



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, indicate % sold.

List percentage of ownership acquired next to each name.

SELLER GRANTOR: Name Robert L. Anderson, Mailing Address 436-10th St., Clarkston, WA 99403, Phone No. (509) 780-1407. BUYER GRANTEE: Name Mike Grow, Mailing Address 817 1/2 3rd St., Lewiston, ID, Phone No. (208) 325-1248.

Send all property tax correspondence to: Same as Buyer/Grantee. Name Mike Grow, Mailing Address 817 1/2 3rd St., Lewiston, ID 83501, Phone No. (208) 325-1248. List all real and personal property tax parcel account numbers -- check box if personal property. List assessed value(s) 111300.

Street address of property: 436 10th Street

This property is located in 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.

Legal description of property (if more space is needed, you may attach a separate sheet to each page of the affidavit)

Lot 11 in Block 22 of West Calrkston

Select Land Use Code(s): 11 - Household, single family units

enter any additional codes: (See back of last page for instructions)

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

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.

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.

This land 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.

(3) OWNER(S) SIGNATURE

PRINT NAME

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

3 out buildings

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

WAC No. (Section/Subsection) Reason for exemption

Type of Document: Deed & Purchaser's Assignment of Real Estate Contract

Date of Document: 2/1/2018

Gross Selling Price \$ 74,825.84

\*Personal Property (deduct) \$

Exemption Claimed (deduct) \$

Taxable Selling Price \$ 74,825.84 0.00

Excise Tax: State \$ 957.77 0.00

0.0025 Local \$ 187.06 0.00

\*Delinquent Interest: State \$

Local \$

\*Delinquent Penalty \$

Subtotal \$ 1144.83 0.00

\*State Technology Fee \$ 5.00

\*Affidavit Processing Fee \$

Total Due \$ 1,149.83

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: Robert L. Anderson, Name (print) Robert L. Anderson, Date & city of signing: 2/22/19 Clarkston

Signature of Grantee or Grantee's Agent: Mike Grow, Name (print) Mike Grow, Date & city of signing: 2/22/19 ASOTIN

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)).

REV 84 0001a (09/06/17) THIS SPACE - TREASURER'S USE ONLY COUNTY TREASURER

Grow & Associates ck# 00865 KRM

PAID FEB 22 2019 ASOTIN COUNTY TREASURER 51977 51977



# 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 deeded transfers and Form REV 84 0001B for controlling interest transfers) 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))

*Deed and Purchaser's Assignment of Real Estate Contract*

I, (print name) Sandra Ankwey certify that the Quitclaim & TSA  
(type of instrument), dated 2/11/89, was delivered to me in escrow by Robert L. Anderson  
(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 Seller unable to mortgage until 2/19/89, see attached  
Sandra Ankwey Signature Sue Ankwey Group 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**

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

1.  There is no debt on the property; Grantor (seller) has not received any consideration towards equity. No tax is due.
2.  Grantor (seller) has made and will continue to make 100% of the payments on the total debt of \$ \_\_\_\_\_ and has not received any consideration towards equity. No tax is due.
3.  Grantee (buyer) has made and will continue to make 100% of the payments on total debt of \$ \_\_\_\_\_ and has not paid grantor (seller) any consideration towards equity. No tax is due.
4.  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 yes, please call (360) 534-1503 to see if this transfer is taxable). If grantor (seller) was on title as co-signor only, please see WAC 458-61A-215 for exemption requirements.

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

Grantor's Signature

Date

Grantee's Signature

Date

5/19/89

\* Note

# Explanation on Closing on 436 - 10<sup>th</sup> St. Clackston Anderson to Leon

(k) SPECIAL STIPULATIONS: The following special stipulations, if in conflict with any language contained within the 3 pages of

43 this Purchase and Sale Agreement, will control:

Seller & Buyer agree that Buyer will

44

pay Seller as follows:

45

\$100.00 upon signing the agreement

46

\$900.00 upon Seller completed move out

47

Seller will be allowed a 1-yr period

48

from signing the agreement to complete

49

his move. (Completed move out to be closing date) *Sua*

50

Upon Seller completed move out the transaction will be deemed completed and closing on move date.

(l) TIME IS OF THE ESSENCE: The failure to meet specified time limits will be grounds for canceling this Agreement.

*Sandra Adams 2/1/18*

(m) FAIR HOUSING AND EQUAL OPPORTUNITY: This Property is being sold without regard to race, color, sex, religion, disability, marital status, family status, sexual orientation, age, ancestry, or national origin.

(n) LOAN AND APPRAISAL CONTINGENCIES: This Agreement is contingent on Buyer obtaining loan(s) of Buyer's choice. Buyer must deliver to Seller no later than 5:00 PM, ten (10) calendar days after the Acceptance Date a lender's conditional commitment letter proving that: loan application has been made; appraisal has been ordered; loan is not contingent on the sale of any other property (unless otherwise stated in Agreement); Buyer has necessary cash reserves; and providing reasonable assurance of Buyer's ability to obtain loan with rates, terms, payments and conditions acceptable to Buyer. Failure to timely provide commitment letter will be grounds for Seller to cancel this Agreement by delivering written Notice to Buyer, and all Earnest Money must be refunded to Buyer. VA/FHA Loan Addendum must be attached if Buyer seeks VA or FHA loan. If loan contingency is waived, Buyer must deliver proof of adequate funds within time period on Line Appraisal Contingency - this Agreement is also contingent on the appraisal value equaling or exceeding the purchase price.

If any repairs are required by the lender, Buyer must deliver to Seller a written list of lender required repairs. Seller must deliver to Buyer, no later than 5:00 PM, three (3) calendar days after receiving the repair list, a written Notice stating whether or not Seller will complete the repairs before closing at Seller's expense. If Seller does not agree to perform such repairs, or does not reply within the time limit, this Agreement will cancel and all Earnest Money must be refunded to Buyer [see exception in



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 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 Robert Leroy Anderson.
  - unmarried, not a registered domestic partner
  - unmarried, a registered domestic partner of \_\_\_\_\_.
2. That on the date of death the Decedent was:
  - married to Robert Leroy Anderson.
  - 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.
5.  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): Mortgage of Ditch on 436-10<sup>th</sup> Clarkston, WA.

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ ~~7500~~ 75,500, including the value of community property of Decedent and Decedent's surviving spouse, if any, of approximately \$ 75,000, and including the value of Decedent's separate property, if any, of approximately \$ 500, 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 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: 11/4, 2014

Robert L. Anderson

(Signature)

Robert Lewis Anderson

(Print or type Affiant's full name)

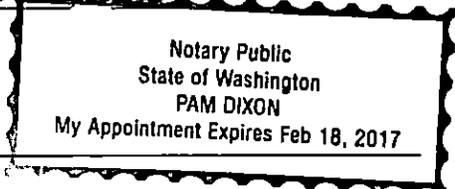
436-10<sup>th</sup> St.

(Full address and telephone number)

Clarkston, WA 99403 552-6534

SUBSCRIBED and SWORN TO before me this 4<sup>th</sup> day of Nov, 2014

Notary Public in and for the State of Washington, residing at Clarkston  
Pam Dixon



51977

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-039956

DATE ISSUED: 10/05/2016

FEE NUMBER: 000046771

GIVEN NAMES: BARBARA RAE  
LAST NAME: ANDERSON

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: SEPTEMBER 24, 2016  
HOUR OF DEATH: 08:21 P.M. PRESUMED  
SEX: FEMALE  
AGE: 75 YEARS

SOCIAL SECURITY NUMBER: ██████████

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: AUGUST 07, 1941  
BIRTHPLACE: SPOKANE, WASHINGTON

MARITAL STATUS: DIVORCED  
SPOUSE:

OCCUPATION: HOMEMAKER  
INDUSTRY: OWN HOME  
EDUCATION: 8 YEARS  
US ARMED FORCES? NO

INFORMANT: RICHARD ANDERSON  
RELATIONSHIP: SON  
ADDRESS: 436 10TH ST, CLARKSTON WA, 99403

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 436 10TH ST  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 436 10TH ST  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403  
INSIDE CITY LIMITS? NO  
COUNTY: ASOTIN

TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 14 YEARS

FATHER/PARENT: RAY BREEDEN  
MOTHER/PARENT: CHRISTINA MARIE UNKNOWN

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY  
CITY, STATE, ZIP: LEWISTON, ID  
DISPOSITION DATE: OCTOBER 04, 2016

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES LLC  
ADDRESS: PO. BOX 107  
CITY, STATE, ZIP: CLARKSTON WA, 99403  
FUNERAL DIRECTOR: RICHARD LASSITER

- CAUSE OF DEATH:
- A. RESPIRATORY FAILURE  
INTERVAL: MINUTES
  - B. METASTATIC LUNG CANCER  
INTERVAL: 10 MONTHS
  - 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:

MANNER OF DEATH: NATURAL  
AUTOPSY: NO

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? YES  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: DAMILOA OLUPONA MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 338 6TH ST.  
CITY, STATE, ZIP: LEWISTON ID, 83501  
DATE SIGNED: SEPTEMBER 29, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

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

ATTENDING PHYSICIAN:  
DAMILOA OLUPONA MD

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:  
SUNDTIE HOFFMAN

NUMBER(S): NONE  
DATE(S): NONE

DATE RECEIVED: OCTOBER 04, 2016

51977

DOH 01-003 (10/15)





# 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
-------------------	------------	----------	------	------------------

### Required information must match current information on record

<b>Required</b>	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record:		2. Date of Event:	3. Place of Event:
	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: <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:

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

1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
2. The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
3. Documentary proof must be five or more years old or established within five years of birth.

#### Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)\*
- After age one, a court order is required to change the last name
- No proof is required to change the first or middle name\*
- To correct parent's information, one documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required

#### Adult (18 years or older)

- Only the adult can change his or her birth certificate
- If the first or middle name is missing, three pieces of documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

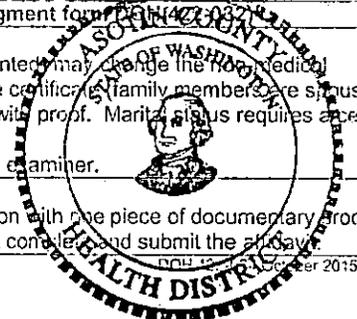
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form).

#### Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the 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.



*Joel McCullough*  
**Joel McCullough, M.D., MPH, MS**  
 Health Officer

OCT 05 2016

FF00046771

Acct #53342135

**THIRD PARTY AUTHORIZATION FORM**

Homeowner Information			
Borrower Name <i>Robert Anderson</i>		Co-Borrower Name <i>Barbra Anderson (Deceased)</i>	
Mailing Address <i>436-10<sup>th</sup> St, Clarkston, WA</i>		Property Address (if different than mailing address)	
Phone Numbers/ Contact Information	Daytime: <i>(208) 305-1248</i>	Evening:	Cell: <i>Same</i>
		E-mail Address:	
Mortgage Information			
Name of Mortgage Company (i.e., Mortgage Servicer) <i>Ditech</i>		Loan Number <i>53342135</i>	
Mortgage Company Contact Name		Contact Phone	Contact E-mail Address
Lender Name (if Different Than Mortgage Company) <i>Bank of America</i>		Loan Number <i>53342135</i>	
Lender Contact Name		Contact Phone <i>(208) 305-4223</i>	Contact E-mail Address <i>sankner@ cableone.net</i>
Housing Counselor Agency <i>LC Advantage Realty</i>		Agency's File Number <i>(509) 751-5555</i>	
Housing Counselor Name <i>Sandra Ankeney</i>		Contact Phone <i>(208) 305-4223</i>	Contact E-mail Address <i>sandraan@ gmail.com</i>
Authorized Third Party <i>Mike Grow (Aide)</i>		Contact Phone <i>(208) 305-1248</i>	Contact E-mail Address
Loan Type	<input type="checkbox"/> Conventional <input checked="" type="checkbox"/> FHA <input type="checkbox"/> VA	Foreclosure Sale Date (if applicable) _____/_____/_____	

The undersigned Borrower and, if applicable, Co-Borrower, is/are currently working with the Housing Counselor named above and hereby authorize the Housing Counselor and its employees to speak with and discuss my mortgage loan on my behalf with the Lender and the Mortgage Loan Servicer named above, as well as with the owner of the mortgage loan (such as Fannie Mae and Freddie Mac), with the Lender, the Mortgage Loan Servicer and the owner of the mortgage loan collectively referred to as "Mortgagee," and also authorize each of the entities constituting the Mortgagee to speak with and discuss my mortgage loan on my behalf with the Housing Counselor and any Authorized Third Party named above. The Housing Counselor and each of the entities constituting the Mortgagee are each authorized to share with the other any and all information concerning me/us in their possession including, but not limited to, financial information, without further authorization from me/us.

The Housing Counselor and its employees are authorized to furnish copies of this Authorization to any of the entities constituting the Mortgagee and such entities may rely on this Authorization.

*Robert L. Anderson*  
Borrower's Signature

*2/1/18*  
Date

\* *Deceased 9/29/2016*  
Co-Borrower's Signature

Date