

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	Name <u>Michael G. Marks, Personal Representative</u> <u>of the Estate of Vaneta L. Marks</u>	BUYER GRANTEE	Name <u>Rosemarie A. Schultz</u>
	Mailing Address <u>2377 Rolling Hills Dr.</u>		Mailing Address <u>1632 Lambert Dr.</u>
	City/State/Zip <u>Clarkston WA 99403</u>		City/State/Zip <u>Clarkston WA 99403</u>
	Phone No. (including area code) _____		Phone No. (including area code) _____
Send all property tax correspondence to: <input type="checkbox"/> Same as Buyer/Grantee		List all real and personal property tax parcel account numbers – check box if personal property	
Name <u>Rosemarie A. Schultz</u>		<u>14150000800000000</u> <input type="checkbox"/>	
Mailing Address <u>2125 Westwind Ct.</u>		_____ <input type="checkbox"/>	
City/State/Zip <u>Clarkston WA 99403</u>		_____ <input type="checkbox"/>	
Phone No. (including area code) _____		_____ <input type="checkbox"/>	
List assessed value(s) <u>153,500.00</u>			

Street address of property: 2125 Westwind Ct. - 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.

See attached legal description.

Select Land Use Code(s):
11 Household, single family units
enter any additional codes: _____
(See back of last page for instructions)

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

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)? YES NO

If claiming an exemption, list WAC number and reason for exemption:
WAC No. (Section/Subsection) _____
Reason for exemption _____

Is this property designated as forest land per chapter 84.33 RCW? YES NO
Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW? YES NO
Is this property receiving special valuation as historical property per chapter 84.26 RCW? YES NO

Type of Document Statutory Warranty Deed (SWD)
Date of Document 11/19/18

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.

Gross Selling Price	\$	170,000.00	
*Personal Property (deduct)	\$	0.00	
Exemption Claimed (deduct)	\$	0.00	
Taxable Selling Price	\$	170,000.00	
Excise Tax : State	\$	2,176.00	
Local	\$	425.00	
*Delinquent Interest: State	\$	0.00	
Local	\$	0.00	
*Delinquent Penalty	\$	0.00	
Subtotal	\$	2,601.00	
*State Technology Fee	\$	5.00	5.00
*Affidavit Processing Fee	\$	0.00	
Total Due	\$	2,606.00	

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

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>Michael G. Marks, Personal Representative</u>	Name (print) <u>Rosemarie A. Schultz</u>
Date & city of signing: <u>Nov 19, 2018 / Clarkston, Wa</u>	Date & city of signing: <u>11/19/2018 Clarkston</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)).

EXHIBIT "A"

415649

Lot 8 and the West 36 feet of Lot 9 of Westwind Village, according to the official plat thereof, recorded June 1, 2004 as Instrument No. 276632 Official Records of Asotin County, Washington. Together with an undivided 1/16th interest in the common areas of Westwind Village as disclosed by Westwind Village PUD Covenants and Homeowners Association Agreement recorded June 1, 2004 as Instrument No. 276631 and amended by Westwind Village Homeowners' Association Letter of Intent recorded May 15, 2009 as Instrument No. 312671 official records of Asotin County, Washington.

CERTIFIED

FILED

2018 AUG 30 AM 10:41
MICHAEL A. KELLEY
COUNTY CLERK
ASOTIN COUNTY, WA

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SUPERIOR COURT OF WASHINGTON FOR ASOTIN COUNTY

In re the Estate of:)	No. 18 - 4 - 00072 - 02
)	
VANETA L. MARKS,)	LETTERS TESTAMENTARY
)	WITH NONINTERVENTION
Deceased.)	POWERS

WHEREAS, the Last Will and Testament of Vaneta L. Marks, deceased, was on the 30th day of August, 2018, duly exhibited, proven, and recorded in our said Superior Court;

WHEREAS, Michael G. Marks is the person nominated as Personal Representative in said Will;

WHEREAS, Michael G. Marks has petitioned this court to be appointed Personal Representative thereof; and

WHEREAS, this court has entered an order granting nonintervention powers to the Personal Representative,

NOW, THEREFORE, know all men by these presents, that we do hereby authorize the said Michael G. Marks to execute the terms of the Will with nonintervention powers according to law.

LETTERS TESTAMENTARY WITH
NONINTERVENTION POWERS

Law Office of
David A. Gittins
843 Seventh Street
Clarkston, WA 99403
(509)758-2501
Facsimile: (509) 758-3576

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STATE OF WASHINGTON } SS
County of Asotin

I, MCKENZIE A. KELLEY, County Clerk and ex-officio Clerk of the Superior Court for the State of Washington for Asotin County, do hereby certify that this instrument is a true and correct copy of the original as the same now appears on file and of record in my office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Seal of said Superior Court this date

11/21/18

MCKENZIE A. KELLEY CLERK
By _____ Deputy Clerk





AFFIDAVIT (LACK OF PROBATE)

Michael G. Marks, being first duly sworn, deposes and says:

The undersigned affiant is the rightful heir to the real property described below, and is Son
 (relationship to decedent) of Roger Allen Marks (decedent), who died on (date)
3/1/2011, at

Clarkston Asotin 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: 2125 Westwind Ct.

Clarkston Washington 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)

Michael G. Marks - Son
2377 Rolling Hills Dr. - 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

Dated : _____

Michael G. Marks

Affiant's full name

Telephone number

2377 Rolling Hills Dr.

Street

Clarkston

WA

99403

City

State

Zip Code

Michael G. Marks

Signature

Nov 19, 2018

Date

State of Washington County of Asotin

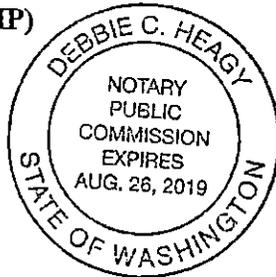
I know or have satisfactory evidence that Michael G. Marks
(name of person)

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: 11/19/2018

Debbie C. Heagy
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Clarkston, WA

Notary Public in and for the State of Washington

My appointment expires: 08/26/2019

For tax assistance call (360) 534-1503, option 2. To request this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711.

REV 84 0017 (5/16/16)

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STATE OF WASHINGTON DEPARTMENT OF HEALTH

Washington State Certificate of Death

1. Legal Name (Include AKA's if any): First Roger Middle Allen LAST Marks Suffix				2. Death Date Mar. 1, 2011	
3. Sex (M/F) Male	4a. Age - Last Birthday 80	4b. Under 1 Year Months 0 Days 0	4c. Under 1 Day Hours 0 Minutes 0	5. Social Security Number [REDACTED]	6. County of Death Asotin
7. Birthdate Aug. 2, 1930		8a. Birthplace (City, Town, or County) Chugwater	8b. (State of Foreign Country) Wyoming	9. Decedent's Education M.A.	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? NO
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt.#) 2125 Westwind Crt.				13b. City or Town Clarkston	
13c. Residence: County Asotin		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 99403	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. Fourteen months		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): Vaneta Lee Mabury	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Principal/teacher/coach			18. Kind of Business/Industry (Do not use Company Name) Public schools		
19. Father's Name (First, Middle, Last, Suffix) Arthur --- Marks			20. Mother's Name Before First Marriage (First, Middle, Last) Myrtle --- Houlehan		
21. Informant's Name Vaneta Lee Marks		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or P.O. Box City or Town State Zip 2125 Westwind Crt., Clarkston, Wa. 99403	
24. Place of Death, if Death Occurred in a Hospital: 2125 Westwind Crt.			25. Facility Name (if not a facility, give number & street or location) 2125 Westwind Crt.		
26. City, Town, or Location of Death Clarkston			26b. State Wa.	27. Zip Code 99403	
28. Method of Disposition Removal/cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Mountain View Crematory		30. Location-City/Town, and State Lewiston, Id.	
31. Name and Complete Address of Funeral Facility Merchant Funeral Home, 1000 7th St., Clarkston, Wa. 99403				32. Date of Disposition March 4, 2011	
33. Funeral Director Signature X <i>Wendy Brown</i>					
34. Cause of Death (See instructions and examples) 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. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <i>Myo Cardial Infarction</i> Interval between Onset & Death: moments Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line 'a'. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. b. c. d. Interval between Onset & Death: Due to (or as a consequence of): Interval between Onset & Death:					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above:				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year. <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death. <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year.		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
41. Date of Injury (MM/DD/YYYY)		42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
45. Location of Injury: Number & Street, City or Town, County, State, Zip Code + 4, Apt. No.					
46. Describe how injury occurred:				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician: To the best of my knowledge, death occurred at the time, date, and place and due to the causes and manner stated.				48b. Medical Examiner/Coroner: On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place and due to these causes and manner stated.	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Benjamin E. Nichols, P.O. Box 220, Asotin, WA 99402				50. Hour of Death (24hrs) 2045	
51. Name and Title of Attending Physician if other than Certifier (Type or Print) Coroner				52. Date Signed (MM/DD/YYYY) 03/03/2011	
53. Title of Certifier Coroner		54. License Number		55. Was Coroner File Number	
57. Registrar Signature X <i>Amelia...</i>				58. Date Received (MM/DD/YYYY) MAR 03 2011	
59. Amendments					



THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL

136979

AGREEMENT TO PASS PROPERTY

THIS AGREEMENT is between ROGER A. MARKS and VANETA L. MARKS, husband and wife of P.O. Box 248, Winchester, Idaho 83555.

WITNESSETH:

WHEREAS, the parties hereto are owners of certain real property described below and are desirous that said real property, situate in Lewis County, Idaho, now owned, and all other personal property that may hereafter be acquired, shall pass without delay and expense, upon the death of either, to the survivor.

REAL PROPERTY: (For legal description, see Exhibit "A" attached hereto and made a part hereof).

PERSONAL PROPERTY: All miscellaneous household furniture and furnishings; family motor vehicle; all life insurance policies and proceeds therefrom; stocks, bonds, certificates, instruments of value of any kind wheresoever the same may be situate. Any and all other personal property wheresoever the same may be situate and of whatsoever kind and character.

NOW, THEREFORE, FOR VALUE RECEIVED, and also in consideration of the love and affection that each of the parties bears for the other, and the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted and promised:

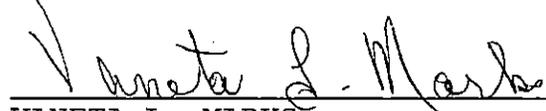
1. That the said described real property with all appurtenances and fixtures thereto and the said described personal property now owned, and all personal property that may hereafter be acquired, to the extent necessary, we do hereby transfer, grant and convey, without delay and expense, upon the death of either to the survivor.

2. That in the event of the death of either of the aforementioned parties, while the other party survives, the whole of said property, as herein defined and described, shall immediately vest in the surviving party in fee simple.

DATED this 10th day of February, 2009.



ROGER A. MARKS



VANETA L. MARKS

AGREEMENT TO PASS PROPERTY
SURVIVING SPOUSE

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Michael P. Wasko
Attorney at Law
Nezperce, ID 83543

STATE OF IDAHO) ss.
County of Lewis)

On this 10th day of February, 2009, before me a Notary Public, in and for the said state, personally appeared ROGERS A. MARKS and VANETA L. MARKS, known or identified to me (or proven to me upon oath of _____) to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same.

(NOTARY PUBLIC)
MICHAEL P. WASKO
NOTARY PUBLIC
STATE OF IDAHO

Michael P. Wasko
Notary Public, State of Idaho,
Residing at Nezperce, therein.
My Commission expires: 7/9/10.

EXHIBIT "A"

Lewis County, Idaho:

Lots 5 and 6, Block A, Lake Winchester Estates,
City of Winchester, Lewis County, Idaho,
according to the recorded plat thereof

Instrument # 136979

NEZPERCE, LEWIS, IDAHO

2-11-2009 10:19:35 No. of Pages: 3

Recorded for : MICHAEL P. WASKO

CATHY LARSON Fee: 9.00

Ex-Officio Recorder Deputy *Anne V. Crea*

RJ

AGREEMENT TO PASS PROPERTY
SURVIVING SPOUSE

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Michael P. Wasko
Attorney at Law
Nezperce, ID 83543

FILED

LAST WILL AND TESTAMENT

2018 AUG 30 AM 10:43

OF

WILLIAM J. KELLEY
COUNTY CLERK
ASOTSI COUNTY WA

VANETA L MARKS

I, VANETA L. MARKS, of Winchester, Lewis County, State of ¹⁸ - 4 - 00072 - 02
Idaho, declare this to be my Last Will and Testament, hereby
revoking all prior wills and codicils made by me.

FIRST: I direct that I be given a Christian funeral and that
my body be interred in a manner commensurate with my situation in
life and the circumstances of my estate.

SECOND: I certify and declare that I am a married woman.
My husband's name is ROGER A. MARKS. I certify and declare that
we have one (1) living child born as issue of this marriage,
whose name, age and address is:

Michael G. Marks, son, legal age, 2377 Rolling Hills Drive,
Clarkston, WA 99403.

I further certify that I have no other living children, or
issue of any deceased children surviving me.

THIRD: I intend to make, in my own handwriting, or signed
by me, a list of specific items (other than money, evidences of
indebtedness, documents of title or securities) that I plan to
dispose of, in accordance with Idaho Code Section 15-2-213, to
members of my family.

Except as expressly provided to the contrary, the gift of
any item of property under this paragraph shall fail to the
extent that I do not own such property at my death.

If the gift of any item of property under this paragraph
fails or lapses, such property shall become a part of my
residuary estate, and shall be distributed as provided in
paragraph FIFTH.

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Handwritten signature

All matters pertaining to identification, distribution, or division of property given by this paragraph, shall be determined by my Personal Representative, and its determination shall be final and binding upon all persons having any interest in my estate.

I ask that all debts, legal claims against my estate and funeral expenses be paid.

All the residue of my estate, real and personal, tangible and intangible, including any property over which I have the right of testamentary disposition, but excluding property over which I may have a power of appointment, shall constitute and be referred to in this will as my "residuary estate."

FOURTH: My husband and I have an Agreement to Pass Property. I give all the residue of my estate, both real and personal and wheresoever situated, all to my spouse. If he does not survive me then to my surviving child, MICHAEL G. MARKS, as his sole and separate property including income therefrom.

FIFTH: I hereby nominate and appoint my husband, ROGER A. MARKS, as my Personal Representative of this my Last Will and Testament. If, for any reason, he is unable to serve in that capacity, then I nominate and appoint my son, MICHAEL G. MARKS, or his designee.

In the event there is any dispute concerning any part of my estate or its administration, my Personal Representative is the arbiter thereof, and his or her decision or judgment shall be final in all matters.

SIXTH: If any person interested in my estate shall petition for supervised administration, such administration shall not be ordered unless the Court finds that changed circumstances which I could not have anticipated would require supervised administration to protect the interest of my estate and its beneficiaries. In addition to the powers it would otherwise have

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by reason of any statutes or rule of law, my Personal beneficiaries. In addition to the powers it would otherwise have by reason of any statutes of law, my Personal Representative shall have power, without prior authorization or approval of any Court, to do everything he/she shall consider advisable in the management of my estate, even though it would not otherwise be authorized for fiduciaries under any statute or rule of law.

SEVENTH: If any legatee, devisee, or taker under this Will shall interpose objections to its probate or in any way contest it, or cause any problem or fail to defend it, such person shall forfeit his or her entire interest under this Will, and the gift, bequest, or devise made to such person shall pass as part of the residue of my estate, PROVIDED, HOWEVER, that if such person is a residuary beneficiary, his or her interest shall be divided among the remaining residuary beneficiaries.

I, VANETA L. MARKS, the testator, sign my name to this instrument this 10th day of February, 2009, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my last will and that I sign it willingly (or willingly direct another to sign for me), that I execute it as my free and voluntary act for the purposes therein expressed, and that I am eighteen (18) years of age or older, and under no constraint nor undue influence.


VANETA L. MARKS

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cdw
DJK

We, Sarah J. Kaschmitter and Cheryl S. Walsh, the witnesses, sign our names to this instrument, being first duly sworn, and do hereby declare to the undersigned authority that the testator signs and executes this instrument as her last will and that she signs it willingly (or willingly directs another to sign for her), and that each of us, in the presence and hearing of the testator, hereby signs this will as witness to the testator's signing, and that to the best of each of our knowledge the testator is eighteen (18) years of age or older, of sound mind, and under no constraint nor undue influence.

Sarah J. Kaschmitter
Name

Neepere, ID 83543
Address

Cheryl S. Walsh
Name

Neepere Id 83543
Address

STATE OF IDAHO)
County of Lewis) ss.

SUBSCRIBED, SWORN TO AND ACKNOWLEDGED before me by the testator, VANETA L. MARKS, and subscribed and sworn to me by the witnesses, Sarah J. Kaschmitter and Cheryl S. Walsh, this 10th day of February, 2009.

MICHAEL P. WASKO
NOTARY PUBLIC
STATE OF IDAHO
(Notary seal)

Michael P. Wasko
Notary Public, State of Idaho.
Residing at Neepere therein.
My Commission expires: 7/9/10.

51757

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