

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.

1 SELLER GRANTOR	Name <u>Diane Michele Duncan</u>	2 BUYER GRANTEE	Name <u>Garth D. Wheeler</u>
	<u>Heir to Dalene Ausman Braden</u>		<u>Debra L. Wheeler</u>
	Mailing Address <u>1457 Elm Street</u>		Mailing Address _____
	City/State/Zip <u>Clarkston WA 99403</u>		City/State/Zip _____
	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>Garth D. Wheeler Debra L. Wheeler</u>	<u>20074501123220000000</u> <input type="checkbox"/>	List assessed value(s)
	Mailing Address _____	<u>200745010140000000</u> <input type="checkbox"/>	<u>153,900.00</u>
	City/State/Zip _____	<u>700745010803000000</u> <input type="checkbox"/>	<u>20,000.00</u>
	Phone No. (including area code) _____		

4 Street address of property: 44292 SR 129, Anatone, WA

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.

That part of the Southeast Quarter of the Northeast Quarter of Section 10, AND that part of the Southwest Quarter of the Northwest Quarter of Section 11, located North and West of Washington State Highway, all in Township 7 North, Range 45 East of the Willamette Meridian, Asotin County Washington. Excepting therefrom, any portion deeded to Asotin County by deed recorded in Book 37 of Deeds, page 627 and to the State of Washington by deeds recorded in Book 40 of Deeds, page 499 and as Instrumen

5 Select Land Use Code(s):
81 Agriculture (Not classified under curren
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

	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.

If claiming an exemption, list WAC number and reason for exemption:

WAC No. (Section/Subsection) _____

Reason for exemption _____

Type of Document	<u>Statutory Warranty Deed (SWD)</u>	
Date of Document	<u>07/20/18</u>	
Gross Selling Price	\$	<u>210,000.00</u>
*Personal Property (deduct)	\$	<u>0.00</u>
Exemption Claimed (deduct)	\$	<u>0.00</u>
Taxable Selling Price	\$	<u>210,000.00</u>
Excise Tax : State	\$	<u>2,688.00</u>
Local	\$	<u>525.00</u>
*Delinquent Interest: State	\$	<u>0.00</u>
Local	\$	<u>0.00</u>
*Delinquent Penalty	\$	<u>0.00</u>
Subtotal	\$	<u>3,213.00</u>
*State Technology Fee	\$	<u>5.00</u> <u>5.00</u>
*Affidavit Processing Fee	\$	<u>0.00</u>
Total Due	\$	<u>3,218.00</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>Diane Michele Duncan</u>	Signature of Grantee or Grantee's Agent <u>Garth D. Wheeler</u>
Name (print) <u>Diane Michele Duncan</u>	Name (print) <u>Garth D. Wheeler</u>
Date & city of signing: <u>7-26-18, Clarkston, WA</u>	Date & city of signing: <u>7-26-18, 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)).

Return Address
Diane Duncan
1457 Elm Street
Clarkston, WA 99403

Please print or type information

Document Title(s) (or transactions contained therein): 1. Washington Lack of Probate Affidavit 2. 3. 4.
Grantor(s) (Last name first, then first name and initials): 1. Braden, Dalene Ausman 2. 3. 4. <input type="checkbox"/> Additional names on page ___ of document.
Grantee(s) (Last name first, then first name and initials): 1. To The Public 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.) <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 <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.

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

AFFIDAVIT (LACK OF PROBATE)

Diane Michele Duncan, being first duly sworn, deposes and says:

The undersigned affiant is the rightful heir to the real property described below, and is _____
 (relationship to decedent) of Dalene Diane Braden (decedent), who died on (date)
June 26, 2018, at
Pullman 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: 44292 SR 129

Anatone WA 99401
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)

Diane Michele Duncan
1457 Elm, Street, Clarkston, WA 99403
 Full name, age, relationship, address

 Full name, age, relationship, address

 Full name, age, relationship, address

 Full name, age, relationship, address

(Continued on next page)

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Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: July 2018

Diane Michele Duncan
Affiant's full name

Telephone number

1457 Elm Street

Street

Clarkston

City

WA

State

99403

Zip Code

Diane Michele Duncan
Signature

7.26.18
Date

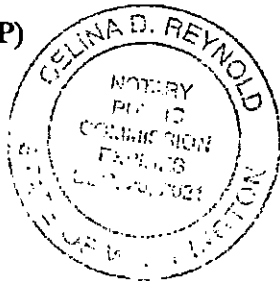
State of Washington County of Asotin

I know or have satisfactory evidence that Diane Michele Duncan
(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: 07.26.18

(SEAL OR STAMP)



[Signature]
Signature of Notary Public

Residing at: Lewiston, ID

Notary Public in and for the State of WA

My appointment expires: 12/20/18

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-028767

LOCAL FILE NUMBER: 1168

DATE ISSUED: 07/02/2018

FEE NUMBER

FIRST AND MIDDLE NAME(S): DALENE DIANE
LAST NAME(S): BRADEN

COUNTY OF DEATH: WHITMAN

DATE OF DEATH: JUNE 26, 2018

HOUR OF DEATH: 07:29 PM

SEX: FEMALE

AGE: 76 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: MAY 25, 1942

BIRTHPLACE: LEWISTON, ID

MARITAL STATUS: DIVORCED

SPOUSE: NOT APPLICABLE

OCCUPATION: SWITCH BOARD OPERATOR

INDUSTRY: HOSPITAL

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: DIANE DUNCAN

RELATIONSHIP: DAUGHTER

ADDRESS: 1457 ELM ST, CLARKSTON WA, 99403

CAUSE OF DEATH:

A: SUBDURAL BLEED

INTERVAL: DAYS

B: FALL

INTERVAL: DAYS

C: VASCULAR DEMENTIA

INTERVAL: YEARS

D: HYPERTENSION

INTERVAL: YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: JUNE 20, 2018

HOUR OF INJURY: 06:35 PM

INJURY AT WORK: NO

PLACE OF INJURY: BISHOP'S PLACE

LOCATION OF INJURY: 815 SE KLEMGARD ST

CITY, STATE, ZIP: PULLMAN, WASHINGTON 99163

COUNTY: WHITMAN

DESCRIBE HOW INJURY OCCURRED: FELL SUPINE BETWEEN TWO
BEDROOMS WITH OBVIOUS COMPOUND FRACTURE TO THE LEG

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY

FACILITY OR ADDRESS: BISHOP PLACE

CITY, STATE, ZIP: PULLMAN, WASHINGTON 99163

RESIDENCE STREET: 1215 EVERGREEN CT

CITY, STATE, ZIP: CLARKSTON, WA 99403

INSIDE CITY LIMITS: YES

COUNTY: ASOTIN

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 1 YEAR

FATHER/PARENT: DALE AUSMAN

MOTHER/PARENT: ELEANOR CLARK

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNTAIN VIEW

CITY, STATE: LEWISTON, IDAHO

DISPOSITION DATE: JUNE 29, 2018

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES
LLC

ADDRESS: PO. BOX 107

CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

FUNERAL DIRECTOR: RICHARD LASSITER

MANNER OF DEATH: ACCIDENT

AUTOPSY: UNKNOWN

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE:

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: NO

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: TAMARA BRUNS, ARNP

TITLE: ARNP

CERTIFIER ADDRESS: 1221 HIGHLAND AVE

CITY, STATE, ZIP: CLARKSTON, WA 99403

DATE SIGNED: JULY 02, 2018

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: 18-WC044

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: VICKY L. COCHRAN

DATE RECEIVED: JULY 02, 2018

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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: MM/DD/YYYY _____ 3. Place of Event: City or County _____

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: _____ City _____ State _____ Zip _____

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 foregoing 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.

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

JUL 02 2018

Glenn Houser
Dr. Glenn Houser

Health District Officer
Garfield County Health District

51440



0 1 2 1 9 7 6 8

Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

Last Will and Testament

of

Dalene Diane Braden

I, Dalene Diane Braden, of Asotin County, Washington, and a citizen of the United States, declare this to be my Last Will and Testament. I revoke all Wills and Codicils previously made by me.

I.

IDENTIFICATION OF FAMILY

I am not married. My immediate family now consists of my daughter, Diane Michele Duncan. References in this Last Will to "my child" or to "my children" are intended to include the above-named child and any child or children later born to or legally adopted by me. Except as provided below, I make no provision in this Will for any of my children who survive me, nor for the issue of any child who does not survive me.

II.

DEBTS

I direct that all my just debts and expenses of my last illness and funeral, the costs and charges of the administration of my estate, and any and all estate or inheritance taxes due, be paid as soon as convenient after my death; provided, however, that no obligation which may

be a specific lien on real or personal property need be paid prior to its normal maturity in due course.

III.

PERSONAL REPRESENTATIVE

I appoint Diane Michele Duncan as Personal Representative of my estate. If Diane Michele Duncan is unable or unwilling to so act, then my son-in-law Jeffrey Alan Duncan shall act as my personal representative. My Personal Representative shall serve without bond and with non-intervention powers.

IV.

DISPOSITION OF ESTATE

I give, devise and bequeath the rest, residue and entire remainder of my estate to my daughter, Diane Michele Duncan. If Diane Michele Duncan predeceases me, the share otherwise receivable by her shall instead be given to her issue, *per stirpes*, but subject to the withholding provision in Article V for young beneficiaries. If my daughter predeceases me leaving no issue, then I give, devise and bequeath the rest, residue and entire remainder of my estate in equal shares to my nieces and nephew Sheri Louthan, Lori McKinney, and Edwin Ausman, *per stirpes*. In the event either or both of my nieces or my nephew predecease me, then such share otherwise receivable by such niece or nephew shall go to their then surviving children by right of representation but subject to the withholding provision in Article V for young beneficiaries.

V.

PROTECTION FOR YOUNG BENEFICIARIES

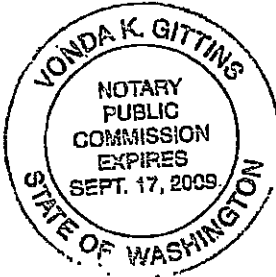
If any assets become distributable to a beneficiary who is under age twenty-five (25), my Personal Representatives may (a) at any time distribute the same to a custodian for such beneficiary under any Uniform Transfers or Gifts to Minors Act or (b) continue to hold the same in trust, with my Personal Representative acting as Trustee, and shall pay to such beneficiary so much of the net income and principal from time to time as my Personal

presence of the maker and in the presence of each other, we each subscribed our names as witnesses thereto.

At the time of executing said instrument, maker and each of us witnesses, were of legal age, and the maker appeared to be of sound and disposing mind, and not acting under duress, menace, fraud, undue influence, or misrepresentation.

Nancy A. Fordner
Richard K. Little

SIGNED AND SWORN to before me this 6th day of August, 2009.



Vonda K. Gittins
Notary Public for Washington
Residing at Clarkston
My appointment expires: 9-17-2009

ddb
D.D.B.

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