

**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>LeRoy Howell</u>	BUYER GRANTEE	Name <u>Jared Lutes</u> <u>Kayla <del>Howell</del> Savage</u>
	Mailing Address <u>P.O. Box 1136</u> <u>3008 W. Grandview Dr.</u>		Mailing Address <u><del>1823 Critchfield Road</del></u>
	City/State/Zip <u>Kamiah ID 83501</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>Jared Lutes &amp; Kayla Savage</u>		10490004100110000 <input type="checkbox"/>	
Mailing Address <u><del>1823 Critchfield Road</del></u>		<u>3008 W. Grandview Dr.</u>	
City/State/Zip <u>Clarkston, WA 99403</u>			
Phone No. (including area code)			
		List assessed value(s) 316,200.00	

Street address of property: 1823 Critchfield Road

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

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
<b>(2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY)</b>	
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.	
<b>(3) OWNER(S) SIGNATURE</b>	
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	<u>Statutory Warranty Deed (SWD)</u>	
Date of Document	<u>03/21/19</u>	
Gross Selling Price	\$	<u>350,000.00</u>
*Personal Property (deduct)	\$	<u>0.00</u>
Exemption Claimed (deduct)	\$	<u>0.00</u>
Taxable Selling Price	\$	<u>350,000.00</u>
Excise Tax : State	\$	<u>4,480.00</u>
Local	\$	<u>875.00</u>
*Delinquent Interest: State	\$	<u>0.00</u>
Local	\$	<u>0.00</u>
*Delinquent Penalty	\$	<u>0.00</u>
Subtotal	\$	<u>5,355.00</u>
*State Technology Fee	\$	<u>5.00</u> <u>5.00</u>
*Affidavit Processing Fee	\$	<u>0.00</u>
Total Due	\$	<u>5,360.00</u>

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>LeRoy Howell</u>	Signature of Grantee or Grantee's Agent <u>Jared A. Lutes</u>
Name (print) <u>LeRoy Howell</u>	Name (print) <u>Jared A. Lutes</u>
Date & city of signing: <u>3-21-19 Clarkston</u>	Date & city of signing: <u>3-22-19 Clarkston</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)).

**EXHIBIT "A"**

425446

That part of the Southwest Quarter of Section 5 of Township 10 North, Range 46 East of the Willamette Meridian, Asotin County, Washington, more particularly described as follows:

Commencing at the Southeast corner of said Southwest Quarter; thence North 0°53'29" East along the East boundary line of said Southwest Quarter for a distance of 1394.29 feet; thence South 87°45'44" West for a distance of 1251.31 feet to the True Place of Beginning; thence North 61°28'41" East a distance of 62.09 feet to a point of curve; thence around a curve to the left with a radius of 250.0 feet for a distance of 185.58 feet; thence North 18°56'46" East for a distance of 588.51 feet to a point on the centerline of Critchfield Road; thence North 87°15'08" West along said centerline for a distance of 21.66 feet to a point of curve; thence around a curve to the left with a radius of 954.96 feet for a distance of 131.66 feet; thence South 84°50'52" West for a distance of 320.4 feet to a point of curve; thence around a curve to the right with a radius of 1432.4 feet for a distance of 262.00 feet; thence South 14°52'32" West for a distance of 356.56 feet; thence South 57°35'55" West for a distance of 195.12 feet; thence South 31°41'30" West for a distance of 172.58 feet; thence South 49°46' West for a distance of 109.70 feet; thence South 25°58'07" West for a distance of 67.06 feet; thence North 87°45'44" East for a distance of 831.86 feet to the True Place of Beginning. EXCEPTING THEREFROM that part deeded to the County of Asotin for road purposes by deed recorded March 21, 1996 as Instrument No. 220329. ALSO EXCEPTING THEREFROM any portion lying within the right of way of Critchfield Road.

JL Kms LH





Exhibit "A"

Real property in the County of Asotin, State of Washington, described as follows:

PORTION OF THE SOUTHWEST QUARTER OF SECTION 5, TOWNSHIP 10 NORTH, RANGE 46 EAST, W.M., ASOTIN COUNTY, WASHINGTON, DESCRIBED AS FOLLOWS:

COMMENCING AT THE SOUTHEAST CORNER OF SAID SOUTHWEST QUARTER; THENCE NORTH 00 DEGREES 53 MINUTES 29 SECONDS EAST ALONG THE EAST BOUNDARY LINE OF SAID SOUTHWEST QUARTER A DISTANCE OF 1,394.29 FEET; THENCE SOUTH 87 DEGREES 45 MINUTES 44 SECONDS WEST A DISTANCE OF 1,251.31 FEET TO THE TRUE PLACE OF BEGINNING; THENCE NORTH 61 DEGREES 28 MINUTES 41 SECONDS EAST A DISTANCE OF 62.09 FEET TO A POINT OF CURVE; THENCE AROUND A CURVE TO THE LEFT WITH A RADIUS OF 250.0 FEET A DISTANCE OF 185.58 FEET; THENCE NORTH 18 DEGREES 56 MINUTES 46 SECONDS EAST A DISTANCE OF 588.51 FEET TO A POINT ON THE CENTERLINE OF CRITCHFIELD ROAD; THENCE NORTH 87 DEGREES 15 MINUTES 08 SECONDS WEST ALONG SAID CENTERLINE FOR A DISTANCE OF 21.66 FEET TO A POINT OF CURVE; THENCE AROUND A CURVE TO THE LEFT WITH A RADIUS OF 954.96 FEET A DISTANCE OF 131.66 FEET THENCE SOUTH 84 DEGREES 50 MINUTES 52 SECONDS WEST A DISTANCE OF 320.4 FEET TO A POINT OF CURVE; THENCE AROUND A CURVE TO THE RIGHT WITH A RADIUS OF 1,432.4 FEET A DISTANCE OF 262.00 FEET; THENCE SOUTH 14 DEGREES 52 MINUTES 32 SECONDS WEST A DISTANCE OF 356.56 FEET; THENCE SOUTH 57 DEGREES 35 MINUTES 55 SECONDS WEST A DISTANCE OF 195.12 FEET; THENCE SOUTH 31 DEGREES 41 MINUTES 30 SECONDS WEST A DISTANCE OF 172.58 FEET; THENCE SOUTH 49 DEGREES 46 MINUTES WEST A DISTANCE 109.70 FEET; THENCE SOUTH 25 DEGREES 58 MINUTES 07 SECONDS WEST A DISTANCE OF 67.06 FEET; THENCE NORTH 87 DEGREES 45 MINUTES 44 SECONDS EAST A DISTANCE OF 831.86 FEET TO THE TRUE PLACE OF BEGINNING. EXCEPTING THEREFROM THAT PORTION DEEDED TO THE COUNTY OF ASOTIN FOR ROAD PURPOSES BY DEED RECORDED MARCH 21, 1996, UNDER RECORDING NO. 220329; ALSO EXCEPTING THEREFROM ANY PORTION LYING WITHIN THE RIGHT OF WAY OF CRITCHFIELD ROAD.

052043

STATE OF IDAHO  
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

State of Idaho  
CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CONTROLLED BY THE STATE REGISTER WITH THE DEPARTMENT OF HEALTH AND WELFARE, IS VALID. THIS DOCUMENT IS NOT VALID FOR ANY OTHER PURPOSES OF THIS DEPARTMENT UNDER §52-211(1), IAC 52-211, BOARD CODE.

Local Reg. No.

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) KATHERINE M HOWELL			2. SEX FEMALE	3. SOCIAL SECURITY NUMBER [REDACTED]	
	4a. AGE-Last Birthday 71 (Years)	4b. UNDER 1 YEAR Months	4c. UNDER 1 DAY Hours Minutes	5. DATE OF BIRTH (Mo/Day/Yr) 09/06/1946	6. BIRTHPLACE (City and State, Territory, or Foreign Country) NEWPORT, NEW HAMPSHIRE	
MORTICIAN: Complete/Verify and File Within 5 Days of Death	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY LEWIS	7c. CITY OR TOWN KAMIAH		
	7d. STREET AND NUMBER 1638 CANNON ROAD			7e. APT. NO. [REDACTED]	7f. ZIP CODE 83536	7g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PARENTS	9. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown			8. SURVIVING SPOUSE'S NAME (If wife, give maiden name) LEROY HOWELL		
	10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11a. FATHER'S NAME (First, Middle, Last, Suffix) EARL R. KINNEY		11b. BIRTHPLACE (State, Territory, or Foreign Country) VERMONT		
INFORMANT	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) WILMA W BASHAW		12b. BIRTHPLACE (State, Territory, or Foreign Country) VERMONT			
	13a. INFORMANT'S NAME (Type or print) LEROY HOWELL		13b. RELATIONSHIP TO DECEDENT HUSBAND	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 1638 CANNON ROAD KAMIAH, ID 83536		
DISPOSITION	14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) MOUNTAIN VIEW CREMATORY 3521 SEVENTH STREET LEWISTON, IDAHO 83501		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY MOUNTAIN VIEW FUNERAL HOME 3521 SEVENTH STREET LEWISTON, IDAHO 83501	
	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: GERALD E. BARTLOW			17b. LICENSE NUMBER (Of Licensee) M0771	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PLACE OF DEATH	19. PLACE OF DEATH (10-22) <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)					
	20. FACILITY NAME (If not facility, give street and number) ST. JOSEPH REGIONAL MEDICAL CTR		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE LEWISTON, ID 83501			22. COUNTY OF DEATH NEZ PERCE
DATE OF DEATH	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) September 1, 2018		24. TIME OF DEATH (24hr) 17:41	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) September 1, 2018		
	26. TIME PRONOUNCED DEAD (24hr) 17:41		27. CAUSE OF DEATH			
CAUSE OF DEATH	PART I. 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. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. SEPTIC SHOCK DUE TO (or as a consequence of): b. MRSA BACTEREMIA DUE TO (or as a consequence of): c. ACUTE RESPIRATORY FAILURE DUE TO (or as a consequence of): d. AKI DAYS					
	PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I CIRRHOSIS					
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	29. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		30. IF FEMALE (Aged 10-54): <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year		28a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	31. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
CERTIFIER	32. DATE OF INJURY (Mo/Day/Yr) (Spell month)		33. TIME OF INJURY (24hr)	34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)		
	35. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
REGISTRAR	36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number of Location _____ Apartment Number _____					
	37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, IF APPLICABLE					
CERTIFIER	38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		38b. WHAT SAFETY DEVICES DID DECEDENT USE/EMPLOY? <input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown			
	39a. CERTIFIER (Check only one, based on official capacity for this certificate) <input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature and Title of Certifier: ELECTRONICALLY SIGNED: RAJESH MALI, M.D.			39b. LICENSE NUMBER M-14299		
REGISTRAR	39c. DATE SIGNED 9 / 10 / 2018 MM DD YYYY			39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) RAJESH MALI, 415 SIXTH STREET LEWISTON, ID 83501		
	40a. REGISTRAR'S SIGNATURE James B. Aydelotte			40b. DATE SIGNED 9 / 13 / 2018 MM DD YYYY		

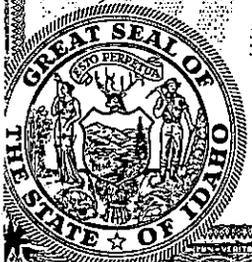
This is a true and correct reproduction of the document originally registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: SEP 13 2018

This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar. EXHIBIT B JAMES B. AYDELOTTE STATE REGISTRAR

052043

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE!



STATE OF IDAHO      County of Lewiston

This copy of a death certificate was issued  
by the District Health Department on behalf of  
the the Bureau of Vital Records and Health  
Statistics.

*Rhonda Lyca*

Local Vital Statistics Registration Official



\* 000991133 \*