

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>Barbara R. Bush, PR</u> <u>Estate of Rosalie May Oviatt</u>	BUYER GRANTEE	2 Name <u>Howard A. Hayes</u> <u>Mary E. Reese</u>
	Mailing Address <u>912 18th Ave.</u>		Mailing Address <u>2470 17th Street</u>
	City/State/Zip <u>Clarksston, WA 99403</u>		City/State/Zip <u>Clarkston WA 99403</u>
	Phone No. (including area code)		Phone No. (including area code)
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>Howard A. Hayes Mary E. Reese</u>		<u>10412600400010000</u> <input type="checkbox"/>	
Mailing Address <u>2470 17th 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>115,900.00</u>	

4 Street address of property: 2470 17th Street, Clarkston, WA

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

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) _____

Reason for exemption _____

Type of Document	<u>Personal Representative's Deed (PRD)</u>	
Date of Document	<u>03/18/19 4/24/19</u>	
Gross Selling Price	\$	<u>155,000.00</u>
*Personal Property (deduct)	\$	<u>0.00</u>
Exemption Claimed (deduct)	\$	<u>0.00</u>
Taxable Selling Price	\$	<u>155,000.00</u>
Excise Tax : State	\$	<u>1,984.00</u>
Local	\$	<u>387.50</u>
Delinquent Interest: State	\$	<u>0.00</u>
Local	\$	<u>0.00</u>
*Delinquent Penalty	\$	<u>0.00</u>
Subtotal	\$	<u>2,371.50</u>
*State Technology Fee	\$	<u>5.00</u> <u>5.00</u>
*Affidavit Processing Fee	\$	<u>0.00</u>
Total Due	\$	<u>2,376.50</u>

0200

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>Barbara R. Bush</u>	Signature of Grantee or Grantee's Agent <u>Howard A. Hayes</u>
Name (print) <u>Barbara R. Bush, PR</u>	Name (print) <u>Howard A. Hayes</u>
Date & city of signing: <u>4-24-19, Clarkston, WA</u>	Date & city of signing: <u>3-15-19, 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)).

EXHIBIT "A"

422211

That part of Lot 4, Block H-1-1 of Clarkston Heights according to the recorded plat thereof, records of Asotin County, Washington, more particularly described as follows:

Beginning at the monument at the intersection of the centerlines of 4th Avenue East and 17th Street; thence along the centerline of 17th Street in a Southerly direction a distance of 694.26 feet to a point which is the True Point of Beginning; thence deflect right 89°24' and run a distance of 215.00 feet to a point; thence deflect right 90°36' a distance of 100 feet; thence deflect right 89°24' a distance of 215.00 feet to the centerline of 17th Street; thence deflect right 90°36' a distance of 100 feet along the centerline of 17th Street to the True Point of Beginning. EXCEPT that portion lying within 17th Street adjacent thereto.

Together with that portion of the vacated street lying adjacent to said lot vacated by Ordinance #12-24 recorded September 12, 2012 as Instrument No. 331659, which attaches by operation of law.

A handwritten signature in black ink, appearing to be 'LAA' with a long horizontal stroke extending to the right.A handwritten signature in black ink, appearing to be 'Mer' with a long horizontal stroke extending to the right.

FILED

2018 OCT -5 AM 11:40
MCKENZIE A. KELLEY
COUNTY CLERK
ASOTIN COUNTY, WA

CERTIFIED

SUPERIOR COURT OF WASHINGTON FOR ASOTIN COUNTY

In re the Estate of:

ROSALIE MAY OVIATT,

Deceased.

NO. 18 - 4 - 00081 - 02

LETTERS TESTAMENTARY

WHEREAS, the Last Will and Testament of Rosalie May Oviatt, deceased, was on the 3rd day of October, duly exhibited, proven, and recorded in our said Superior Court;

WHEREAS, Barbara R. Bush is the person nominated as personal representative in said Will;

WHEREAS, Barbara R. Bush has petitioned this court to be appointed personal representative thereof; and

WHEREAS, Barbara R. Bush has petitioned this court for nonintervention powers,

NOW, THEREFORE, know all men by these presents, that we do hereby authorize the said Barbara R. Bush to execute the terms of the Will according to law.

Jones, Brower & Callery, P.L.L.C.
1304 Idaho Street, P.O. Box 854
Lewiston, ID 83501
(208) 743-3591
Facsimile: (208) 746-9553

LETTERS TESTAMENTARY

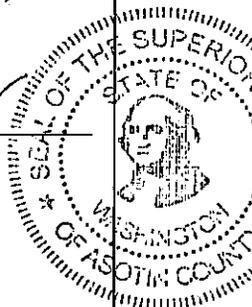
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NFF

1 WITNESS, Scott D. Gallina, Judge of our
2 Superior Court, and the seal of said Court
3 hereto affixed this 3rd day of October, 2018.

4
5 Mckenzie Kelley
6 Clerk of the Superior Court



7 STATE OF WASHINGTON)

8 : ss.

9 County of Asotin)

10
11 I, MCKENZIE KELLEY, County Clerk of the County of Asotin, State of Washington,
12 and ex-officio Clerk of the Superior Court of the State of Washington for Asotin County, do
13 hereby certify that the within and foregoing is a full, true, and correct copy of the Letters
14 Testamentary and of the whole thereof, as the same are now on file and of record in the above
15 entitled cause in my office and custody. Said Letters have never been revoked and are still in
16 Full Force and Effect.

17 IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said
18 Superior Court this ____ day of October, 2018.

19 MCKENZIE KELLEY
20 County Clerk & Ex-officio Clerk of
21 the Superior Court

22 By _____
23 Deputy

24
25
26
27
28
Jones, Brower & Callery, P.L.L.C.
1304 Idaho Street, P.O. Box 854
Lewiston, ID 83501
(208) 743-3591
Facsimile: (208) 746-9553

LETTERS TESTAMENTARY

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.

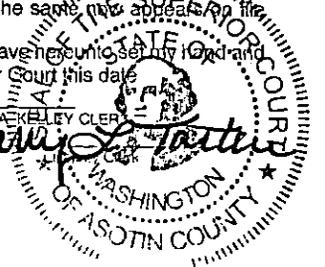
IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Seal of said Superior Court this date

1.24.19

MCKENZIE A. KELLEY CLERK

By

Shirley L. Foster



AS102



State of Washington
 Department of Revenue
 Special Programs Division
 Miscellaneous Tax
 PO Box 47477
 Olympia WA 98504-7477

AFFIDAVIT (LACK OF PROBATE)

Rosalie May Oviatt, now deceased, 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 Albert Fredric Oviatt (decedent), who died on (date)
April 4, 2008, at

Lewiston Nez Perce Idaho
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)

Rosalie May Oviatt, now deceased (spouse) c/o Barbara R. Bush, P.R.

- _____
Full name, age, relationship, address

(Continued on next page)

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Full name, age, relationship, address

Dated : April 24, 2019
Rosalie May Oviatt, deceased by Barbara R. Bush P.R.

Affiant's full name

Telephone number

912-18th Avenue

Street

Lewiston
City

ID

State

83501

Zip Code

Barbara R. Bush, P.R. For
Signature Rosalie May Oviatt, deceased

4-24-2019
Date

State of Washington County of Asotin

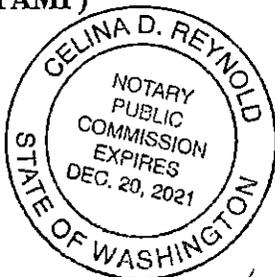
I know or have satisfactory evidence that Barbara R. Bush
(name of person)

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: 4, 24, 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, 2019

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

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

DATE FILED BY STATE REGISTRAR

CERTIFICATE OF DEATH

STATE FILE NO.

Local Reg. No. **1220**

ONLY A COPY OF THIS DOCUMENT, SUPPLIED BY THE STATE REGISTRAR, WITH THE DEPARTMENT OF HEALTH AND WELFARE, BUREAU OF HEALTH POLICY AND VITAL STATISTICS, SHALL BE USED AS PROOF OF THIS DEATH UNDER CHAPTER 1 AND RULES 30 AND 31.

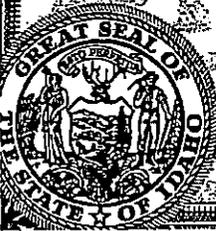
DECEASED	1. DECEASED'S LEGAL NAME (include MAIDEN name) (First, Middle, Last, Suffix) ALBERT FREDRIC OVIATT		2. SEX Male	3. SOCIAL SECURITY NUMBER [REDACTED]
TYPE OR PRINT IN INK OR INK-BLACK INK. DO NOT USE FEEL-TYPED INK. FOR INSTRUCTIONS SEE HANDBOOKS.	4. AGE LAST BIRTHDAY (42, UNDER 1 YEAR) 43, UNDER 1 DAY: 44, UNDER 1 DAY: 45 78 (Years)		5. DATE OF BIRTH (Mo/Day/YY) May 10, 1929	
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) Logan, Iowa		7. CITY OR TOWN Clarkston	
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY Washington		7b. COUNTY Asotin	
MORTICIAN: Complete Within 6 Days of Death	8. STREET AND NUMBER 2470-17th Street		7c. ZIP CODE 99403	
	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		10. SUBSEQUENT SPOUSE'S NAME (if wife, give maiden name) Rosalie May Lillard	
	11. FATHER'S NAME (First, Middle, Last, Suffix) Fredric H. Oviatt		11a. BIRTHPLACE (State, Territory, or Foreign Country) Iowa	
PARENTS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 12. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) Mildred Ruth Smith		12a. BIRTHPLACE (State, Territory, or Foreign Country) Iowa	
	13. INFORMANT'S NAME (Type or print) Rosalie Oviatt		13a. RELATIONSHIP TO DECEDENT Wife	
INFORMANT	13b. MAILING ADDRESS (Street and Number, City, State, Zip Code) 2470-17th Street, Clarkston, Washington 99403		14. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY Vassar-Rawls Funeral Home, 920-21st Avenue, Lewiston, Idaho 83501	
	14. PLACE OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) Valley Crematory, Lewiston, Idaho	
DISPOSITION	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		17b. LICENSE NUMBER (of licensee) M 791	
	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		19. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PLACE OF DEATH	20. PLACE OF DEATH (19-22) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Hospice <input type="checkbox"/> Home <input type="checkbox"/> Other (Specify)			
	21. FACILITY NAME (if not facility, give street and number) Saint Joseph Regional Medical Center, Lewiston 83501			
DATE OF DEATH	23. DATE OF DEATH (Mo/Day/YY) (Spell month) April 4, 2008		24. TIME OF DEATH 0340	
	25. DATE PRONOUNCED DEAD (Mo/Day/YY) (Spell month) April 4, 2008		26. TIME PRONOUNCED DEAD 0340	
CAUSE OF DEATH	27. 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. Subdural hematoma			Approximate Interval From Death 3 days
	PART II: Enter other significant conditions contributory to death but not resulting in the underlying cause given in Part I.			
MANNER OF DEATH	28. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		29. IF FEMALE (Aged 10-54): <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 43 days of death <input type="checkbox"/> Unknown if pregnant within the past year	
	30. DATE OF INJURY (Mo/Day/YY) (Spell month) 04/28/2008		31. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined	
MANNER OF DEATH	32. TIME Inst: 305782 04/28/2008 12:50P		33. DATE OF INJURY (Mo/Day/YY) (Spell month) 04/28/2008	
	34. LOCATION OF INJURY State: WA Filed: ROSALIE OVIATT Fee Cd: D-02		35. DESCRIBE HOW INJURY OCCURRED, IF TRANSPORTED SPECIFY WHICH VEHICLE DECEASED OCCUPIED Code: 131 DEATH CERTIFICATE 43.00	
CERTIFIER	36. SIGNATURE AND TITLE OF CERTIFIER Patricia A. Brady, M.D., 222 Southwest, Lewiston, Idaho 83501		37. DATE SIGNED 4/4/2008	
	38. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) Patricia A. Brady, M.D., 222 Southwest, Lewiston, Idaho 83501		39. DATE SIGNED 04/04/2008	
REGISTRAR	40. CORONER'S SIGNATURE (If necessary, the coroner's signature in this form supersedes that of the physician, physician assistant, or advanced practice professional nurse, and the coroner becomes the certifier of record.) [Signature]		41. DATE SIGNED 04/04/2008	
	41a. REGISTRAR'S SIGNATURE [Signature]		41b. DATE SIGNED 04/04/2008	

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

DATE ISSUED: **April 4, 2008**

This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

JANE S. SMITH
STATE REGISTRAR



52121

STATE OF IDAHO County of Nez Perce

This copy of a death certificate was issued by the District Health Department prior to filing with the Bureau of Health Policy and Vital Statistics.

Ethel A. Barkwell, Assistant
Local Vital Statistics Registration Official

000233638

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