

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	1 Name <u>Estate of James D. Brazel, deceased</u>	BUYER GRANTEE	2 Name <u>Dalton D. Lebeda</u>
	<u>Dawn Neale, PR</u>		<u>Allison M. Lebeda</u>
	Mailing Address <u>c/o Dawn Neale, 4221 E. Moody Ln</u>		Mailing Address <u>1446 8th Street</u>
	City/State/Zip <u>Mead, WA 99021</u>		City/State/Zip <u>Clarkston WA 99403</u>
3 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>Dalton D. Lebeda Allison M. Lebeda</u>		<u>10041501900090000</u> <input type="checkbox"/>	
Mailing Address <u>1446 8th Street</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>136,500.00</u>	

4 Street address of property: 1446 8th Street, Clarkston, WA

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 South 82.65 feet of the East 170 feet of Lot 19 in Block V of Vineland according to the official plat thereof, filed in Book A of Plats at Page (s) 45, records of Asotin County, Washington, measurements being from the centerlines of South 8th Street.

5 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"/>

6

	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 _____

7 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 Bargain and Sales Deed (BDS)

Date of Document 03/01/19

Gross Selling Price	\$	<u>160,000.00</u>
*Personal Property (deduct)	\$	<u>0.00</u>
Exemption Claimed (deduct)	\$	<u>0.00</u>
Taxable Selling Price	\$	<u>160,000.00</u>
Excise Tax : State	\$	<u>2,048.00</u>
Local	\$	<u>400.00</u>
*Delinquent Interest: State	\$	<u>0.00</u>
Local	\$	<u>0.00</u>
*Delinquent Penalty	\$	<u>0.00</u>
Subtotal	\$	<u>2,448.00</u>
*State Technology Fee	\$	<u>5.00</u> <u>5.00</u>
*Affidavit Processing Fee	\$	<u>0.00</u>
Total Due	\$	<u>2,453.00</u>

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 <u>Dawn Neale</u>	Signature of Grantee or Grantee's Agent <u>Dalton D. Lebeda</u>
Name (print) <u>Estate of James D. Brazel, deceased</u>	Name (print) <u>Dalton D. Lebeda</u>
Date & city of signing: <u>3-4-19, Clarkston, WA</u>	Date & city of signing: <u>3-4-19, 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)).

REV 84 0001a (6/26/14) THIS SPACE - TREASURER'S USE ONLY COUNTY TREASURER

A TEC CLK# 21857
KPM

MAR - 4 2019
ASOTIN COUNTY
TREASURER

52000

FILED

2018 APR 12 PM 3:34

MCKENZIE A. KELLEY
COUNTY CLERK
ASOTIN COUNTY, WA

CERTIFIED

SUPERIOR COURT OF WASHINGTON
FOR ASOTIN COUNTY

Estate of

JAMES D. BRAZEL,

Deceased.

NO. 18-4-00036-02

LETTERS TESTAMENTARY
(RCW 11.28.090)

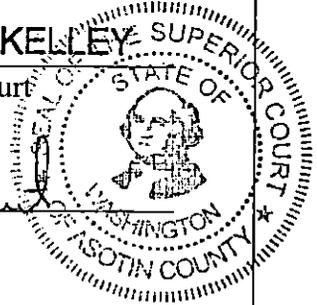
On April 11, 2018 the last *Will* of the above named Decedent was duly exhibited, proven, and filed in the foregoing Superior Court.

In the *Will*, Decedent named Dawn Neale to act as its Executor, who, by Order of this Court, is authorized to execute the *Will* according to law.

Witness my hand and the seal of this Court on April 12, 2018.

MCKENZIE KELLEY
Clerk of the Superior Court

By: *Jennifer B. Douglass*
Deputy Clerk



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STATE OF WASHINGTON)

County of Asotin) : ss.

I, McKenzie A. Kelley, County Clerk of the County of Asotin, State of Washington, and ex-officio Clerk of the Superior Court of the State of Washington for Asotin County, do hereby certify that the within and foregoing is a full, true and correct copy of the Letters Testamentary and of the whole thereof, as the same are now on file and of record in the above-entitled cause in my office and custody. Said Letters have never been revoked and are still in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this Superior Court this _____ day of _____, 20__.

County Clerk & Ex-officio
Clerk of the Superior Court

By _____
Deputy

52000

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

1.31.19

MCKENZIE A. KELLEY, CLERK

Sheryl A. Fisher
County Clerk



Return Address
Dawn Neale
4221 E. Moody Ln.
Mead, WA 99021

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. Brazel, Ilene Daisy 2. 3. 4. <input type="checkbox"/> Additional names on page ___ of document.
Grantee(s) (Last name first, then first name and initials): 1. To The Public 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.) <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 <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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State of Washington
 Department of Revenue
 Special Programs Division
 Miscellaneous Tax
 PO Box 47477
 Olympia WA 98504-7477

AFFIDAVIT (LACK OF PROBATE)

James D. Brazel, deceased by Dawn Neale, Personal Rep. _____, 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 Ilene Daisy Brazel (decedent), who died on (date)
June 27, 2005, 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: _____

_____ Street
 _____ 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)

James D. Brazel, spouse, deceased by Dawn Neale, PR

deceased
 Full name, age, relationship, address

Dawn Neale, daughter

4221 E. Moody Ln, Mead, WA 99021
 Full name, age, relationship, address

Connie Hammond, daughter

Clarkston, Washington
 Full name, age, relationship, address

Angela Cantrell, daughter

deceased
 Full name, age, relationship, address

(Continued on next page)

Full name, age, relationship, address

Dated : March 4, 2019

James D. Brazel, deceased by Dawn Neale, PR

Affiant's full name

Telephone number

10 Dawn Neale, 4221 E. Moody Ln.

Mead
City

Street

WA
State

99021

Zip Code

Dawn Neale

Signature

3.4.19

Date

State of Washington County of Asotin

I know or have satisfactory evidence that Dawn Neale

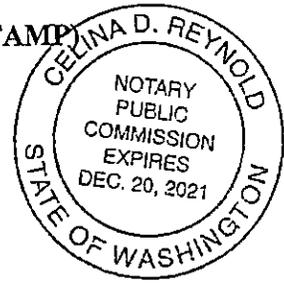
(name of person)

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: 3.4.19

[Signature]
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Lewiston, ID

Notary Public in and for the State of WA

My appointment expires: 12.20.19

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH**

Local File Number: _____ State File Number: _____

Washington State Certificate of Death

1. Legal Name (include AKA's if any): First: Elene Middle: Daisy Last: Brazel 2. Death Date: June 27, 2005

3. Sex (M/F): Female 4a. Age at Last Birthday: 70 4b. Under 1 Year: _____ 4c. Under 1 Day: _____ 45. Social Security Number: _____ 6. County of Death: Asotin

7. Birthdate: March 5, 1935 8a. Birthplace (City, Town, or County): Colville 8b. (State or Foreign Country): Washington 9. Decedent's Education: High school degree

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 5th St.) (Include Apt. No.): 1446 8th Street 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? Yes No Unk

14. Estimated length of time at residence: Nine years 15. Marital Status at Time of Death: Married 16. Surviving Spouse's Name (Give name prior to first marriage): James D. Brazel

17. Usual Occupation (Indicate type of work done during most of working life. (Do NOT use RETIRED)): Bookkeeper 18. Kind of Business/Industry (Do not use Company Name): Beverage Distributor

19. Father's Name (First, Middle, Last, Suffix): George L. Glover 20. Mother's Name Before First Marriage (First, Middle, Last): Daisy L. Byrd

21. Informant's Name: James D. Brazel 22. Relationship to Decedent: Husband 23. Mailing Address: Number and Street or RFD No. City or Town State Zip: 1446 8th St., Clarkston, WA. 99403

24. Place of Death, if Death Occurred in a Hospital: _____ Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's home

25. Facility Name (if not a facility, give number & street or location): 1446 8th St. 26a. City, Town, or Location of Death: Clarkston 26b. State: WA 27. Zip Code: 99403

28. Method of Disposition: Burial 29. Place of Final Disposition (Name of cemetery, crematory, other place): Mountain View Park 30. Location-City/Town, and State: Colville, Washington

31. Name and Complete Address of Funeral Facility: Danekas Funeral Chapel, 155 W. First Ave., Colville, WA. 99114 32. Date of Disposition: July 1, 2005

33. Funeral Director Signature X: W. Don F. Brown

Part 1 completed by Funeral Director

Part 2 completed by Certifier

Cause of Death (See instructions and examples)

34. 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. progressive metastatic lung cancer to brain base metastases Interval between Onset & Death: _____
Due to (or as a consequence of): Salmonella typhi

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. Dehydration + Anorexia 20 hrs before cancer Interval between Onset & Death: Weeks
Due to (or as a consequence of): _____

c. _____ Interval between Onset & Death: _____
Due to (or as a consequence of): _____

d. _____ Interval between Onset & Death: _____

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: _____ 36. Autopsy? Yes No 37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death: Natural Homicide Accident Undetermined Suicide Pending 39. If female: Not pregnant within past year Not pregnant, but pregnant within 42 days before death Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death Unknown

40. Did tobacco use contribute to death? Yes No Probably Unknown

41. Date of Injury (mm/dd/yyyy): _____ Inst: 296590 01/24/2007 4:20PM 44. Injury at Work? Yes No Unk

45. Location of Injury: Nu Filed: ALLIANCE TITLE & ESCROW Fee Cd: D-02 47. If transportation injury, specify: Driver/Operator Pedestrian Passenger Other (Specify)

46. Describe how Injury occurred: _____ Code: 131 DEATH CERTIFICATE 33.00 48a. Certifying Physician: Asotin County Auditor 48b. Medical Examiner/Coroner: _____

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner: Sushma Pant, M.D., 428 6th Ave., Clarkston, WA 99403 50. Hour of Death (24hrs): 2000

51. Name and Title of Attending Physician (if other than Certifier): _____ 52. Date Signed (mm/dd/yyyy): 6/29/05

53. Title of Certifier: Medical Doctor 54. License Number: 110526 55. Coroner File Number: _____ 56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature: Sushma Pant 58. Date Received (mm/dd/yyyy): JUN 29 2005

59. Amendments: _____



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Affidavit for Correction

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 239-4300

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
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Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) Telephone Number:

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

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof: Certificate of Naturalization Medical Record School Record
Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date)
Insurance Records Birth Record Alien Registration Card (front and back)
Marriage/Divorce Records Passport

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)

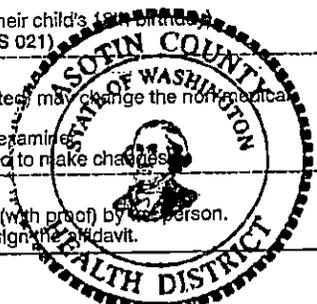
Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2003)



(Signature)
C. Spitters, M.D.
Health Officer

JUN 29 2005

MM00369199

52000



Filed for Record **JUL 28 2005**
 No. **48-472**
 Microfilmed on roll
 LINDA HOUGH, County Clerk
 By *Linda Hough*

Last Will and Testament

CONFORMED COPY

of

Ilene D. Brazel

05-4 00047 6

I, ILENE D. BRAZEL, of Asotin County, Washington, and a citizen of the United States, declare this to be my Last Will. I revoke all Wills and Codicils previously made by me.

I.

IDENTIFICATION OF FAMILY

My immediate family now consists of my husband, JAMES BRAZEL, and my children from a previous marriage, DAWN NEALE, CONNIE HAMMOND and ANGELA CANTRELL. My husband has one child from a prior marriage, PATTY BRAZEL, for whom I specifically make no provision for in this, my Last Will. References in this Last Will to "my child" or to "my children" are intended to include DAWN NEALE, CONNIE HAMMOND and ANGELA CANTRELL and any child or children later born to or legally adopted by me. Except as provided below, I make no provision in this Will for any of my children who survive me, nor for the issue of any child who does not survive me.

II.

DEBTS

I direct that all my just debts and expenses of my last illness and funeral, the costs and charges of the administration of my estate, and any and all estate or inheritance taxes due, be paid as soon as convenient after my death; provided, however, that no obligation which may be a specific lien on real or personal property need be paid prior to its normal maturity in due course.

Ilene D. Brazel
 Ilene D. Brazel

48-472

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III.

PERSONAL REPRESENTATIVE

I appoint JAMES BRAZEL as Personal Representative of my Will. If JAMES BRAZEL is unable or unwilling to so act, then DAWN NEALE and CONNIE HAMMOND shall act as joint co-personal representatives. In the event either DAWN NEALE or CONNIE HAMMOND are unable or unwilling to serve, the other may then serve as my sole Personal Representative. In the event none of the above are able or willing to so act, then ANGELA CANTRELL may then serve as my sole Personal Representative. My Personal Representative shall serve without bond and with non-intervention powers.

IV.

DISPOSITION OF ESTATE

A. Husband Living. If my husband is living sixty (60) days after my death, I give my entire estate outright to him.

B. Husband Not Living. If my husband is not living sixty (60) days after my death, then:

1. Personal Property. Those items of my tangible personal property listed on the signed memorandum, which I intend to furnish to my Personal Representative, shall be given to the person or persons whose name or names are set out opposite such item or items on the memorandum. Such property shall be deemed to pass under this Will pursuant to RCW 11.12.260.

2. Residue. I give the rest, residue and remainder of my estate in equal shares to my children, DAWN NEALE, CONNIE HAMMOND and ANGELA CANTRELL. If any of my children predecease me, the share otherwise receivable by such child shall instead be divided among my surviving daughters.

V.

NO CONTEST

If any person, whether a beneficiary under this Will or not mentioned herein, shall contest this Will or object to any of the provisions hereof, I give to such person so contesting or objecting the sum of ONE DOLLAR (\$1.00) and no more in lieu of the


Ilene D. Brazel

provisions which I might have made or which I have made herein for such person so contesting or objecting.

VI.
TAXES

Except as otherwise provided herein, my Personal Representative is authorized to exercise all elections with respect to taxes or the deductibility of items for any tax purpose, including generation-skipping transfer tax purposes, in accordance with what my Personal Representative in my Personal Representative's sole discretion believes to be consistent with my intentions and in the best interest of my estate. I relieve my Personal Representative of any duty to make adjustments to the shares or interests of any person who may be adversely affected by any such elections. The provisions of this paragraph shall also apply to the Trustee of the Trust, as the case may be.

VII.
MISCELLANEOUS

A. Validity. If a court of competent jurisdiction rules invalid or unenforceable any provision or provisions hereof, such provision or provisions shall be disregarded, but the remainder of this Will shall, nevertheless, be given full force and effect.

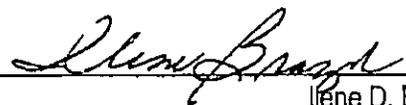
B. Gender. Unless some other meaning and intent are apparent from the context, the plural shall include the singular and vice versa, and masculine, feminine and neuter words shall be used interchangeably.

I have signed this Will the 14 day of September, 2004, at Clarkston, Washington.



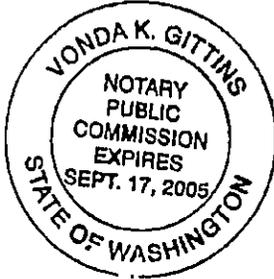
ILENE D. BRAZEL, TESTATRIX

The foregoing instrument, consisting of four (4) typewritten pages, including this page containing the attestation clause, was on the 14 day of September, 2004, signed, sealed, and published by ILENE D. BRAZEL as, and declared by her to be her Last Will



Ilene D. Brazel

SIGNED AND SWORN to before me this 14th day of September, 2004.



Vonda K. Gittins

Notary Public for Washington

Residing at Clarkston

My appointment expires: 9-17-05

Ilene D. Brazel

Ilene D. Brazel

CASE TYPES 3 - 6

ASOTIN COUNTY SUPERIOR COURT

CASE INFORMATION COVER SHEET

05 - 4 00047

6

Case Title Ilene D. Brazel

Attorney Name Richard A. Gittins

Bar Membership Number 17450

Please check one category that best describes this case for indexing purposes. Accurate case indexing not only saves time in docketing new cases, but helps in forecasting needed judicial resources. Cause of action definitions are listed on the back of this form. Thank you for your cooperation.

DOMESTIC RELATIONS

- Annulment/Invalidity (INV 3)
- Child Custody (CUS 3)
- Dissolution with Children (DIC 3)
- Dissolution with no Children (DIN 3)
- Foreign Judgment (FJU 3)
- Legal Separation (SEP 3)
- Mandatory Wage Assignment (MWA 3)
- Modification (MOD 3)
- Modification: Support Only (MDS 3)
- Out-of-State Custody (OSC 3)
- Reciprocal, Respondent in County (RIC 3)
- Reciprocal, Respondent Out of County (ROC 3)

DOMESTIC VIOLENCE/ANTIHARASSMENT

- Confidential Name Change (CHN 5)

MENTAL ILLNESS

- Alcoholic/Drug Treatment (ALT 6)
- Mental Illness--Adult (MI 6)
- Mental Illness--Juvenile (MIJ 6)

ADOPTION/PATERNITY

- Adoption (ADP 5)
- Confidential Intermediary (MSC 5)
- Initial Pre-Placement Report (PPR 5)
- Modification (MOD 5)
- Paternity (PAT 5)
- Paternity/URES/UJFSA (PUR 5)
- Relinquishment (REL 5)
- (Title 26) Termination of Parent-Child Relationship (TER 5)

PROBATE/GUARDIANSHIP

- Absentee (ABS 4)
- Disclaimer (DSC 4)
- Estate (EST 4)
- Foreign Will (FNW 4)
- Guardianship (GDN 4)
- Guardianship/Estate (G/E 4)
- Limited Guardianship (LGD 4)
- Minor Settlement (With guardianship) (MST 4)
- Non-Probate Notice to Creditors (NNC 4)
- Will Only (WLL 4)

If you cannot determine the appropriate category, please describe the cause of action below.

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DOMESTIC RELATIONS

Annulment—Invalidity—Petition claiming an illegal or invalid marriage.

Child Custody—Petition involving the immediate charge and control of a child.

Dissolution with Children—Petition to terminate a marriage other than annulment, with children of that marriage.

Dissolution with no Children—Petition to terminate a marriage other than annulment, with no children of that marriage.

Foreign Judgment—A judgment, decree, or order of a court of the United States, or any state or territory, which is entitled to full faith and credit in this state.

Legal Separation—Petition to live separate and apart.

Mandatory Wage Assignment—Petition for wage assignment.

Modification—Petition seeking amendment of a previous order or decree.

Modification: Support Only—Petition seeking amendment of a previous order or decree regarding support.

Out-of-State Custody—Recording custody established out-of-state.

Reciprocal, Respondent-In-County—Petition to enforce orders between states under URESA for respondents in the county.

Reciprocal, Respondent-Out-of-County—Petition to enforce orders between states under URESA for respondents out of the county.

DOMESTIC VIOLENCE/ ANTI-HARASSMENT

Confidential Name Change—Petition for name change.

MENTAL ILLNESS

Alcoholic/Drug Treatment—Petition for involuntary treatment for one who is incapacitated by alcohol or drugs.

Mental Illness—Adult—Petition for involuntary treatment for an adult who is incapacitated by mental illness.

Mental Illness—Juvenile—Petition for involuntary treatment for a juvenile who is incapacitated by mental illness.

ADOPTION/PATERNITY

Adoption—Petition to establish a new, permanent relationship of parent and child not having that relationship.

Confidential Intermediary—Petition to appoint a confidential intermediary to contact the adopted person(s), birth parent(s), or other relative(s).

Initial Pre-Placement—An initial pre-placement report filed on a child by the DSHS prior to the filing of adoption papers.

Modification—Petition seeking amendment of a previous order or decree.

Paternity—Petition to determine the legal status of an alleged biological father.

Paternity/URES/UIFSA—Petition to determine the legal status of an alleged biological father which is filed in conjunction with the reciprocal report entered under the URESA or UIFSA acts.

Relinquishment—Petition to relinquish a child to DSHS, an agency, or a prospective adoptive parent.

(Title 26) Termination of Parent-Child Relationship—Petition to terminate a parent-child relationship when parent has not executed a written consent.

PROBATE/GUARDIANSHIP

Absentee—Petition to determine the location of absent owner of real or personal property.

Disclaimer—Recording a written instrument disclaiming an interest by beneficiaries.

Estate—Petition seeking court settlement of a deceased person's property.

Foreign Will—Filing of a will for probate that has been proved in another state, territory, or foreign country.

Guardianship—Petition to appoint a guardian to manage the affairs of an incompetent or non-resident person.

Guardianship/Estate—Petition seeking court settlement for the property of a deceased person who was the ward of a guardian.

Limited Guardianship—Petition to appoint a limited guardian with only partial responsibility for the ward's person and/or property, where the ward is not fully incompetent.

Domestic Violence—Petition for protection from domestic violence.

Foreign Protection Orders—Any protection order of a court of the United States, or of any state or territory, which is entitled to full faith and credit in this state.

Vulnerable Adult Protection—Petition for protection order for vulnerable adults, as those persons are defined in RCW 74.34.020.

JUDGMENT

Abstract Only—A certified copy of a judgment docket from another superior court, an appellate court, or a federal district court.

Foreign Judgment—Any judgment, decree, or order of a court of the United States, or of any state or territory, which is entitled to full faith and credit in this state.

Judgment, Another County—A certified copy of a judgment docket from another superior court within the state.

Judgment, Another State—Any judgment, decree, or order from another state which is entitled to full faith and credit in this state.

Tax Warrants—A notice of assessment by a state agency creating a judgment/lien in the county in which it is filed.

judgment from a court of limited jurisdiction to a superior court in the same county.

Minor Settlements—Petition for a court decision that an award to a minor is appropriate when letters of guardianship are required (e.g., net settlement value is greater than \$25,000).

Non-Probate Notice to Creditors—The filing of a non-probate notice to creditors in a case in which no probate action is expected (e.g., an estate with a living trust which does not require probate, providing the heirs with an opportunity to start the time period for creditor filing of claims).

Will Only—Filing a will when no further action shall be taken.

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