

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>Ethel Simmons</u>	BUYER GRANTEE	2 Name <u>Keith W. Mellinger</u>
	<u>Jack Simmons, deceased</u>		<u>Suzanne R. Mellinger</u>
	Mailing Address <u>2571 Aurora Dr.</u>		Mailing Address <u>821 Van Arsdol Street 11635 Stafford Ct.</u>
	City/State/Zip <u>Clallam Valley, AZ 800513</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	List assessed value(s)
Name <u>Keith W. Mellinger Suzanne R. Mellinger</u>	<u>10042301400140000</u> <input type="checkbox"/>	<u>33,200.00</u>
Mailing Address <u>821 Van Arsdol Street 11635 Stafford Ct.</u>	<del><u>50042301400140010</u></del> <input checked="" type="checkbox"/>	<del><u>5,000.00</u></del>
City/State/Zip <u>Clarkston WA 99403</u>	<input type="checkbox"/>	
Phone No. (including area code)	<input type="checkbox"/>	

4 Street address of property: 821 Van Arsdol Street, Clarkston, WA 99403

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.

The South 60 feet of the North 263 feet of Lot 14 in Block "HH" of Vineland, according to the official plat thereof, filed in Book A of Plats at Page(s) 20, records of Asotin County, Washington. Except the West 25 feet thereof for Van Arsdol Street.

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 checked="" type="checkbox"/>

7 List all personal property (tangible and intangible) included in selling price.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

WAC No. (Section/Subsection) \_\_\_\_\_

Reason for exemption \_\_\_\_\_

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.

Type of Document	<u>Statutory Warranty Deed (SWD)</u>	
Date of Document	<u>09/06/18</u>	
Gross Selling Price	\$	<u>35,000.00</u>
*Personal Property (deduct)	\$	<u>0.00</u>
Exemption Claimed (deduct)	\$	<u>0.00</u>
Taxable Selling Price	\$	<u>35,000.00</u>
Excise Tax : State	\$	<u>448.00</u>
Local	\$	<u>87.50</u>
*Delinquent Interest: State	\$	<u>0.00</u>
Local	\$	<u>0.00</u>
*Delinquent Penalty	\$	<u>0.00</u>
Subtotal	\$	<u>535.50</u>
*State Technology Fee	\$	<u>5.00</u> <u>5.00</u>
*Affidavit Processing Fee	\$	<u>0.00</u>
Total Due	\$	<u>540.50</u>

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

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>[Signature]</u>	Signature of Grantee or Grantee's Agent <u>[Signature]</u>
Name (print) <u>Ethel Simmons</u>	Name (print) <u>Keith W. Mellinger</u>
Date & city of signing: <u>9/11/18, Clarkston, WA</u>	Date & city of signing: <u>9/11/18, 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)).

ATEC ULS025012

PAID

SEP 13 2018

51579

ASOTIN COUNTY  
TREASURER

Return Address  
Sherry L. Annis  
2751 Aurora Dr.  
Chino Valley, AZ 86313

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. Simmons, Jack E. 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.

51579



### AFFIDAVIT (LACK OF PROBATE)

Sherry Lea Annis, being first duly sworn, deposes and says:  
 The undersigned affiant is the rightful heir to the real property described below, and is Daughter  
 (relationship to decedent) of Jack E. Simmons (decedent), who died on (date)  
10-24-17, at  
Spokane, Asotin, WA.  
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: 821 Van Arsdale  
Clarkston WA. 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)

- Ethel V. Simmons 84 Wife  
1529W 4510 S Hurricane, UT. 84737 (Heritage Home)  
Full name, age, relationship, address
- Sherry Lea Annis 65 Daughter  
2571 Cuernora Dr. Chino Valley, AZ. 86323  
Full name, age, relationship, address
- Jack M. Simmons 62 Son  
1529W 4510 S. Hurricane, UT. 84737  
Full name, age, relationship, address

\_\_\_\_\_  
Full name, age, relationship, address

(Continued on next page)

Full name, age, relationship, address

Dated : \_\_\_\_\_

Affiant's full name \_\_\_\_\_

Telephone number \_\_\_\_\_

Street \_\_\_\_\_

City	State	Zip Code
<u>Ethel V. Sampsons</u>		
<u>by Sherry L. Annis POA</u>		<u>4-11-18</u>
Signature	Date	

State of Arizona County of Yavapai

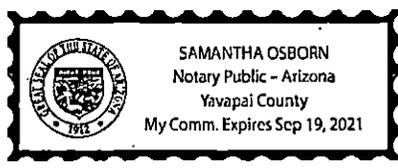
I know or have satisfactory evidence that Sherry L Annis  
(name of person)

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: 4/11/18

[Signature]  
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Yavapai County

Notary Public in and for the State of Arizona

My appointment expires: 9/1/2021

51579

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-046166

LOCAL FILE NUMBER: 4111

DATE ISSUED: 10/30/2017

FEE NUMBER: 28420

FIRST AND MIDDLE NAME(S): JACK EWING  
LAST NAME(S): SIMMONS

COUNTY OF DEATH: SPOKANE  
DATE OF DEATH: OCTOBER 24, 2017  
HOUR OF DEATH: 08:30 PM  
SEX: MALE  
SOCIAL SECURITY NUMBER: ~~525-5-0000~~

AGE: 85 YEARS

HISPANIC ORIGIN: NO; NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

BIRTH DATE: JANUARY 11, 1932  
BIRTHPLACE: OLD HICKORY, TN

MARITAL STATUS: MARRIED  
SPOUSE: ETHEL VERNA DIMMETT

OCCUPATION: MACHINIST  
INDUSTRY: MOTORCYCLE  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: YES

INFORMANT: ETHEL V. SIMMONS  
RELATIONSHIP: WIFE  
ADDRESS: 25150 RIDGE LANE, JULIAETTA, IDAHO 83535

CAUSE OF DEATH:  
A: ACUTE ON CHRONIC RENAL FAILURE  
INTERVAL: DAYS  
B: MULTIPLE MYELOMA  
INTERVAL: YEARS  
C:  
INTERVAL  
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:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: PROVIDENCE SACRED HEART MEDICAL CENTER  
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99204

RESIDENCE STREET: 25150 RIDGE LANE  
CITY, STATE, ZIP: JULIAETTA, ID 83535  
INSIDE CITY LIMITS: NO COUNTY: LATAH  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 5 YEARS

FATHER/PARENT: LESTER EWING SIMMONS  
MOTHER/PARENT: GRACE ESTELLE FEW

METHOD OF DISPOSITION: OTHER  
PLACE OF DISPOSITION: LEWIS-CLARK MEMORIAL GARDENS

CITY, STATE: LEWISTON, IDAHO  
DISPOSITION DATE: NOVEMBER 03, 2017

FUNERAL FACILITY: VASSAR-RAWLS FUNERAL HOME

ADDRESS: 920 21ST AVENUE  
CITY, STATE, ZIP: LEWISTON, IDAHO 83501  
FUNERAL DIRECTOR: DENNIS W. HASTINGS

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
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: JOSEPH T. MICHELS, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 101 W. 8TH AVE ATTN: 9N HOSPITALISTS  
CITY, STATE, ZIP: SPOKANE, WA 99204  
DATE SIGNED: OCTOBER 26, 2017

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

LOCAL DEPUTY REGISTRAR: DIANNA SCHROEDER  
DATE RECEIVED: OCTOBER 27, 2017

51577



# 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
<b>Required information must match current information on record</b>				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
1. Name on Record: First Middle Last		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) First Middle Last/Maiden			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
6. Name of Person Requesting Correction: Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)				
7. Return Mailing Address: P.O. Box or Street 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 2 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	Date:

**INSTRUCTIONS – go to [www.doh.wa.gov](http://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**

- 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.
- 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.
- 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**

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

**Marriage/Dissolution (Divorce) Certificates**

- 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.
- 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

OCT 30 2017

51579



*Paula L Maxwell*  
Paula L. Maxwell  
CHIEF DEPUTY REGISTRAR



0 1 6 6 2 5 2 1

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

# Last Will and Testament

of

JACK E. SIMMONS

I, JACK E. SIMMONS, of Juliaetta, Idaho, do hereby make, publish and declare this my Last Will and Testament hereby revoking all former Wills and Codicils heretofore made by me.

I.

I am a married man. I am married to ETHEL V. SIMMONS. I have two living children, namely: JACK MITCHELL SIMMONS of Richfield, Utah, and SHERRY LEA ANNIS of Quail Valley, CA. I have one deceased child, namely LORNA SIMMONS, who died as an infant, without issue.

II.

"Survive me" is to be construed to mean that the person referred to must survive me by thirty (30) days. If the person referred to dies within thirty (30) days of my death, the reference to him/her shall be construed as if he/she failed to survive me.

III.

I direct the payment out of my estate of all of my just debts allowed in the course of administration, the expenses of my last illness, funeral and burial and the expenses of the administration of my estate.

IV.

I give, devise and bequeath all of my estate, of whatsoever nature and wheresoever situate to my wife, ETHEL V. SIMMONS, if she survives me.

*(Signature)*

51579

# Last Will and Testament

of

JACK E. SIMMONS

I, JACK E. SIMMONS, of Juliaetta, Idaho, do hereby make, publish and declare this my Last Will and Testament hereby revoking all former Wills and Codicils heretofore made by me.

I.

I am a married man. I am married to ETHEL V. SIMMONS. I have two living children, namely: JACK MITCHELL SIMMONS of Richfield, Utah, and SHERRY LEA ANNIS of Quail Valley, CA. I have one deceased child, namely LORNA SIMMONS, who died as an infant, without issue.

II.

"Survive me" is to be construed to mean that the person referred to must survive me by thirty (30) days. If the person referred to dies within thirty (30) days of my death, the reference to him/her shall be construed as if he/she failed to survive me.

III.

I direct the payment out of my estate of all of my just debts allowed in the course of administration, the expenses of my last illness, funeral and burial and the expenses of the administration of my estate.

IV.

I give, devise and bequeath all of my estate, of whatsoever nature and wheresoever situate to my wife, ETHEL V. SIMMONS, if she survives me.

Page 1 of 4 Pages of the  
LAST WILL AND TESTAMENT OF JACK E. SIMMONS

*JES*

51579

V.

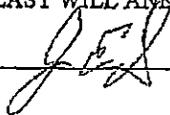
If my wife, ETHEL V. SIMMONS, does not survive me I make the following specific bequest:

- A. I give, devise and bequeath approximately 18.9 acres of unimproved real property located in Cove Fort, Millard County, Utah, to my son JACK MITCHELL SIMMONS, if he survives me. In the event I do not own this property at the time of my death, I direct that nothing shall pass under this paragraph. If my son does not survive me, then this property shall be included in my residuary estate and distributed pursuant to Paragraphs B and C below. I have intentionally omitted to provide for my son JACK MITCHELL SIMMONS in this Will other than with this specific bequest.

It is my specific intention that my residuary estate, after the specific bequest in Paragraph A above, be liquidated and the proceeds reduced to cash prior to distribution. It is my further instruction to my Personal Representative that all my machinery, tools, equipment, parts, inventory, all motor vehicles (including motorcycles), and household goods, appliances, and furnishings be auctioned and liquidated prior to distribution.

I give, devise and bequeath all of my estate, after distribution of the specific bequest referred to in Paragraph A above and after liquidation as instructed above, of whatsoever nature and wheresoever situate as follows:

- B. 50% to my daughter SHERRY LEA ANNIS of Quail City, California, if she survives me. In the event that my daughter predeceases me then this bequest shall be distributed to her issue by right of representation.
- C. 50% TO GRACE COMMUNITY CHURCH, PO Box 4000, Panorama City, California 91412. If said church is not in existence or is not functioning at the time of my death, this bequest shall go to my daughter, SHERRY LEA ANNIS, or if my daughter predeceases me then to her issue by right of representation.



VI.

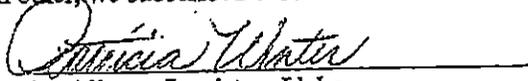
I nominate, constitute and appoint my wife, ETHEL V. SIMMONS, as Personal Representative of this my Last Will and Testament, to act without giving bond, giving and granting to my Personal Representative the full power and authority to sell, lease, encumber and in every manner deal with my property, either real or personal, without intervention of any Court, without confirmation of any Court, except as may be required by law, with or without notice, it being my intention that this is and shall be construed as a non-intervention Will in any Court in which this Will is offered for probate, and my Personal Representative shall have the powers granted by law to Personal Representatives of non-intervention Wills.

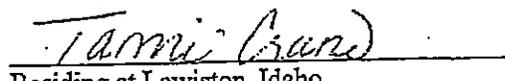
If for any reason my wife, ETHEL V. SIMMONS, cannot serve or qualify or is unable or unwilling to act as said Personal Representative, I appoint my daughter, SHERRY LEA ANNIS of Quail Valley, California, to act as Personal Representative, she likewise to serve without bond and with the same powers heretofore given to my wife.

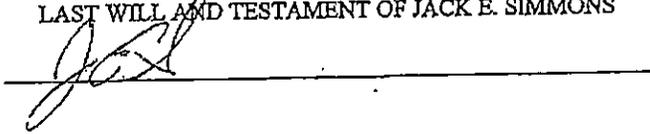
IN WITNESS WHEREOF, I have hereunto set my hand and seal this 24 day of October, 2014.

  
\_\_\_\_\_  
JACK E. SIMMONS

On the date last above written, JACK E. SIMMONS declared to us, the undersigned, the foregoing instrument, consisting of FOUR (4) pages, including this page, was his Last Will and Testament, and requested us to act as witnesses to it. He thereupon signed this Will in our presence, and in the presence of him, and in the presence of each other, we subscribed our names as witnesses.

  
\_\_\_\_\_  
Residing at Lewiston, Idaho

  
\_\_\_\_\_  
Residing at Lewiston, Idaho

  
\_\_\_\_\_

