



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.

Form sections 1 and 2: Seller/Grantor and Buyer/Grantee information including names, addresses, and phone numbers.

Form section 3: Property tax correspondence and parcel information table with assessed values.

Form section 4: Street address and location details (Asotin County, WA).

Form section 5: Land Use Code selection (Household, single family units).

Form section 6: Property classification questions (forest land, current use, special valuation).

Form section 7: Notices of Continuation and Compliance, and Owner Signature section.

Form section 7: Personal property included in selling price and tax calculation table.

Form section 8: Signature and date of signing for both Grantor and Grantee.

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"

417766

Parcel 1

Lot 15 in Block Two of Swallows Glen Addition according to the official plat thereof, filed in Book D of Plats at Page(s) 40, records of Asotin County, Washington.

Parcel 2

Lot 21 in Block Two of Swallows Glen Addition according to the official plat thereof, filed in Book D of Plats at Page(s) 40, records of Asotin County, Washington.

EXCEPTING THEREFROM

That portion of the above described parcel more particularly described as follows:

Beginning at the most Easterly corner of said Lot 21; thence South 77°20' West a distance of 164.09 feet to the Northeast corner of Lot 15 of said addition; thence North 0°39' West to a point on the North line of said Lot 21; thence South 73°50' East along the North line of Lot 21 to the Place of Beginning.

Parcel 3

That portion of Lot 21 in Block Two of Swallows Glen Addition according to the official plat thereof, filed in Book D of Plats at Page(s) 40, records of Asotin County, Washington, more particularly described as follows:

Beginning at the most Easterly corner of said Lot 21; thence South 77°20' West a distance of 164.09 feet to the Northeast corner of Lot 15 of said addition; thence North 0°39' West to a point on the North line of said Lot 21; thence South 73°50' East along the North line of Lot 21 to the Place of Beginning.

A handwritten signature in black ink, consisting of a stylized initial 'M' followed by the word 'MARS' in a cursive script.

**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 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))

I, (print name) CELINA D. REYNOLD certify that the STATUTORY WARRANTY DEED
 (type of instrument), dated 09/25/2018, was delivered to me in escrow by Lyle E. Frink, Successor Trustee
 (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. SELLER LIVES OUTSIDE OF THE USA, DEED WAS PRE-SIGNED AND HELD IN ESCROW AWAITING A PURCHASER.
 Reasons held in escrow: AND HELD IN ESCROW AWAITING A PURCHASER.

 Signature Firm Name
ALLIANCE TITLE & ESCROW CORP.

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 \$ 231,500.00 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 \$ 0.00 and has received from the grantee (buyer) \$ 0.00
 (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 0.00 % of total debt of \$ 0.00 for which grantor (seller) is liable and pay grantor (seller) \$ 0.00 (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 total debt of \$ 0.00 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 \$ 0.00 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 refinancing of the debt? YES NO

If grantor (seller) was on title as co-signor only, please see WAC 458-61A-215 for exemption requirements.

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

 Grantor's Signature

 Grantee's Signature

3. **IRS "TAX DEFERRED" EXCHANGE** (WAC 458-61A-213)

I, (print name) _____, certify that I am acting as an Exchange Facilitator in transferring real property to _____ pursuant to IRC Section 1031, and in accordance with WAC 458-61A-213.

NOTE: Exchange Facilitator must sign below.

 Exchange Facilitator's Signature

For tax assistance, contact your local County Treasurer/Recorder or visit <http://dor.wa.gov> or call (360) 570-3265. To inquire about the availability of this document in an alternate format for the visually impaired, please call (360) 705-6715. Teletype (TTY) users please call 1-800-451-7985.

ARTICLE IX

POWERS OF TRUSTEE

The Trustee shall have all those powers as are found and provided for in Title 68, Chapter 1 of the Idaho Code as they now exist or may hereafter be amended, unless limited, restricted or specifically excluded herein.

ARTICLE X

COMPENSATION OF TRUSTEE

The Trustee herein shall be compensated at a reasonable rate to be negotiated upon and determined by separate agreement between the Trustor and the Trustee. If no separate agreement is made or is found, then the Trustee shall be compensated at a reasonable rate. However, for so long as the Trustor also acts as Trustee, no compensation shall be provided.

ARTICLE XI

SUCCESSOR TRUSTEES

On the death, resignation, or incapacity of the Trustees named herein, then and in that event, Lyle E. Frink, shall serve as the successor trustee of this Trust upon his acceptance of the terms of this Trust, with the same duties and powers as are imposed and conferred by this Agreement on Trustee hereunder. Should Lyle E. Frink be or become unable or unwilling to serve as Trustee and in that event, Merrill Truman Frink shall be named successor

Trustee of this Trust upon acceptance as described above. Should Merrill Truman Frink be or become unable or unwilling to serve as Trustee and in that event, Nadine N. Frink and Martha M. McKay shall be named successor alternate co-trustees. Should any Trustee become incapacitated, a successor Trustee may assume and accept the duties of Trustee upon receiving affidavits from two physicians stating that such Trustee is mentally unable to manage the affairs of the Trust. If no successor Trustee has been named or agrees to accept the duties and responsibilities imposed by this agreement, a court of competent jurisdiction shall appoint a successor Trustee.

ARTICLE XII

BOND AND LIABILITY OF TRUSTEE

No bond shall be required of any person named in this instrument as Trustee, or of any person appointed as Trustee in the manner specified herein, for the faithful performance of his or her duties as Trustee. Furthermore, any Trustee named or appointed hereunder shall be liable only for his or her willful breach of trust and not for any good faith error in judgment. A corporate Trustee acting hereunder shall be liable or responsible only to the degree required by the laws of the state of Idaho wherein it is authorized to act as Trustee. In any contract or agreement made by Trustee on behalf of the trust estate, such Trustee

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052017108436

CERTIFICATE OF DEATH

3201719023983

Form with sections: DECEDENT'S PERSONAL DATA, USUAL RESIDENCE, INFORMANT, SPOUSE/SROP AND PARENT INFORMATION, FUNERAL DIRECTOR, PLACE OF DEATH, CAUSE OF DEATH, PHYSICIAN'S CERTIFICATION, CORONERS USE ONLY, STATE REGISTRAR.

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

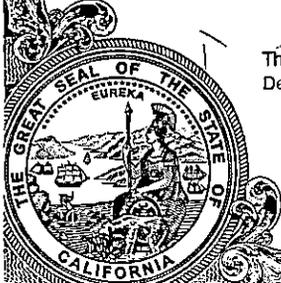
Health Officer and Registrar, VE

DATE ISSUED

JUN - 1 2017

052083

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.



CALOSANG01

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-021200

LOCAL FILE NUMBER: 2935

DATE ISSUED: 08/24/2015

FEE NUMBER: 0003201070

GIVEN NAMES: ORRIN EUGENE
LAST NAME: FRINK

COUNTY OF DEATH: SPOKANE
DATE OF DEATH: JULY 29, 2015
HOUR OF DEATH: 06:30 A.M.
SEX: MALE
AGE: 79 YEARS
SOCIAL SECURITY NUMBER: 518-40-2870

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: MAY 17, 1936
BIRTHPLACE: MOSCOW, IDAHO

MARITAL STATUS: MARRIED
SPOUSE: VELETTA RAE HATLEY

OCCUPATION: TEACHER
INDUSTRY: EDUCATION
EDUCATION: MASTER'S DEGREE
US ARMED FORCES? NO

INFORMANT: VELETTA RAE FRINK
RELATIONSHIP: WIFE
ADDRESS: 2427 W LONGFELLOW AVE SPOKANE, WA 99205

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: NORTH CENTRAL CARE AND REHABILITATI
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99205

RESIDENCE STREET: 2427 W LONGFELLOW
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99205
INSIDE CITY LIMITS? YES
COUNTY: SPOKANE
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 10 YEARS

FATHER: ORRIN RALSTON FRINK
MOTHER: JESSIE LANTHA BAWN

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FOOTHILLS CREMATORY
CITY, STATE: SPOKANE, WA
DISPOSITION DATE: JULY 31, 2015

FUNERAL FACILITY: SPOKANE CREMATION & FUNERAL SERVICE
ADDRESS: 2832 N RUBY
CITY, STATE, ZIP: SPOKANE WA 99207
FUNERAL DIRECTOR: WILLIAM D. ROSSEY

CAUSE OF DEATH:

- A. ACUTE CARDIOPULMONARY FAILURE
INTERVAL: HOURS
- B. ASPIRATION PNEUMONIA
INTERVAL: DAYS
- C. CEREBRAL VASCULAR ACCIDENT
INTERVAL: MONTHS
- 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? UNKNOWN
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: CHA J. VANG, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 316 W. BOONE AVE, SUITE 757
CITY, STATE, ZIP: SPOKANE WA 99201
DATE SIGNED: JULY 31, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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

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

LOCAL DEPUTY REGISTRAR:
SHANNON BITTNER
DATE RECEIVED: JULY 31, 2015



052083



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
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Required	Required information must match current information on record			
	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 Birth 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 forgoing is true and correct

16a. Signature:	16b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
Date:	Date:

INSTRUCTIONS – go to 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

- 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
- 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
- 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 using this form, 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 DOH 422-032)

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-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). Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit

DOH 422-034 January 2015

CERTIFIED

SPOKANE REGIONAL HEALTH DISTRICT

AUG 24 2015

052083



Joel McCullough
Joel McCullough
 HEALTH OFFICER

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