

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 John Richard Mecham</u>	BUYER GRANTEE	2 Name <u>Diane Mecham</u>
	<u>Diane Mecham</u>		
	Mailing Address <u>45244 SR 129</u>		Mailing Address <u>P.O. Box 55</u>
	City/State/Zip <u>Anatone WA 99401</u>		City/State/Zip <u>Anatone WA 99401</u>
	Phone No. (including area code) _____		Phone No. (including area code) _____

3 Send all property tax correspondence to: Same as Buyer/Grantee

Name Diane Mecham

Mailing Address P.O. Box 55

City/State/Zip Anatone WA 99401

Phone No. (including area code) _____

List all real and personal property tax parcel account numbers - check box if personal property

<u>10560003700000000</u>	<input type="checkbox"/>	List assessed value(s)	<u>193,800.00</u>
<u>70560003700000000</u>	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

4 Street address of property: 45244 SR 129 - Anatone, WA 99401

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

Check box if any of the listed parcels are being segregated from another parcel, are part of a boundary line adjustment or parcels being merged.

See attached legal description.

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"/>

	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) 458-61A-2027(1) 82.45.197(1)(a)

Reason for exemption Inheritance - lack of probate Affidavit of Sole Surviving Spouse

Type of Document Lack of Probate Affidavit w/Death Certificate

Date of Document 02/27/19

Gross Selling Price	\$	0.00
*Personal Property (deduct)	\$	0.00
Exemption Claimed (deduct)	\$	0.00
Taxable Selling Price	\$	0.00
Excise Tax : State	\$	0.00
Local	\$	0.00
*Delinquent Interest: State	\$	0.00
Local	\$	0.00
*Delinquent Penalty	\$	0.00
Subtotal	\$	0.00
*State Technology Fee	\$	5.00
*Affidavit Processing Fee	\$	5.00
Total Due	\$	10.00

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 [Signature] Signature of Grantee or Grantee's Agent [Signature]

Name (print) Estate of John Richard Mecham Name (print) Diane Mecham

Date & city of signing: Clarkston 2/28/19 Date & city of signing: 2/27/2019 - Clarkston, WA

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)).

AEC CLK 26853
AKPM

PAID
MAR - 4 2019
ASOTIN COUNTY
TREASURER

51.00
52001

EXHIBIT "A"

419503

That part of the Northeast Quarter of the Southwest Quarter and that part of the Northwest Quarter of the Southeast Quarter of Section 10, Township 7 North, Range 45 East of the Willamette Meridian, Asotin County, Washington, more particularly described as follows:

Commencing at the Southwest corner of said Northeast Quarter of the Southwest Quarter and run South $89^{\circ}43'39''$ East; 1089.95 feet along the South boundary of said Northeast Quarter of the Southwest Quarter and North $0^{\circ}24'13''$ East .650.0 feet to the True Place of Beginning; thence South $74^{\circ}05'22''$ East, 834.45 feet to a point in the centerline of traveled way of Primary State Highway No.3; thence Northeasterly along said centerline 203.47 feet; thence North $42^{\circ}28'53''$ West 103.52 feet to a point of curve; thence around a curve to the right having a radius of 530.0 feet for an arc distance of 226.99 feet to a point of tangent; thence North $17^{\circ}56'32''$ West 108.45 feet to a point of curve; thence around a curve to the left having a radius of 72.0 feet for an arc distance of 99.34 feet to a point of tangent; thence South $83^{\circ}00'12''$ West 205.99 feet to a point of curve; thence around a curve to the right having a radius of 75.0 feet for an arc distance of 76.15 feet to a point of tangent; thence North $38^{\circ}49'34''$ West 59.81 feet to a point of curve; thence around a curve to the left having a radius of 68.0 feet for an arc distance of 98.13 feet to a point of tangent; thence South $58^{\circ}29'40''$ West 293.07 feet; thence South $0^{\circ}24'13''$ West 252.38 feet to the True Place of Beginning.

EXCEPTING therefrom all that portion lying with the right-of-way of the State Highway.

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. Mecham, John Richard
- 2.
- 3.
4. Additional names on page __ of document.

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

- 1.
- 2.
- 3.
4. Additional names on page __ of document.

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

Pt NESW and NWSE of Section 10, Township 7 North, Range 45 EWM

- 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

1-056-00-037-0000-0000; 7-056-00-037-0000-0000

- 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.

52001



AFFIDAVIT (LACK OF PROBATE)

Diane Mecham, 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 John Richard Mecham (decedent), who died on (date)
11/4/2007, at

Anatone 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: 45244 SR 129

Anatone WA 99401
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)

Diane Mecham - Spouse - 45244 SR 129, Anatone, WA 99401

Full name, age, relationship, address

(Continued on next page)

52001

Full name, age, relationship, address

Dated : _____

Diane Mecham
Affiant's full name

Telephone number
45244 SR 129

_____	Street	_____	_____
Anatone		WA	99401
City		State	Zip Code

Diane Mecham
Signature

2-27-2019
Date

State of Washington County of Asotin

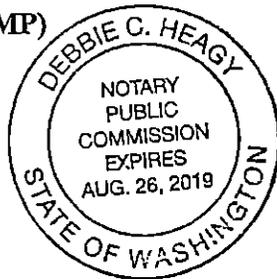
I know or have satisfactory evidence that Diane Mecham
(name of person)

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: 02/27/2019/

Debbie C. Heagy
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Clarkston, WA

Notary Public in and for the State of Washington

My appointment expires: 08/26/2019

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

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH**

Part 1 completed by Funeral Director

Part 2 completed by Certifier

1. Legal Name (Underline last name) John Richard MECHAM		2. Birth Date November 4, 2007	
3. Sex (M/F) M	4a. Age - Last Birthday 53	4b. Under 1 Year Months: Days:	4c. Under 1 Day Hours: Minutes:
6. Birthdate Sept. 12, 1954		8a. Birthplace (City, Town, or County) Moab	8b. (State or Foreign Country) Utah
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.) 45244 State Route 129		13b. City or Town Anatone	
13c. Residence: County Asotin	13d. Tribal Reservation Name (if applicable) N/A	13e. State or Foreign Country Washington	13f. Zip Code + 4 99401
14. Estimated length of time at residence. 3 Years		15. Marital Status at Time of Death Married	16. Surviving Spouse's Name (Give name prior to first marriage) Diane Diaz
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Teacher		18. Kind of Business/Industry (Do not use Company Name) Education	
19. Father's Name (First, Middle, Last, Suffix) Carl Mecham		20. Mother's Name Before First Marriage (First, Middle, Last) Lucille Holtoak	
21. Informant's Name Diane Mecham	22. Relationship to Decedent Spouse	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 45244 State Route 129 PO BOX 55 Anatone WA 99401	
24. Place of Death, if Death Occurred in a Hospital: Decedent's Home		25. Facility Name (if not a facility, give number & street or location) 45244 State Route 129	
26a. City, Town, or Location of Death Anatone		26b. State WA	27. Zip Code 99401
28. Method of Disposition Removal/ Cremation	29. Place of Final Disposition (Name of cemetery, crematory, other place) Mountain View Crematory	30. Location, City/Town, and State Lewiston ID	
31. Name and Complete Address of Funeral Facility Mountain View Funeral Home 3521 7th St. Lewiston, ID 83501		32. Date of Disposition 11-14-2007	
33. Funeral Director Signature X <i>[Signature]</i>			

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. Lung Cancer	Interval between Onset & Death	5 Months
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.	Interval between Onset & Death	
	c.	Interval between Onset & Death	
	d.	Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above		36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No
38. Manner of Death <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Pending	Inst: 304637 02/27/2008 2:00PM	40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
41. Date of Injury	Filed: FIRST AMERICAN TITLE Fee Cd: D-02	45. Location of Injury: Number & Street City or Town: Asotin County Auditor	
42. Code: 131 DEATH CERTIFICATE 43.00	46. Describe how injury occurred		
48a. Certifying Physician <i>[Signature]</i>		48b. Medical Examiner/Coroner <i>[Signature]</i>	
49. Name and Address of Certifier, Physician, Medical Examiner or Coroner (Type or Print) Christine Nordwood FNP		50. Hour of Death (24hrs) 1320	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)		52. Date Signed (MM/DD/YYYY) 11-12-2007	
53. Title of Certifier FNP	54. License Number NP390K	55. ME/Coroner File Number	56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature <i>[Signature]</i>		58. Date Received (MM/DD/YYYY) NOV 13 2007 5200	
59. Amendments			





Affidavit for Correction

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 226-4300

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 fourth birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)

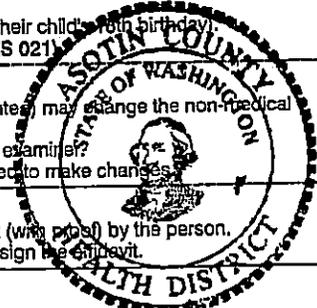
Death Certificates:

- 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. 9/2002)



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

NOV 13 2007

NN01227841

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