

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>Dana P. Meshishnek as Attorney-in-Fact</u> for <u>Eileen W. Meshishnek</u>	BUYER GRANTEE	Name <u>Gregory Carl Norris</u> <u>Rebecca N. Norris</u>
	Mailing Address <u>780 1117 Clara Rd.</u>		Mailing Address <u>2440 17th St.</u>
	City/State/Zip <u>Greenacres, WA 99016</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 checked="" type="checkbox"/> Same as Buyer/Grantee		List all real and personal property tax parcel account numbers – check box if personal property	
Name <u>Gregory Carl Norris Rebecca N. Norris</u>		<u>1411000060000000</u> <input type="checkbox"/>	
Mailing Address <u>2440 17th St.</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>333,600.00</u>	

Street address of property: 2440 17th St. - 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.

Lot 6 of Ross Addition according to the official plat thereof, as recorded in the office of the County Recorder of Asotin County, Washington, under recorder's Instrument No. 274215

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. 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 02/28/19

Gross Selling Price	\$	375,000.00
*Personal Property (deduct)	\$	0.00
Exemption Claimed (deduct)	\$	0.00
Taxable Selling Price	\$	375,000.00
Excise Tax : State	\$	4,800.00
Local	\$	937.50
*Delinquent Interest: State	\$	0.00
Local	\$	0.00
*Delinquent Penalty	\$	0.00
Subtotal	\$	5,737.50
*State Technology Fee	\$	5.00
*Affidavit Processing Fee	\$	0.00
Total Due	\$	5,742.50

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>Dana P. Meshishnek</u>	Signature of Grantee or Grantee's Agent <u>Gregory Carl Norris</u>
Name (print) <u>Dana P. Meshishnek as Attorney-in-Fact</u>	Name (print) <u>Gregory Carl Norris</u>
Date & city of signing: <u>3/1/2019 - Clarkston, WA</u>	Date & city of signing: <u>3/1/2019 - Clarkston, WA</u>

Perjury: Perjury is a class C felony which is punishable by imprisonment in the state correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars (\$5,000.00), or by both imprisonment and fine (RCW 9A.20.020 (1C)).

Return Address

Alliance Title & Escrow Corp.
735 5th St.
Clarkston, WA 99403

Please print or type information

Document Title(s) (or transactions contained therein): 1. Lack of Probate Affidavit 2. 3. 4.
Grantor(s) (Last name first, then first name and initials): 1. Meshishnek, Robert George 2. 3. 4. <input type="checkbox"/> Additional names on page ___ of document.
Grantee(s) (Last name first, then first name and initials): 1. 2. 3. 4. <input type="checkbox"/> Additional names on page ___ of document.
Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.) Lot 6, Ross Addition <input type="checkbox"/> Additional legal is on page ___ of document.
Reference Number(s) of Documents assigned or released: <input type="checkbox"/> Additional numbers on page ___ of document.
Assessor's Property Tax Parcel/Account Number 1-411-00-006-0000-0000 <input type="checkbox"/> Property Tax Parcel ID is not yet assigned <input type="checkbox"/> Additional parcel numbers on page ___ of document
The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

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AFFIDAVIT (LACK OF PROBATE)

Eileen Meshishnek, being first duly sworn, deposes and says:

The undersigned affiant is the rightful heir to the real property described below, and is spouse
 (relationship to decedent) of Robert George Meshishnek (decedent), who died on (date)
4/6/2015, 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: 2440 17th St.

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)

Eileen W. Meshishnek - Spouse
1117 S. Clara Rd. - Greenacres, WA 99016
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 : 3/1/2019

Eileen W. Meshishnek

Affiant's full name

Telephone number

1117 Clara Rd.

Street

Greenacres

City

WA

State

99016

Zip Code

Eileen W. Meshishnek by Dana P. Meshishnek, Attorney-in-Fact

Signature

Eileen W. Meshishnek by Dana P. Meshishnek, Attorney-in-Fact

Date

3-01-2019

State of Washington

County of Asotin

I know or have satisfactory evidence that Dana P. Meshishnek as Attorney-in-Fact for Eileen W. Meshishnek (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: 3/1/2019

(SEAL OR STAMP)



Debbie C. Heagy

Signature of Notary Public

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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CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-010164

DATE ISSUED: 04/14/2015

FEE NUMBER: 000243551

GIVEN NAMES: ROBERT GEORGE
LAST NAME: MESHISHNEK

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: APRIL 06, 2015
HOUR OF DEATH: 05:15 A.M. PRESUMED
SEX: MALE
AGE: 85 YEARS

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 2440 17TH STREET
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 2440 17TH STREET
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
INSIDE CITY LIMITS? NO
COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 10 YEARS

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: JANUARY 27, 1930
BIRTHPLACE: COLTON, WASHINGTON

FATHER: JOHN JAMES MESHISHNEK
MOTHER: EMMA SEMLER

MARITAL STATUS: MARRIED
SPOUSE: EILEEN KATHRYN WEBER

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: ST. GALL CEMETERY
CITY, STATE: COLTON, WA
DISPOSITION DATE: APRIL 15, 2015

OCCUPATION: ASST MANAGER CENTRAL STORES
INDUSTRY: HIGHER EDUCATION INSTITUTION
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? YES

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES LLC
ADDRESS: 1000 7TH ST
CITY, STATE, ZIP: CLARKSTON WA 99403
FUNERAL DIRECTOR: RICHARD LASSITER

INFORMANT: EILEEN MESHISHNEK
RELATIONSHIP: WIFE
ADDRESS: 2440 17TH STREET, CLARKSTON WA, 99403

- CAUSE OF DEATH:
 - A. ARTERIOSCLEROSIS HEART DISEASE
INTERVAL: MOMENTS
 - B. CORONARY ARTERY DISEASE
INTERVAL: YEARS
 - C. INTERVAL:
 - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
ATRIAL FIBRILLATION

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

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

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

ME/CORONER: LISA WEBBER
TITLE: CORONER
ME/CORONER
ADDRESS: PO BOX 220
CITY, STATE, ZIP: ASOTIN WA 99402
SIGNED: APRIL 07, 2015

DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

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

ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NONE
NUMBER(S): NONE
DATE(S): NONE

LOCAL DEPUTY REGISTRAR:
SUNDIE HOFFMAN
DATE RECEIVED: APRIL 13, 2015



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Birth Number

Classification

Place of Event

Sex

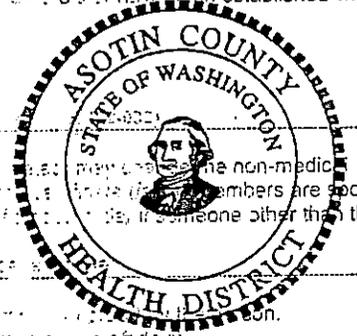
Other fact list

Telephone Number

Send correct

The affidavit,
documentary proof,
and birth certificate
to be returned (front and back)

Birth certificate
If the proof must show the name
of the child, the birth certificate
must show the birth certificate.
If the child is not listed in the pieces of documentary proof
provided, the date of birth is
required. If the date of birth is
not provided, the date of birth, or name, one documentary
proof must be provided. If the date of birth has been established within five



non-medical
members are spouse or
the

Lawrence M. Garges, M.D.
Health Officer

APR 14 2015

AA00243552

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COPY

Filed for record at the request of:
AITKEN, SCHAUBLE, PATRICK,
NEILL & RUFF
Albert J. Schauble
P.O. Box 307
Pullman, WA 99163

COMMUNITY PROPERTY SURVIVORSHIP AGREEMENT

Grantor(s): ROBERT G. MESHISHNEK and EILEEN W. MESHISHNEK
Grantee(s): N/A

COMMUNITY PROPERTY SURVIVORSHIP AGREEMENT

This Agreement, made and entered into this 10th day of January, 2000, by and between ROBERT G. MESHISHNEK and EILEEN W. MESHISHNEK, husband and wife, of Whitman County, Washington, pursuant to the provisions of Section 26.16.120, Revised Code of Washington, providing for agreements between husband and wife for the fixing of the status and disposition of community property to take effect upon the death of either,

W I T N E S S E T H:

That, in consideration of the love and affection that each of the said parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted and promised as follows:

FIRST: That all prior written community property agreements, if any, between the parties hereto, are mutually rescinded.

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SECOND: That all property of whatsoever nature or description, whether real, personal or mixed and wheresoever situated now owned or hereafter acquired by them or either of them is declared to be community property, and each hereby conveys and quit claims to the other his or her interest in any separate property which he or she may now own or hereafter acquire so as to convert the same to community property, subject, however, to the conditions subsequent contained in paragraphs Fourth and Fifth of this agreement.

THIRD: That upon the death of either of the parties hereto, title to all community property as defined in the preceding paragraph shall vest fee simple in the survivor of them, subject, however, to the conditions subsequent contained in paragraphs Fourth and Fifth of this agreement, and provided, that the survivor of them may disclaim the passage to said survivor under this agreement of all or any of the assets or property covered by this agreement.

FOURTH: Provided, however, that if neither party survives the other by at least ninety (90) days, this agreement (except Paragraph FIRST), shall become null, void and of no effect. In the event of the occurrence of the foregoing condition subsequent, title to the property shall revert to its status at the time of acquisition.

FIFTH: Provided, further, this agreement (except Paragraph FIRST) may be revoked by them, or by either of them acting independently of the other, at any time before the death of one of them, only if such revocation is in writing, signed by the revoker, and recorded in the office of the Auditor of Whitman County, Washington, prior to the death of either of them. In the event of the occurrence of the foregoing condition subsequent, title to the property shall revert to its status at the time of acquisition

IN WITNESS WHEREOF, the said husband and wife have hereunto set their signatures this 12th day of January, 2000.

Robert G. Meshishnek
ROBERT G. MESHISHNEK, Husband

Eileen W. Meshishnek
EILEEN W. MESHISHNEK, Wife

WITNESSES:

[Signature]

[Signature]

