

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.

SELLER GRANTOR	1 Name <u>Jenny L. Ruchert, Personal Representative of the Estate of Janice Schelbe</u>	BUYER GRANTEE	2 Name <u>Richard Hough</u>
	Mailing Address <u>13204 E. 10th Ave.</u>		Mailing Address <u>P.O. Box 192</u>
	City/State/Zip <u>Spokane WA 99216</u>		City/State/Zip <u>Anatone WA 99401</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>Richard Hough</u>		20084600820000000 <input type="checkbox"/>	
Mailing Address <u>P.O. Box 192</u>		20084600530000000 <input type="checkbox"/>	
City/State/Zip <u>Anatone WA 99401</u>		20084600537000000 <input type="checkbox"/>	
Phone No. (including area code) _____		_____ <input type="checkbox"/>	
		List assessed value(s)	
		1,090.00	
		1,970.00	
		208.00	

4 Street address of property: Bare land - Anatone, WA 99401

This property is located in unincorporated Asotin County OR within city of Unincorp

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.

See attached legal description.

5 Select Land Use Code(s):
91 Undeveloped land (land only)

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)?

6 YES NO

Is this property designated as forest land per chapter 84.33 RCW?

Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW?

Is this property receiving special valuation as historical property per chapter 84.26 RCW?

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) _____

Reason for exemption _____

Type of Document Statutory Warranty Deed (SWD)

Date of Document 07/03/18

Gross Selling Price \$	<u>45,000.00</u>
*Personal Property (deduct) \$	<u>0.00</u>
Exemption Claimed (deduct) \$	<u>0.00</u>
Taxable Selling Price \$	<u>45,000.00</u>
Excise Tax : State \$	<u>576.00</u>
Local \$	<u>112.50</u>
*Delinquent Interest: State \$	<u>0.00</u>
Local \$	<u>0.00</u>
*Delinquent Penalty \$	<u>0.00</u>
Subtotal \$	<u>688.50</u>
*State Technology Fee \$	<u>5.00</u> <u>5.00</u>
*Affidavit Processing Fee \$	<u>0.00</u>
Total Due \$	<u>693.50</u>

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>Jenny L. Ruchert</u>	Signature of Grantee or Grantee's Agent <u>Richard Hough</u>
Name (print) <u>Jenny L. Ruchert, Personal Representative</u>	Name (print) <u>Richard Hough</u>
Date & city of signing: <u>7/6/2018 - Clarkston, WA</u>	Date & city of signing: <u>7/5/2018 - Clarkston, WA</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)).

REV 84 0001a (6/26/14) THIS SPACE - TREASURER'S USE ONLY COUNTY TREASURER

ATEC CK# 24114
VA
PTE

PAID
JUL 06 2018
ASOTIN COUNTY TREASURER
51379

EXHIBIT "A"

399126

The South ½ of Section 5 and the North ½ of the Northwest Quarter of Section 8, Township 8 North, Range 46 East of the Willamette Meridian, Asotin County, Washington, lying West of the West right of way line of State Route 129.

EXCEPTING therefrom that portion contained in Warranty Deed recorded January 22, 1960 as Instrument No. 73775.

AND ALSO EXCEPTING therefrom that part of the Northwest Quarter of the Northwest Quarter of said Section 8 more particularly described as follows:


Commencing at the Southeast corner of said Northwest Quarter of the Northwest Quarter; thence South 89°55' West along the South boundary line of said Northwest Quarter of the Northwest Quarter a distance of 680.00 feet more or less to a point on the West right of way line of P.S.H. No. 3 (SR129), said point being the True Point of Beginning; thence continue South 89°55' West along the South boundary line of said Northwest Quarter of the Northwest Quarter a distance of 226.90 feet; thence North 28°05' East a distance of 707.10 feet; thence South 61°55' East a distance of 200.00 feet to a point on the West right of way line of P.S.H. No. 3 (SR129); thence South 28°05' West along said right of way a distance of 600.00 feet to the True Point of Beginning.

AND ALSO EXCEPTING therefrom that part of the Northwest Quarter of the Northwest Quarter of said Section 8 more particularly described as follows:

Beginning at the Southwest corner of said Northwest Quarter of the Northwest Quarter; thence North 0°37'36" West along the West line of said Northwest Quarter of the Northwest Quarter a distance of 52.56 feet; thence North 89°50' East a distance of 468.01 feet; thence South 28°05' West a distance of 61.11 feet to a point on the South line of Northwest Quarter of the Northwest Quarter; thence West along said South line a distance of 438.66 feet to the Point of Beginning.

AND ALSO EXCEPTING that portion of said parcel lying North and East of the North line of Onstot Road.

FILED
JAN 10 2017
Timothy W. Fitzgerald
SPOKANE COUNTY CLERK

 <p>SUPERIOR COURT OF WASHINGTON, COUNTY OF SPOKANE</p>	
ESTATE OF: Janice M. Scheibe, Deceased.	CASE NO. 17-4-00032-1 LETTERS TESTAMENTARY (LTRTS)

I. BASIS

- 1.1 The last will of the decedent(s), late of **Spokane County, Washington** was exhibited, proven and recorded in this court on: **January 10, 2017**
- 1.2 In that will: **JENNY L. RUCHERT** is named personal representative.
- 1.3 The personal representative has qualified.

II. AUTHORIZATION

THIS CERTIFIES: **JENNY L. RUCHERT** is authorized by this court to execute the will of the above decedent according to law.

Dated: January 10, 2017

TIMOTHY W. FITZGERALD, SPOKANE COUNTY CLERK

By **Charity Simans,**
Deputy Clerk

III. CERTIFICATE OF COPY

State of Washington
County of Spokane

As clerk of the superior court of this county, I certify that the above is a true and correct copy of the Letters Testamentary in the above-named case which was entered of record on: **January 10, 2017**

I further certify that these letters are now in full force and effect.

Dated:

JUL 03 2018

TIMOTHY W. FITZGERALD, SPOKANE COUNTY CLERK

By 
Deputy Clerk

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FILED
JAN 10 2017
Timothy W. Fitzgerald
SPOKANE COUNTY CLERK

SUPERIOR COURT, SPOKANE COUNTY, STATE OF WASHINGTON

IN THE MATTER OF THE ESTATE OF

Case No.:

JANICE M SCHEIBE

17400032-1

Deceased.

OATH OF PERSONAL REPRESENTATIVE

STATE OF WASHINGTON)
) ss.
COUNTY OF SPOKANE)

JENNY L. RUCHERT, being duly sworn on oath deposes and says, I am the person who has been appointed the personal representative under the Last Will and Testament of Janice M. Scheibe, deceased, and I solemnly swear that I will perform, according to law, the duties of our trust as personal representative of the Last Will of said deceased, SO HELP ME GOD.

Jenny L. Ruchert

JENNY L. RUCHERT

SUBSCRIBED AND SWORN TO before me this 6 day of January, 2017.



W. J. ...

Notary Public in and for the State of
Washington, residing at Spokane Valley.
My Commission expires: 1-18-2012

OATH OF PERSONAL REPRESENTATIVE - 1

HERMAN, HERMAN & JOLLEY, P.S.
12340 E. Valleyway Ave.
Spokane Valley, WA 992146
(509) 928-8310
(509) 789-2620 Facsimile

99812

51379

I certify that this document is a true and correct copy
of the original on file and of record in my office.

ATTEST

JUL 03 2018

TIMOTHY W. FITZGERALD, COUNTY CLERK
COUNTY OF SPOKANE, STATE OF WASHINGTON
BY  DEPUTY

07/03/18

51379

Return Address

Alliance Title & Escrow Corp.
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. Scheibe, Janice M. 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.) Pt SW 1/4 Sec. 5 and Pt NW 1/4 Sec. 8 / T8N / R46EWM <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 2-008-46-008-2000-0000; 2-008-46-005-3000-0000; 2-008-46-005-3700-0000 <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.

51379

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-045159

LOCAL FILE NUMBER: 4141

DATE ISSUED: 11/09/2016

FEE NUMBER: 0003205067

GIVEN NAMES: JANICE MAE
LAST NAME: SCHEIBE

COUNTY OF DEATH: SPOKANE
DATE OF DEATH: NOVEMBER 05, 2016
HOUR OF DEATH: 04:15 P.M.
SEX: FEMALE
AGE: 80 YEARS

SOCIAL SECURITY NUMBER: ██████████

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: FEBRUARY 29, 1936
BIRTHPLACE: CLARKSTON, WASHINGTON

MARITAL STATUS: WIDOWED
SPOUSE:

OCCUPATION: SECRETARY
INDUSTRY: RELIGIOUS/CHARITABLE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

INFORMANT: SANDEE RUCHERT
RELATIONSHIP: DAUGHTER
ADDRESS: 17947 E WASHINGTON RD VALLEYFORD, WA 99036

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: COLONIAL COURT
CITY, STATE, ZIP: SPOKANE VALLEY, WASHINGTON 99206

RESIDENCE STREET: 17808 E WASHINGTON RD
CITY, STATE, ZIP: VALLEYFORD, WASHINGTON 99036
INSIDE CITY LIMITS? NO

COUNTY: SPOKANE
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 37 YEARS

FATHER/PARENT: HAROLD DODD
MOTHER/PARENT: IRENE ENGLISH

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: EVERGREEN CEMETERY
CITY, STATE: FREEMAN, WA
DISPOSITION DATE: NOVEMBER 11, 2016

FUNERAL FACILITY: THORNHILL VALLEY CHAPEL
ADDRESS: 1400 SOUTH PINES RD
CITY, STATE, ZIP: SPOKANE VALLEY WA 99206
FUNERAL DIRECTOR: JACK BAILEY

CAUSE OF DEATH:

- A. PROTEIN CALORIE MALNUTRITION
INTERVAL: 3 DAYS
- B. DYSPHAGIA
INTERVAL: 2 WEEKS
- C. ATHEROSCLEROTIC CARDIOVASCULAR HEART DISEASE, HEART DISEASE
INTERVAL: UNKNOWN
- D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DIABETES MELLITUS TYPE 2, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, KIDNEY DISEASE, HYPOTHYROIDISM, HYPERTENSION, CHRONIC PAIN, NEUROPATHY, RESTRICTIVE LUNG DISEASE, GASTROESOPHAGEAL REFLUX DISEASE

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? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: JAIME COLES-DUFF, ARNP
TITLE: ARNP

CERTIFIER ADDRESS: 22820 E APPLEWAY
CITY, STATE, ZIP: LIBERTY LAKE WA 99019
DATE SIGNED: NOVEMBER 08, 2016

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:
JAIME COLES-DUFF, ARNP

LOCAL DEPUTY REGISTRAR:
SHANNON BITTNER
DATE RECEIVED: NOVEMBER 08, 2016

51379



Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
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
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Required information must match current information on record

Record Type: Birth Death Marriage Dissolution (Divorce)

1. Name on Record: _____ 2. Date of Event: _____ 3. Place of Event: _____

4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) _____ 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) _____

6. Name of Person Requesting Correction: _____ Relationship to Person on Record: Self Guardian Informant Hospital Parent(s) Funeral Director Other (specify) _____

7. Return Mailing Address: _____

Telephone Number: (____) _____ Email Address: _____

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
8. _____	9. _____
10. _____	11. _____
12. _____	13. _____
14. _____	15. _____

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

16a. Signature: _____ 16b. Signature of 2nd parent (if required): _____

Printed name: _____ Date: _____ Printed name: _____ Date: _____

INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

Birth Certificates

1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
2. The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
3. Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, a court order is required to change the last name
- No proof is required to change the first or middle name*
- To correct parent's information, one documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required

Adult (18 years or older)

- Only the adult can change his or her birth certificate
- If the first or middle name is missing, three pieces of documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015

CERTIFIED

SPOKANE REGIONAL HEALTH DISTRICT

NOV 09 2016



Paula L Maxwell

Paula L. Maxwell
CHIEF DEPUTY REGISTRAR

51379

GG00233638