

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>The Estate of Vernon K. Wilburn</u> <u>Ruby</u> | BUYER GRANTEE | Name <u>Kyle Zipse</u> |
| | Mailing Address <u>C/O Nickole Corey</u> | | Mailing Address <u>6977 S Rollingwood Drive</u> |
| | City/State/Zip <u>Clarkston WA 99403</u> | | City/State/Zip <u>Spokane WA 99224</u> |
| | Phone No. (including area code) | | Phone No. (including area code) |
| 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>Kyle Zipse and Camas Zipse</u> | | 10021900200010000 <input type="checkbox"/> | |
| Mailing Address <u>6977 S Rollingwood Drive</u> | | <input type="checkbox"/> | |
| City/State/Zip <u>Spokane WA 99224</u> | | <input type="checkbox"/> | |
| Phone No. (including area code) | | <input type="checkbox"/> | |
| | | List assessed value(s) <u>57,700.00</u> | |

Street address of property: 532 10th Street

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

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 North 1/2 of Lot 2 in Block 19 of West Clarkston, according to the official plat thereof, filed in Book B of Plats at Page(s) 23, records of Asotin County, Washington.

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"/> |

| | | |
|---|--------------------------|-------------------------------------|
| | 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

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

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

WAC No. (Section/Subsection) _____

Reason for exemption _____

Type of Document Statutory Warranty Deed (SWD)

Date of Document 02/07/19

| | | |
|--------------------------------|------------------|-------------|
| Gross Selling Price \$ | <u>70,000.00</u> | |
| *Personal Property (deduct) \$ | <u>0.00</u> | |
| Exemption Claimed (deduct) \$ | <u>0.00</u> | |
| Taxable Selling Price \$ | <u>70,000.00</u> | |
| Excise Tax : State \$ | <u>896.00</u> | |
| Local \$ | <u>175.00</u> | |
| *Delinquent Interest: State \$ | <u>0.00</u> | |
| Local \$ | <u>0.00</u> | |
| *Delinquent Penalty \$ | <u>0.00</u> | |
| Subtotal \$ | <u>1,071.00</u> | |
| *State Technology Fee \$ | <u>5.00</u> | <u>5.00</u> |
| *Affidavit Processing Fee \$ | <u>0.00</u> | |
| Total Due \$ | <u>1,076.00</u> | |

A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX
*SEE INSTRUCTIONS

3 I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

| | |
|--|---|
| Signature of Grantor or Grantor's Agent <u>Nickole Corey</u> | Signature of Grantee or Grantee's Agent <u>Kyle Zipse</u> |
| Name (print) <u>The Estate of Vernon K. Wilburn</u> | Name (print) <u>Kyle Zipse</u> |
| Date & city of signing: <u>Clarkston 2-8-19</u> | Date & city of signing: <u>2-7-19 Spokane</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

Nickole Corey

1013 16th St.

Clarkston, Wa. 99403

Please print or type information

Document Title(s) (or transactions contained therein):

1. Affidavit (Lack of Probate)
- 2.
- 3.
- 4.

Grantor(s) (Last name first, then first name and initials):

1. Wilburn, Vernon K.
 - 2.
 - 3.
 - 4.
- Additional names on page ___ of document.

Grantee(s) (Last name first, then first name and initials):

1. To the Public
 - 2.
 - 3.
 - 4.
- Additional names on page ___ of document.

Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.)

- Additional legal is on page ___ of document.

Reference Number(s) of Documents assigned or released:

- Additional numbers on page ___ of document.

Assessor's Property Tax Parcel/Account Number

- Property Tax Parcel ID is not yet assigned
 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.

51951

Name & relationship Marilyn Wilburn daughters
 Address: 2325 3rd ave Clarkston wa. 99403
 Name & relationship Terry Wilburn 1013 1/2 16th st. Clk. wa. 99403 son
 Address: _____
 Name & relationship _____
 Address: _____
 Name & relationship _____
 Address: _____

That among items of real property owned by the Decedent at the time of death was real estate located in Asotin County, Washington, and described in the above referenced Title Insurance Commitment.

As to the Decedent, said real estate was [check one]

- Community property
- ~~Separate~~ ^{NC} property
- Joint tenancy property

CHECK ALL BOXES WHICH APPLY IN EACH SECTION:

1. That on the date the real property was purchased the Decedent was:
 - married to Ruby Wilburn
 - unmarried, not a registered domestic partner
 - unmarried, a registered domestic partner of _____
2. That on the date of death the Decedent was
 - married to Ruby Wilburn
 - unmarried, not a registered domestic partner
 - unmarried, a registered domestic partner of _____
3.
 - That the decedent left a Will, a copy of which is attached hereto.
 - That the decedent left no Will.
 - That the decedent executed a Community Property Agreement. It was recorded under _____ County recording number _____. (if unrecorded, attach a copy)
4. That the decedent's estate is not being probated.

That the decedent's estate is subject to probate proceedings in _____ County, State of _____, under Probate No. _____

5. That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.

That State and/or Federal succession or inheritance taxes in the amount of \$ _____ have been paid. Copies of the release/discharge are attached hereto.

That State and/or Federal succession or inheritance taxes are due, but have not been paid.

6. That the decedent has not received assistance from the State of Washington for medical care.
- That the decedent has received assistance from the State of Washington for medical care.
- That the State of Washington has been fully reimbursed for assistance for medical care.

That, with respect to the property, if any, owned by the Decedent in joint tenancy as described above, at all times from the time of the execution of the instrument by which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the above described joint tenancy property was held in joint tenancy, and that the interest of no one or more of said joint tenants has ever been conveyed, encumbered or otherwise separated from the interest of the other joint tenant(s), either voluntarily or involuntarily, whether by specific act or by operation of law; and that said joint tenancy continued in full force until the death of the Decedent with respect to the interest of the Decedent and, if there are two or more surviving joint tenants, including the Affiant, the joint tenancy continues with respect to the interests of the said surviving joint tenants.

That Affiant knows of the Affiant's own knowledge, and so states, that each and all of the obligations against the estate of said Decedent (including, but not limited to: all the debts of decedent; all of the expenses of Decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon Decedent's estate, if applicable) have been paid in full, except as follows (use reverse side or attach a list if necessary): _____

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ ~~40,000~~ 70,000, including the value of community property of Decedent and Decedent's surviving spouse, if any, of approximately \$ 70,000, and including the value of Decedent's separate property, if any, of approximately \$ 40,000, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ 0.

This affidavit is made to induce Alliance Title 3
950NW CORP. TITLE INSURANCE COMPANY (the Company) to insure real property covered by the Company's order number set forth above, in which Decedent held an interest at the time of the Decedent's death. Affiant urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein. The Affiant, for the Affiant and for the Affiant's heirs, executors and administrators, covenants to indemnify said Company or any other person, including a purchaser of said real estate, for any loss arising from reliance on any misstatement of fact herein.

DATED: February 8, 2019

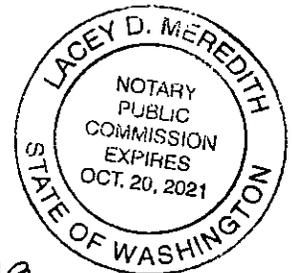
Nichole Corey
(Signature)

(Print or type Affiant's full name)

Nichole Corey
(Full address and telephone number)
1013 16th St. Clarkston, WA. 99403

SUBSCRIBED and SWORN TO before me this 8th day of February, 2019

Lacey D. Meredith
Notary Public in and for the State of WA
Washington, residing at Lewiston, ID



STATE OF WASHINGTON DEPARTMENT OF HEALTH

OFFICE USE ONLY
DISTRICT

TYPE OR PRINT IN PERMANENT BLACK INK



CERTIFICATE OF DEATH

146 0 22421
STATE FILE NUMBER

067
LOCAL FILE NUMBER

| | | | | | | | | | | | | | | | |
|---|--|---|--|---|---|--|--|---|-----------------------------|--|--|--|--|------------------------------|--|
| 1. NAME First: Vernon Middle: K. Last: Wilburn | | | 2. SEX (M/F): Male | | 3. DEATH DATE (Mo, Day, Yr) May 11 2000 | | | | | | | | | | |
| 4. AGE LAST BIRTHDAY (Yrs) 80 | | 5. UNDER 1 YEAR MO: 8 DAYS: 10 HOURS: 15 MINS: 00 | | 6. UNDER 1 DAY HOURS: 15 MINS: 00 | | 7. BIRTHDATE (Mo, Day, Yr) Sept 18, 1919 | | 8. BIRTHPLACE (City, State or Foreign Country) Weiser, ID | | 9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) NO | | 10. COUNTY OF DEATH Asotin | | | |
| 11. CITY, TOWN OR LOCATION OF DEATH Clarkston | | | | | | 12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: 1. HOME 2. IN TRANSPORT 3. EMERG. RM/OUT PATN 4. HOSP. 5. NUR HOME 6. OTHER PLACE Tri-State Memorial Hospital | | | | | | 13. SMOKING IN LAST 15 YEARS? (Yes/No) NO | | | |
| 14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married | | | | 15. SURVIVING SPOUSE (If wife, give maiden name) Ruby Reininger | | | | 16. SOCIAL SECURITY NO. [REDACTED] | | | | 17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 8 College (1-4 or 5+): 8 | | | |
| 18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Musician | | | | 19. KIND OF BUSINESS OR INDUSTRY Dance Band | | | | 20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) NO | | | | 21. RACE (Specify) White | | | |
| 22. RESIDENCE — NUMBER AND STREET 532 10th St. | | | 23. CITY/TOWN, OR LOCATION Clarkston | | | 24. INSIDE CITY LIMITS? (Yes/No) Yes | | 25A. COUNTY Asotin | | 25B. LENGTH OF RES. IN CO. 11 yrs | | 25. STATE WA | | 27. ZIP CODE 99403 | |
| 28. FATHER'S NAME — FIRST, MIDDLE, LAST Bird — Wilburn | | | | | | 29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Ladessa — Carpender | | | | | | | | | |
| 30. INFORMANT — NAME Marilyn L. Wilburn | | | | | | 31. MAILING ADDRESS — STREET OR RFD NO., CITY OR TOWN, STATE, ZIP 720 8th Street, Clarkston, WA 99403 | | | | | | | | | |
| 32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial | | 33. DATE (Mo, Day, Yr) May 16, 2000 | | 34. CEMETERY/CREMATORY — NAME Vineland Cemetery | | | | 35. LOCATION — CITY/TOWN, STATE Clarkston, WA, 99403 | | | | | | | |
| 36. FUNERAL DIRECTOR SIGNATURE x [Signature] | | | | | | 37. NAME OF FACILITY Merchant Funeral Home | | | | 38. ADDRESS OF FACILITY 1000 7th, Clarkston, WA 99403 | | | | | |
| 39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE: [Signature] | | | | | | 43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE: [Signature] | | | | | | | | | |
| 40. DATE SIGNED (Mo., Day, Yr) 5/12/00 | | | 41. HOUR OF DEATH (24 Hrs.) 2140 | | | 44. DATE SIGNED (Mo., Day, Yr) | | | 45. HOUR OF DEATH (24 Hrs.) | | | | | | |
| 42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | | | | 46. PRONOUNCED DEAD (Mo., Day, Yr) | | | | | | 47. HOUR PRONOUNCED DEAD (24 Hrs.) | | | |
| 48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Malcolm W. Winter MD, 428 6th Ave., Lewiston, ID 83501 | | | | | | | | | | 49. ME/CORONER FILE NUMBER | | | | | |
| 50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: | | | | | | | | | | | | | | | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death). coronary/repis | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 42h | | | | | |
| DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. chronic lymphocytic leukemia | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 10 years | | | | | |
| SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE. ENTER UNDERLYING CAUSE (Disease or injury which produced events resulting in death) LAST. | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | | | | | |
| 51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE: | | | | | | | | | | 52. AUTOPSY? (Yes/No) NO | | 53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) NO | | | |
| 54. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify) | | 55. INJURY DATE (Mo, Day, Yr) | | 56. HOUR OF INJURY (24 Hrs) | | 57. DESCRIBE HOW INJURY OCCURRED: | | | | | | | | | |
| 58. INJURY AT WORK? (Yes/No) | | 59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify) | | | | 60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE | | | | | | | | | |
| 61. RECORD AMENDMENT (Registrar use only) ITEM: DOCUMENTARY EVIDENCE REVIEWED BY: DATE: | | | | 62. REGISTRAR SIGNATURE [Signature] | | | | 63. DATE RECEIVED (Mo., Day, Yr) MAY 15 2000 | | | | | | | |

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (Formerly DSHS 9-150)

51951

DOH 422-131 (4/16)

NOT VALID IF PHOTOCOPIED OR ALTERED

STATE OFFICE USE ONLY

State File Number Fee Number Initials Date Affidavit Number

Required information must match current information on record

Record Type: Birth Death Marriage 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) 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: 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: |
|-----------------------|-------------------|
| 3. | 9. |
| 10. | 11. |
| 12. | 13. |
| 14. | 15. |

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

16a. Signature: Date: 16b. Signature of 2nd parent (if required): 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 <ul style="list-style-type: none">• 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) <ul style="list-style-type: none">• Only the adult can change his or her birth certificate• If the first or middle name is missing, three pieces of documentary proof are required• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required• To correct parent's birth date, place of birth, or name, one documentary proof is required |
|--|--|

*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request. This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

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

Marriage/Dissolution (Divorce) Certificates

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

DOH 422-034 October 2015

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Christie Spice, State Registrar.
Christie Spice

51951



0 1 0 2 4 6 2 9

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

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CERTIFIED

FILED

2019 FEB -8 AM 10:16

MCKENZIE A. KELLEY
COUNTY CLERK
ASOTIN COUNTY, WA

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF ASOTIN

In Re the Estate of:

RUBY WILBURN,

Deceased.

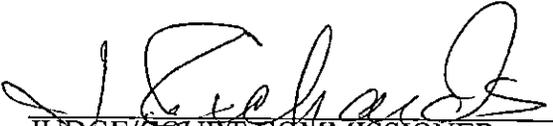
) NO. 17-4-00098-02

) AMENDED SECOND ORDER
) APPROVING THE SALE OF REAL
) PROPERTY

THIS MATTER having come on before the above-entitled court upon the motion of the administratrix for an Order approving sale of real property, and the Court being fully advised in the premises and finding the prices to be reasonable, it is now, therefore

ORDERED, ADJUDGED AND DECREED that NICKOLE COREY, administratrix, may sell the home and real property at 532 10th Street, Clarkston, Washington, at a price of \$70,000 to KYLE ZIPSE and CAMAS ZIPSE.

DONE IN OPEN COURT this 8th day of February, 2019.


JUDGE/COURT COMMISSIONER

Presented by:

By: 

Brooke J. Burns, WSBA #38000

Attorney for Estate

51951

Ledgerwood & Burns
922 Sixth Street
Clarkston, WA 99403
(509) 758-1005

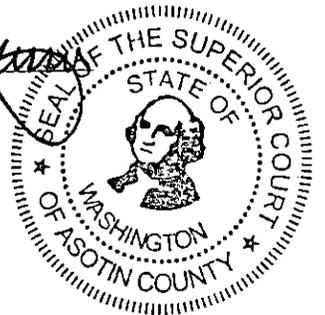
AMENDED SECOND ORDER APPROVING
SALE OF REAL PROPERTY - 1

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

2/18/19
By *Mckenzie A. Kelley*
MCKENZIE A. KELLEY CLERK
Deputy Clerk



51951

FILED

2017 DEC -4 PM 2:25

MCKENZIE A. KELLEY
COUNTY CLERK
ASOTIN COUNTY, WA

CERTIFIED

SUPERIOR COURT OF WASHINGTON
COUNTY OF ASOTIN

IN RE THE ESTATE OF:

RUBY F. WILBURN

Deceased

NO. 17-4-00098-02

LETTERS OF ADMINISTRATION

WHEREAS, heretofore NICKOLE COREY was duly appointed administratrix of the estate of RUBY F. WILBURN, deceased, conditioned upon said NICKOLE COREY filing her oath herein.

NOW, THEREFORE, KNOW ALL MEN BY THESE PRESENTS, that said NICKOLE COREY has duly qualified as such administratrix and is authorized to administer upon said estate according to law.

WITNESS my hand and seal of this Court affixed this 4th day of December 2017.

MCKENZIE KELLEY

Clerk of said Superior Court

Jeff Gant
Deputy



Ledgerwood & Burns
922 Sixth Street
Clarkston, WA 99403
(509) 758-1005

LETTERS OF ADMINISTRATION - 1

51951

MC

CERTIFICATE

STATE OF WASHINGTON)
County of Asotin)) ss.

I, _____, Clerk of the Superior Court of said County and State do hereby certify that the above and foregoing is a true and correct copy of the Letters of Administration in the above-entitled cause, and were on the ____ day of _____, 2017, duly entered of record.

I further certify that said Letters are now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Superior Court, this ____ day of November, 2017.

Clerk of said Superior Court

Deputy

Ledgerwood & Burns
922 Sixth Street
Clarkston, WA 99403
(509) 758-1005

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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

October 29, 2019
By *[Signature]*
MCKENZIE A. KELLEY CLERK
Deputy Clerk



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