date of Death:	January 23, 2014	Time of Death:	10:00
City of Death:	Washington	County of Death:	Washington
Age:	80	Date of Birth:	July 16, 1933
Place of Birth:	Paris, Idaho	Sex:	Male
Armed Services:	Yes	Marital Status:	Married
Spouse's Name:	Julie Fillerup	Usual Occupation:	Teamster
Industry/Business:	Construction	Education:	9th Through 12th Grade
Residence:	Washington, Utah	Father's Name:	Walter Crossley Hymas
Mother's Name:	Lillian Stucki	Facility Type:	Home
Facility or Address:	462 Playa Della Rosita		

INFORMANT INFORMATION

Name:	Julie E Hymas	Relationship:	Wife
Mailing Address:	462 Playa Della Rosita, Washington, Utah 84780		

DISPOSITION INFORMATION

Method of Disposition: Burial
Place of Disposition: Murray City Cemetery, Murray, Utah
Date of Disposition: January 28, 2014

FUNERAL HOME INFORMATION

Funeral Home: McMillan Mortuary
Address: 265 West Tabernacle Street, St George, Utah 84770
Funeral Director: Robert K McMillan

MEDICAL CERTIFICATION

Medical Professional: Joshua Frame MD, 292 S. 1470 E. #100, Saint George (Washington), Utah 84790

CAUSE OF DEATH

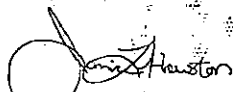
Chronic Heart Failure
Tobacco Use: Non-user
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Registered: January 28, 2014

Date Issued: January 28, 2014

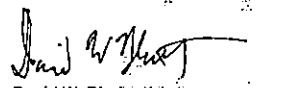
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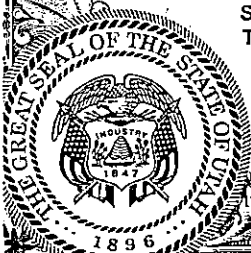
This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics. Security features of this official document include: Intaglio Border, V & R images in top cycloids, and intaglio microtext. This document displays the date, seal and signature of the Utah State Registrar and the County/District Health Officer.


Janice L. Houston
State Registrar
Rev. 6/13



* 0 6 3 9 2 . 1 4 2 7 *


David W. Blodgett
Director/Health Officer
County/District Health Department



AFFIDAVIT FOR CORRECTION

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE. A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

All vital records are registered as received. Corrections must be made by affidavit. An item on the birth certificate may be corrected by affidavit only once; a court order will be required for subsequent corrections.

**PLEASE RETURN ALL COPIES WITH ONE COMPLETED AFFIDAVIT WITHIN 90 DAYS FOR REPLACEMENT TO:
VITAL RECORDS, PO BOX 141012, SALT LAKE CITY, UTAH 84114-1012.
OR BRING COPIES AND COMPLETED AFFIDAVIT TO OUR OFFICE AT 288 NORTH 1460 WEST, SALT LAKE CITY, UTAH.**

BIRTH CERTIFICATES

1. List the facts exactly as stated on the reverse side. Opposite each item, correct the information as it should have been stated at the time of the birth.
2. If the person listed on the record is under 18 years of age, both parents of record **MUST** sign the affidavit. If the person listed on the record is 18 years or older, he/she **MUST** sign as one of the witnesses. Parents are the preferred witnesses for the second signature. If no father is listed on the record, an immediate relative of the mother may sign if he/she is of legal age. All signatures **MUST** be notarized.
3. The parent(s) may add or correct the surname from that listed on the record until the child's first birthday without documentation. The first, and/or middle name can be corrected or added without documentation until the child's sixth birthday.
4. This affidavit cannot be used to add a father or correct medical information on a birth certificate.
5. A Delayed Birth Certificate requires a court order to make any corrections.

DEATH CERTIFICATES

1. List the facts exactly as stated on the reverse side. Opposite each item, correct the information as it should have been stated at the time of the death.
2. This form is to be used to correct non-medical information **ONLY**. The informant **MUST** sign as a witness along with an immediate member of the decedent's family, or a person who is knowledgeable of the facts. Corrections to marital status **MUST** be approved and processed by the State Office of Vital Records and Statistics. Contact our office for assistance.
3. All medical information **MUST** be corrected with a **MEDICAL AFFIDAVIT** completed by the health care provider who signed the original death certificate.

BIRTH

DEATH

STILLBIRTH

STATE FILE NUMBER _____

NAME AS REPORTED ON REVERSE	1a. FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME
STATEMENT OF CORRECTIONS	2a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD		2b. CORRECT INFORMATION
WHY IS CHANGE NECESSARY?	3. _____		
DOCUMENTS USED TO AMEND RECORD	4. _____		
OATH OF FIRST WITNESS (MUST BE 18 OR OLDER)	I hereby certify, under penalty of perjury, that I have personal knowledge of the above facts and that the information given is true and correct.		
	5. SIGNATURE OF WITNESS		Subscribed & Sworn to before me this ____ day of ____ 20__
	6. DATE SIGNED	7. AGE OF WITNESS	8. DAYTIME TELEPHONE OF WITNESS ()
	9. ADDRESS OF WITNESS (Street, City, State, Zip)		
	10. RELATIONSHIP TO PERSON IN 1a. (Circle one) Self Parent/Guardian Spouse Funeral Director Informant Other (Specify)		
OATH OF SECOND WITNESS (MUST BE 18 OR OLDER)	I hereby certify, under penalty of perjury, that I have personal knowledge of the above facts and that the information given is true and correct.		
	11. SIGNATURE OF WITNESS		Subscribed & Sworn to before me this ____ day of ____ 20__
	12. DATE SIGNED	13. AGE OF WITNESS	14. DAYTIME TELEPHONE OF WITNESS ()
	15. ADDRESS OF WITNESS (Street, City, State, Zip)		
	16. RELATIONSHIP TO PERSON IN 1a. (Circle one) Self Parent/Guardian Spouse Funeral Director Informant Other (Specify)		

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LAST WILL AND TESTAMENT

BE IT KNOWN, that I, Roy L.C. Hymas of
1142 Mead Av, Salt Lake, County of Salt Lake
 in the State of UTah being of sound mind, do make and declare this to
 be my Last Will and Testament expressly revoking all my prior Wills and Codicils at any time made.

I. PERSONAL REPRESENTATIVE:

I appoint Julie Fillerup Hymas of 1142 Mead Av,
Salt Lake City, as Personal Representative of this my Last Will and Testament and provide if this Personal
 Representative is unable or unwilling to serve then I appoint _____ of
 _____, as alternate Personal Representative. My Personal Representative shall
 be authorized to carry out all provisions of this Will and pay my just debts, obligations and funeral expenses. I
 further provide my Personal Representative shall not be required to post surety bond in this or any other jurisdiction,
 and direct that no expert appraisal be made of my estate unless required by law.

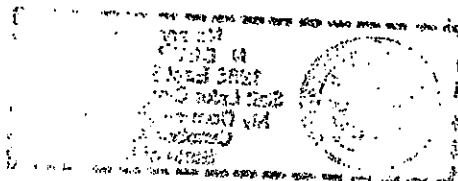
II. GUARDIAN:

In the event I shall die as the sole parent of minor children, then I appoint _____
 _____, as Guardian of said minor children. If this named Guardian is
 unable or unwilling to serve, then I appoint _____
 as alternate Guardian.

III. BEQUESTS:

I direct that after payment of all my just debts, my property be bequeathed in the manner following:

All my property of every kind & description,
 whether in the state of UTah or any other state
 together with any and all assets of every kind
 & description are to be left solely to my
 wife, Julie Fillerup Hymas, and none other(s)
 to keep or do with as she sees fit.



R.L.C.H.
 Testator Initial

Execute and attest before a notary.

Caution: Louisiana residents should consult an attorney before preparing a will.



IN WITNESS WHEREOF, I have hereunto set my hand this 6TH day of MARCH, 1995, to this my Last Will and Testament.

Roy L. C. Hymas
Testator Signature

IV. WITNESSED:

The testator has signed this will at the end and on each other separate page, and has declared or signified in our presence that it is his/her last will and testatment, and in the presence of the testator and each other we have hereunto subscribed our names this 6TH day of MARCH, 1995.

Donna Smith
Witness Signature

1225 S. Redwood Rd Sec West
Address 84104

[Signature]
Witness Signature

1795 So. Redwood Rd SEC W 174107
Address

Rosalinda Garibay
Witness Signature

2883 W. Wiltshire way
Address

We, DONNA SMITH and SABRENA KOEHLER
ROSALINDA GARIBAY

the testator and the witnesses, respectively, whose names are signed to the attached and foregoing instrument, were sworn and declared to the undersigned that the testator signed the instrument as his/her Last Will and that each of the witnesses, in the presence of the testator and each other, signed the will as witnesses.

Testator: Roy L. C. Hymas

Witness Donna Smith

Witness [Signature]

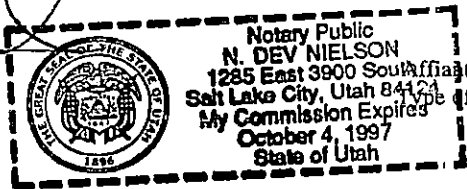
Witness Rosalinda Garibay

State of UTAH
County of SALT LAKE

On MARCH 6 1995 before me, N. DEW NIELSON
appeared Roy C. Hymas

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.

Signature [Signature]



Known X Produced ID
WT. DL 150060174
(Seal)

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