



MOBILE HOME REAL ESTATE EXCISE TAX AFFIDAVIT

Submit to County Treasurer of the county in which property is located.

Chapter 82.45 RCW Chapter 458-61A WAC

This form is your receipt when stamped by cashier.

FOR USE WHEN TRANSFERRING TITLE TO MOBILE HOME ONLY

PLEASE TYPE OR PRINT INCOMPLETE AFFIDAVITS WILL NOT BE ACCEPTED

REGISTRATION INFORMATION: REGISTERED OWNER (Jonnie A. Franks), NEW REGISTERED OWNER (Raymond Quillen), LOCATION OF MOBILE HOME (Clarkston), LEGAL OWNER (Raymond Quillen)

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-041-35-002-0001-0040 LIST ASSESSED VALUE(S): \$ 17,800.00

REAL PROPERTY PARCEL or ACCOUNT NO. LIST ASSESSED VALUE(S): \$

Table with 6 columns: MAKE, YEAR, MODEL, SIZE, SERIAL NO. or I.D., REVENUE TAX CODE NO. (Goldenwest, 1979, 66/28, SB3865, 23P)

Asotin County Tax Summary: Date of Sale 08/13/2018, Taxable Sale Price \$24,000.00, Excise Tax \$307.20, Delinquent Interest \$60.00, Total Due \$372.20

AFFIDAVIT: I certify under penalty of perjury... Signature of Grantor/Agent Jay C. Franks, Signature of Grantee/Agent Raymond Quillen

TREASURER'S CERTIFICATE: I hereby certify that property taxes due Asotin County on the mobile home described hereon have been paid to and including the year 2018

If, in selling (or otherwise transferring ownership of) a mobile home which possesses a tax lien, the seller does not inform the buyer (new owner) of such a lien, the seller is guilty of deliberate deception as it applies to Fraud and/or Theft as defined in Title 9 and 9A RCW

ATEC CK# 25571 KPM

THIS SPACE - TREASURER'S USE ONLY

PAID

OCT 24 2018

ASOTIN COUNTY TREASURER

51682

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

State of Idaho
CERTIFICATE OF DEATH

ONLY A COPY OF THIS CERTIFICATE GUARANTEED BY THE STATE REGISTRATION WITH THE DEPARTMENT OF HEALTH AND WELFARE
MAILED SHALL BE MAILED AS PER PAGE EVIDENCE OF THIS DEATH UNDER ICR-24(a) AND ICR-27(a) (IAND CODE)

Local Reg. No.

DECEDENT: JONNIE A. FRANKS AKA JACK A. FRANKS
AGE: 85
DATE OF BIRTH: 08/13/1932
BIRTHPLACE: GRESHAM, OREGON
RESIDENCE: WASHINGTON, ASOTIN, CLARKSTON
MOUNTAIN VIEW CREMATORY
MOUNTAIN VIEW FUNERAL HOME
LEWISTON, IDAHO 83501
CAUSE OF DEATH: SUDDEN CARDIAC EVENT
ARTERIOSCLEROTIC HEART DISEASE

TYPE OR PRINT IN PLACEMENT BLACK INK DO NOT USE FELT TIP PEN
FOR INSTRUCTIONS SEE HANDBOOKS
MORTICIAN: Complete Within 5 Days of Death
CERTIFIER: Complete Within 72 Hours of Death
ITEMS 32-36 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)
CERTIFIER
REGISTRAR

1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix)
2. SEX: MALE
3. SOCIAL SECURITY NUMBER
4a. AGE-Last Birthday: 85
4b. UNDER 1 YEAR: Months, Days
4c. UNDER 1 DAY: Hours, Minutes
5. DATE OF BIRTH (Mo/Day/Yr): 08/13/1932
6. BIRTHPLACE (City and State, Territory, or Foreign Country): GRESHAM, OREGON
7a. RESIDENCE - STATE OR FOREIGN COUNTRY: WASHINGTON
7b. COUNTY: ASOTIN
7c. CITY OR TOWN: CLARKSTON
7d. STREET AND NUMBER: 2015 6TH AVE.
7e. APT. NO.: 4
7f. ZIP CODE: 99403
7g. INSIDE CITY LIMITS? [X] Yes [] No
8. MARITAL STATUS AT TIME OF DEATH: [X] Divorced
9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)
10. EVER IN U.S. ARMED? [X] Yes
11a. FATHER'S NAME (First, Middle, Last, Suffix): GLENN ALVIN FRANKS
11b. BIRTHPLACE (State, Territory, or Foreign Country): WASHINGTON
12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix): PEARL MADELINE YANDELL
12b. BIRTHPLACE (State, Territory, or Foreign Country): OREGON
13a. INFORMANT'S NAME (Type or print): JAY FRANKS
13b. RELATIONSHIP TO DECEDENT: SON
13c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 29 GUN CLUB RD., POMEROY, WA 99347
14. METHOD OF DISPOSITION: [X] Burial
15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place): MOUNTAIN VIEW CREMATORY, 3521 SEVENTH STREET, LEWISTON, IDAHO 83501
16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME, 3521 SEVENTH STREET, LEWISTON, IDAHO 83501
17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: ELECTRONICALLY FILED: GERALD E. BARTLOW
17b. LICENSE NUMBER (Of licensee): M0771
18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? [X] Yes [] No
19a. IF DEATH OCCURRED IN A HOSPITAL: [] Inpatient [] ER/Outpatient [] OOA [] Hospice facility [X] Nursing home/Long term care facility [] Decedent's home [] Other (Specify)
19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:
20. FACILITY NAME (If not facility, give street and number): IDAHO STATE VETERANS HOME - LEWISTON
21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE: LEWISTON, ID 83501
22. COUNTY OF DEATH: NEZ PERCE
23. DATE OF DEATH (Mo/Day/Yr) (Spell month): May 14, 2018
24. TIME OF DEATH (24hr): 07:45
25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month): May 14, 2018
26. TIME PRONOUNCED DEAD (24hr): 07:45
27. CAUSE OF DEATH:
PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line.
a. IMMEDIATE CAUSE (Final disease or condition resulting in death): SUDDEN CARDIAC EVENT
b. DUE TO (or as a consequence of):
c. UNDERLYING CAUSE (Last disease or injury that initiated the events resulting in death): ARTERIOSCLEROTIC HEART DISEASE
d. DUE TO (or as a consequence of):
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I: CHRONIC OBSTRUCTIVE PULMONARY DISEASE
28a. WAS AN AUTOPSY PERFORMED? [X] Yes [] No
28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [] Yes [] No
29. DID TOBACCO USE CONTRIBUTE TO DEATH? [X] Yes [] Probably [] No [] Unknown
30. IF FEMALE (Aged 10-64):
a. Not pregnant within past year
b. Not pregnant, but pregnant 43 days to 1 year before death
c. Pregnant at time of death
d. Not pregnant, but pregnant within 42 days of death
e. Unknown if pregnant within the past year
31. MANNER OF DEATH: [X] Natural [] Homicide [] Accident [] Pending investigation [] Suicide [] Could not be determined
32. DATE OF INJURY (Mo/Day/Yr) (Spell month)
33. TIME OF INJURY (24hr)
34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)
35. INJURY AT WORK? [] Yes [] No
36. LOCATION OF INJURY: State, City/Town or County, Zip Code, Street and Number or Location, Apartment Number
37. DESCRIBE HOW INJURY OCCURRED, IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable
38a. WAS DECEDENT: [X] Driver/Operator [] Passenger [] Pedestrian [] Other (Specify)
38b. WHAT TYPE OF VEHICLE(S) DID DECEDENT OCCUPY? [] Sedan [] Child safety seat [] Scooter [] Air bag [] None [] Unknown
39a. CERTIFIER (Check only one, based on official capacity for this certificate)
[X] PHYSICIAN
[] PHYSICIAN ASSISTANT
[] ADVANCED PRACTICE REGISTERED NURSE
[] CORONER
On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
Signature and Title of Certifier: ELECTRONICALLY SIGNED: DAVID B. MARTIN, M.D.
39b. LICENSE NUMBER: M07091
39c. DATE SIGNED: 5 / 17 / 2018
39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print): DAVID B. MARTIN, 1625 5TH STREET CLARKSTON, WA 99403
40a. REGISTRAR'S SIGNATURE: James B. Aydelotte
40b. DATE SIGNED: 5 / 17 / 2018

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: MAY 17 2018
JAMES B. AYDELOTTE
STATE REGISTRAR
51082



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



* 0 0 0 9 6 8 3 1 2 *

STATE OF IDAHO County of Lewiston

This copy of a death certificate was issued
by the District Health Department on behalf of
the the Bureau of Vital Records and Health
Statistics.

Pauline Duvest

Local Vital Statistics Registration Official

Affidavit of Inheritance / Litigation

License Plate/Registration Number %31000	Year 1979	Make Goldenwest	Series/Body Style 66/28
Vehicle Identification Number (VIN) OR Vessel Hull Identification Number (HIN) SB3865			

INHERITANCE

NOTE: This affidavit is to be used when no executor or administrator is appointed.

I, being duly sworn, depose and say that Jonnie A. Franks, who is the registered owner of this vehicle/vessel, died on the 14th day of May, 2018.

That the deceased left no estate necessitating administration, and no letters of administration or letters testamentary have been issued to any persons; that said vehicle/vessel has not been bequeathed by will to anyone other than the undersigned; that the undersigned is Son of the deceased; that no relative who would have prior right, except Jodi A. Haskins survives said deceased, and that provision has been made for payment of debts of the deceased. **SEE BELOW FOR NOTARY/CERTIFICATION OF SIGNATURE.**

Jay C. Franks X Jay C. Franks
Printed Name Signature

COUNTY CLERK CERTIFICATE FOR TRANSFER OF VEHICLE/VESSEL IN LITIGATION

This certificate, properly completed, will serve instead of all other court papers. Section 1 will suffice for all cases where an order of the court is entered transferring title to a motor vehicle/vessel. This may be used in divorce cases as well as probates.

I certify that in the superior court of the State of Washington for the County of: _____

1. An order transferring title to this vehicle/vessel to: _____ at _____ was duly entered in _____ on the _____ day of _____, X _____

For those cases in which the estate executor or administrator transfers title. 2. _____ was duly appointed under the nonintervention will of _____; that they are qualified to act as such, and that a decree of solvency has been entered. X _____

<p>NOTARY SEAL OR STAMP</p> <p>Notary Public State of Washington ROBERTA L LEWIS My Appointment Expires Feb 28, 2019</p>	<p>State of Washington County of <u>Garfield</u></p>	<p>Signed or attested before me on <u>8/16/18</u></p>
	<p>by <u>Jay C Franks</u> Printed Name of Person Signing Document</p> <p>Notary's Name (PRINTED or STAMPED) <u>Roberta L Lewis</u></p> <p>Title <u>Notary</u> Notary / Agent</p>	<p>Signature <u>Roberta L Lewis</u> Notary / Agent Signature</p> <p>AND: County / Office No. <u>Feb 28 2019</u> Notary Expiration Date</p>

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 902-3600 or TTY (360) 664-8885.

51082

Affidavit of Inheritance / Litigation

License Plate/Registration Number %31000	Year 1979	Make Goldenwest	Series/Body Style 66/28
Vehicle Identification Number (VIN) OR Vessel Hull Identification Number (HIN) SB3865			

INHERITANCE

NOTE: This affidavit is to be used when no executor or administrator is appointed.

I, being duly sworn, depose and say that Jonnie A. Franks, who is the registered owner of this vehicle/vessel, died on the 14th day of May, 2018

That the deceased left no estate necessitating administration, and no letters of administration or letters testamentary have been issued to any persons; that said vehicle/vessel has not been bequeathed by will to anyone other than

the undersigned; that the undersigned is Daughter of the deceased; that no relative who would have prior right, except Jay C. Franks survives said deceased,

and that provision has been made for payment of debts of the deceased. SEE BELOW FOR NOTARY/CERTIFICATION OF SIGNATURE.

Jodi A. Haskins X [Signature]

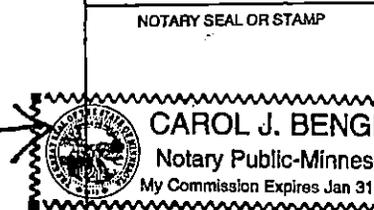
COUNTY CLERK CERTIFICATE FOR TRANSFER OF VEHICLE/VESSEL IN LITIGATION

This certificate, properly completed, will serve instead of all other court papers. Section 1 will suffice for all cases where an order of the court is entered transferring title to a motor vehicle/vessel. This may be used in divorce cases as well as probates.

I certify that in the superior court of the State of Washington for the County of: _____ :

1. An order transferring title to this vehicle/vessel to: _____ at _____ was duly entered in _____ on the _____ day of _____, _____.

For those cases in which the estate executor or administrator transfers title. 2. _____ was duly appointed under the nonintervention will of _____; that they are qualified to act as such, and that a decree of solvency has been entered.



NOTARIZATION / CERTIFICATION

State of Washington Scott Signed or attested before me on August 22/2018

Jodi A Haskins Signature Carol Bengen Notary / Agent Signature

Notary's Name (PRINTED or STAMPED) Carol Bengen

AND: County / Office No. OR Notary Expiration Date _____

51282

Affidavit of Inheritance / Litigation

License Plate/Registration Number %31000	Year 1979	Make Goldenwest	Series/Body Style 66/28
Vehicle Identification Number (VIN) OR Vessel Hull Identification Number (HIN) SB3865			

INHERITANCE

NOTE: This affidavit is to be used when no executor or administrator is appointed.

I, being duly sworn, depose and say that Jonnie A. Franks, who is the registered Name Of Deceased owner of this vehicle/vessel, died on the 14th day of May, 2018 Month Year

That the deceased left no estate necessitating administration, and no letters of administration or letters testamentary have been issued to any persons; that said vehicle/vessel has not been bequeathed by will to anyone other than

the undersigned; that the undersigned is Son of the deceased; that no relative who would have prior right, except Jay C. Franks and Jodi A. Haskins survives said deceased, and that provision has been made for payment of debts of the deceased. Relationship To Deceased Person Who Would Have Prior Right

SEE BELOW FOR NOTARY/CERTIFICATION OF SIGNATURE.

Jonnie A. Franks, Jr.

Printed Name

X Jonnie A Franks Jr

Signature

COUNTY CLERK CERTIFICATE FOR TRANSFER OF VEHICLE/VESSEL IN LITIGATION

This certificate, properly completed, will serve instead of all other court papers. Section 1 will suffice for all cases where an order of the court is entered transferring title to a motor vehicle/vessel. This may be used in divorce cases as well as probates.

I certify that in the superior court of the State of Washington for the County of _____:

1. An order transferring title to this vehicle/vessel to: _____

at _____ was duly entered in _____

_____ on the _____ day of _____, _____

_____ County Clerk Signature

For those cases in which the estate executor or administrator transfers title.

2. _____ was duly appointed under the nonintervention will

of _____; that they are qualified to act as such, and that a

decree of solvency has been entered. _____

Executor / Administrator Signature

NOTARY SEAL OR STAMP

NOTARIZATION / CERTIFICATION

State of Oregon Signed or attested before me on Aug. 30th 2018

County of washington by Jonnie A. Franks, Jr Signature

Printed Name of Person Signing Document Notary / Agent Signature

Notary's Name (PRINTED or STAMPED) Danyell L Pagella

Dealer No. OR 962505

AND: County / Office No. OR 962505

Notary Expiration Date May 14 2021



OFFICIAL STAMP
DANYELL L. PAGELLA
NOTARY PUBLIC - OREGON
COMMISSION NO. 982505
MY COMMISSION EXPIRES MAY 14, 2021

Notary

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 902-3600 or TTY (360) 664-8885.

51682

Affidavit of Inheritance / Litigation

License Plate/Registration Number %31000	Year 1979	Make Goldenwest	Series/Body Style 66/28
Vehicle Identification Number (VIN) OR Vessel Hull Identification Number (HIN) SB3865			

INHERITANCE

NOTE: This affidavit is to be used when no executor or administrator is appointed.

I, being duly sworn, depose and say that Jonnie A. Franks, who is the registered Name Of Deceased owner of this vehicle/vessel, died on the 14th day of May Month, 2018 Year

That the deceased left no estate necessitating administration, and no letters of administration or letters testamentary have been issued to any persons; that said vehicle/vessel has not been bequeathed by will to anyone other than

the undersigned; that the undersigned is Son Relationship To Deceased of the deceased; that no relative

who would have prior right, except Jay C. Franks and Jodi A. Haskins Person Who Would Have Prior Right survives said deceased,

and that provision has been made for payment of debts of the deceased. **SEE BELOW FOR NOTARY/CERTIFICATION OF SIGNATURE.**

Jeff Franks Printed Name Jeff R Franks Signature

COUNTY CLERK CERTIFICATE FOR TRANSFER OF VEHICLE/VESSEL IN LITIGATION

This certificate, properly completed, will serve instead of all other court papers. Section 1 will suffice for all cases where an order of the court is entered transferring title to a motor vehicle/vessel. This may be used in divorce cases as well as probates.

I certify that in the superior court of the State of Washington for the County of: _____

1. An order transferring title to this vehicle/vessel to: _____ Transferee

at _____ Transferee's Address was duly entered in _____ Title Of Case

_____ Name Of Administrator (IF IN PROBATE) Docket Number Of Case _____

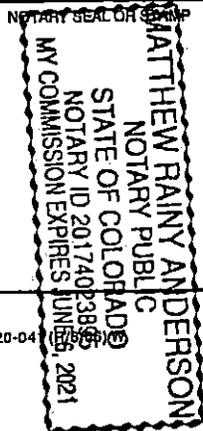
on the _____ day of _____ Month Year _____ County Clerk Signature

For those cases in which the estate executor or administrator transfers title.

2. _____ Name Of Executor / Administrator was duly appointed under the nonintervention will

of _____ Name Of Deceased; that they are qualified to act as such, and that a

decree of solvency has been entered. _____ Executor / Administrator Signature



NOTARIZATION / CERTIFICATION

State of Colorado Signed or attested before me on 8/20/18

County of EL Paso

by Jeff Franks Printed Name of Person Signing Document Signature Matthew Rainy Anderson Notary / Agent Signature

Notary's Name (PRINTED or STAMPED) MATT Anderson

Title Notary Notary / Agent AND: Dealer No. OR 6/6/21 Notary Expiration Date

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 902-3600 or TTY (360) 664-8885.

51482

**REAL ESTATE EXCISE TAX
SUPPLEMENTAL STATEMENT**
(WAC 458-61A-304)

This form must be submitted with the Real Estate Excise Tax Affidavit (FORM REV 84 0001A) for claims of tax exemption as provided below. Completion of this form is required for the types of real property transfers listed in numbers 1-3 below. Only the first page of this form needs original signatures.

AUDIT: Information you provide on this form is subject to audit by the Department of Revenue. In the event of an audit, it is the taxpayers' responsibility to provide documentation to support the selling price or any exemption claimed. This documentation must be maintained for a minimum of four years from date of sale. (RCW 82.45.100) Failure to provide supporting documentation when requested may result in the assessment of tax, penalties, and interest. Any filing that is determined to be fraudulent will carry a 50% evasion penalty in addition to any other accrued penalties or interest when the tax is assessed.

PERJURY: Perjury is a class C felony which is punishable by imprisonment in a 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)).

The persons signing below do hereby declare under penalty of perjury that the following is true (check appropriate statement):

1. **DATE OF SALE:** (WAC 458-61A-306(2))

I, (print name) Debbie Heagy certify that the Bill of Sale & MH Excise Affidavit (type of instrument), dated 8/16/18, was delivered to me in escrow by Jay C. Franks & Jodi C. Haskins (seller's name). **NOTE:** Agent named here must sign below and indicate name of firm. The payment of the tax is considered current if it is not more than 90 days beyond the date shown on the instrument. If it is past 90 days, interest and penalties apply to the date of the instrument.

Reasons held in escrow: Waiting for additional family members to complete release documents.

Debbie Heagy
Signature

Alliance Title & Escrow Corp.
Firm Name

2. **GIFTS:** (WAC 458-61A-201) The gift of equity is non-taxable; however, any consideration received is not a gift and is taxable. The value exchanged or paid for equity plus the amount of debt equals the taxable amount. One of the boxes below must be checked. Both Grantor (seller) and Grantee (buyer) must sign below.

Grantor (seller) gifts equity valued at \$ _____ to grantee (buyer).

NOTE: Examples of different transfer types are provided on the back. This is to assist you with correctly completing this form and paying your tax.

"Consideration" means money or anything of value, either tangible (boats, motor homes, etc) or intangible, paid or delivered, or contracted to be paid or delivered, including performance of services, in return for the transfer of real property. The term includes the amount of any lien, mortgage, contract indebtedness, or other encumbrance, given to secure the purchase price, or any part thereof, or remaining unpaid on the property at the time of sale. "Consideration" includes the assumption of an underlying debt on the property by the buyer at the time of transfer.

A: Gifts with consideration

- Grantor (seller) has made and will continue to make all payments after this transfer on the total debt of \$ 0.00 and has received from the grantee (buyer) \$ 0.00 (include in this figure the value of any items received in exchange for property). Any consideration received by grantor is taxable.
- Grantee (buyer) will make payments on 0.00 % of total debt of \$ 0.00 for which grantor (seller) is liable and pay grantor (seller) \$ 0.00 (include in this figure the value of any items received in exchange for property). Any consideration received by grantor is taxable.

B: Gifts without consideration

- There is no debt on the property; Grantor (seller) has not received any consideration towards equity. No tax is due.
- Grantor (seller) has made and will continue to make 100% of the payments on total debt of \$ 0.00 and has not received any consideration towards equity. No tax is due.
- Grantee (buyer) has made and will continue to make 100% of the payments on total debt of \$ 0.00 and has not paid grantor (seller) any consideration towards equity. No tax is due.
- Grantor (seller) and grantee (buyer) have made and will continue to make payments from joint account on total debt before and after the transfer. Grantee (buyer) has not paid grantor (seller) any consideration towards equity. No tax is due.

Has there been or will there be a refinance of the debt? YES NO

If grantor (seller) was on title as co-signor only, please see WAC 458-61A-215 for exemption requirements.

The undersigned acknowledges this transaction may be subject to audit and have read the above information regarding record-keeping requirements and evasion penalties.

Grantor's Signature

Grantee's Signature

3. **IRS "TAX DEFERRED" EXCHANGE** (WAC 458-61A-213)

I, (print name) _____, certify that I am acting as an Exchange Facilitator in transferring real property to _____ pursuant to IRC Section 1031, and in accordance with WAC 458-61A-213.

NOTE: Exchange Facilitator must sign below.

Exchange Facilitator's Signature

For tax assistance, contact your local County Treasurer/Recorder or visit <http://dor.wa.gov> or call (360) 570-3265. To inquire about the availability of this document in an alternate format for the visually impaired, please call (360) 705-6715. Teletype (TTY) users please call 1-800-451-7985.