

REAL ESTATE EXCISE TAX AFFIDAVIT

PLEASE TYPE OR PRINT

CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

This form is your receipt when stamped by cashier.

THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED

Check box if partial sale, indicate % sold. List percentage of ownership acquired next to each name.

SELLER GRANTOR	1 Name <u>Elva O. Rogers, Administratrix of the Estate of Millie L. Rogers (aka Myldred L. Rogers)</u>	BUYER GRANTEE	2 Name <u>Elva O. Rogers, Personal Representative of the Estate of Robert M. Rogers</u>
	Mailing Address <u>1439 Collier Dr</u>		Mailing Address <u>1439 Collier Dr</u>
	City/State/Zip <u>Clarkston, WA 99403</u>		City/State/Zip <u>Clarkston, WA 99403</u>
	Phone No. (including area code) <u>(509) 243-7004</u>		Phone No. (including area code) <u>(509) 243-7004</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 _____		List assessed value(s)	
Mailing Address _____		<u>1-073-00-006-0000</u> <input type="checkbox"/> <u>309,500</u>	
City/State/Zip _____		_____ <input type="checkbox"/>	
Phone No. (including area code) _____		_____ <input type="checkbox"/>	

4 Street address of property: 1439 Collier Dr, Clarkston, WA 99403

This property is located in 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.

Legal description of property (if more space is needed, you may attach a separate sheet to each page of the affidavit)

Lot 6 of COLLIER ADDITION according to plat recorded in Book D of Plats, page 14, records of Asotin County, Washington.

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 1.40 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-2024 (b)(g)

Reason for exemption Inheritance per court order

Type of Document Quitclaim Deed

Date of Document 05/09/2019

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
<u>0.0025</u> 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 <u>Elva O Rogers</u>	Signature of Grantee or Grantee's Agent <u>Elva O Rogers</u>
Name (print) <u>Elva O. Rogers, Administratrix</u>	Name (print) <u>Elva O. Rogers, Personal Representative</u>
Date & city of signing: <u>05/9/2019, Clarkston, WA</u>	Date & city of signing: <u>05/9/2019, 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)).

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CERTIFIED

FILED
OFFICE OF COUNTY CLERK
ASOTIN COUNTY, WA

MAY -7 2019

NE
CLERK/DEPUTY

SUPERIOR COURT OF WASHINGTON FOR ASOTIN COUNTY

In re the Estate of:

No. 19-4-00027-02

MILLIE L. ROGERS,

ORDER GRANTING MOTION FOR
AUTHORITY TO DISTRIBUTE ASSETS

Deceased.

THIS MATTER coming on for hearing before the court and notice having been given to all of the beneficiaries,

IT IS HEREBY ORDERED that Elva O. Rogers is hereby authorized to deed the following described real property to the Estate of Robert M. Rogers:

Lot 6 of COLLIER ADDITION according to plat recorded in Book D of Plats, page 14, records of Asotin County, Washington.

Tax Parcel No. 1-073-00-006-0000

more commonly known as 1439 Collier Dr, Clarkston, WA 99403.

Dated this 7 day of May, 2019.

George Jeanes
JUDGE / COURT COMMISSIONER

PRO TEM

ORDER GRANTING MOTION FOR
AUTHORITY TO DISTRIBUTE ASSETS 1

Gittins & Dukes, PLLC
843 Seventh Street
Clarkston, WA 99403
(509) 758-2501
Facsimile: (509) 758-3576

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Presented by:

GITTINS & DUKES, PLLc

By: 
DAVID A. GITTINS, WSBA #7796
Attorney for Administratrix

ORDER GRANTING MOTION FOR
AUTHORITY TO DISTRIBUTE ASSETS 2

Gittins & Dukes, PLLC
843 Seventh Street
Clarkston, WA 99403
(509) 758-2501
Facsimile: (509) 758-3576

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1 CERTIFIED

FILED

2019 APR 24 AM 11:09

MCKENZIE A. KELLEY
COUNTY CLERK
ASOTIN COUNTY, WA

8 SUPERIOR COURT OF WASHINGTON FOR ASOTIN COUNTY

10 In re the Estate of:

No. 19-4-00027-02

11 MILLIE L. ROGERS,

AMENDED LETTERS OF
ADMINISTRATION WITH
NONINTERVENTION POWERS

12 Deceased.

14 WHEREAS, Millie L. Rogers, of Clarkston, Asotin County, Washington, died intestate
15 on or about August 13, 2014, leaving at the time of her death property in this state subject to
16 administration; and;

18 WHEREAS, Elva Osborne Rogers has petitioned this court to be appointed
19 Administratrix of decedent's estate; and

20 WHEREAS, Elva Osborne Rogers has duly qualified;

21 NOW, THEREFORE, know all persons by these presents:

22 We hereby appoint Elva Osborne Rogers as Administratrix of said estate; and

24 We hereby authorize Elva Osborne Rogers to administer the same according to law.

25 NOW, THEREFORE, know all persons by these presents, that we do hereby authorize
26 the said Elva Osborne Rogers to execute the terms of the Will with nonintervention powers
27 according to law.

28 AMENDED LETTERS OF
ADMINISTRATION WITH
NONINTERVENTION POWERS

Gittins & Dukes, PLLC
843 Seventh Street
Clarkston, WA 99403
(509)758-2501
Facsimile: (509) 758-3576

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STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

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

DATE FILED BY STATE REGISTRAR: **08/18/2014**

State of Idaho
CERTIFICATE OF DEATH

STATE FILE NO. **2014-07665**

ONLY A COPY OF THIS DOCUMENT APPROVED BY THE STATE REGISTRAR OF THE DEPARTMENT OF HEALTH AND WELFARE
MAY BE USED FOR ANY OTHER PURPOSE. PLEASE USE AN ENGRAVED BORDER FOR THIS DOCUMENT UNDER PERMITS AND PERMITS, IDAHO CODE
Local Reg. No.

TYPE OR PRINT IN BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS	DECEDENT	* 1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix) MYLDRED L. ROGERS		2. SEX FEMALE	3. SOCIAL SECURITY NUMBER [REDACTED]	
	4a. AGE-Last Birthday 88 (Years)		4b. UNDER 1 YEAR Months Days	4c. UNDER 1 DAY Hours Minutes	5. DATE OF BIRTH (Mo/Day/Yr) [REDACTED]	
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY WASHINGTON			7b. COUNTY ASOTIN	7c. CITY OR TOWN CLARKSTON	
	7d. STREET AND NUMBER 1439 COLLIER DR.			7e. APT. NO.	7f. ZIP CODE 99403	7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	8. 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				9. SURVIVING SPOUSE'S NAME (if wife, give maiden name) ROBERT M. ROGERS	
	PARENTS		10. EVER IN U.S. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		11a. FATHER'S NAME (First, Middle, Last, Suffix) GLEN HAYS	
			11b. BIRTHPLACE (State, Territory, or Foreign Country) UNKNOWN		12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) ETHEL MILLER	
			12b. BIRTHPLACE (State, Territory, or Foreign Country) UNKNOWN			
	DISPOSITION		13a. INFORMANT'S NAME (Type or print) ROBERT M. ROGERS		13b. RELATIONSHIP TO DECEDENT SPOUSE	
			13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 1439 COLLIER DR. ASOTIN, WA 99402			
		14. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input 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) CLARKSTON VINELAND CEMETERY 1141 VINELAND DRIVE CLARKSTON, WASHINGTON		
		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY MERCHANT FUNERAL HOME 1000 SEVENTH STREET CLARKSTON, WASHINGTON 99403				
		17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: DONALD F. BROWN		17b. LICENSE NUMBER (Of license) M0570		
		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
PLACE OF DEATH		19. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OCA <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) GUARDIAN ANGEL HOMES LEWISTON - 2425				
		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) August 13, 2014		24. TIME OF DEATH (24hr) 20:55		
CAUSE OF DEATH		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) August 13, 2014		26. TIME PRONOUNCED DEAD (24hr) 20:55		
		27. CAUSE OF DEATH PART I. Enter the chain of events—disease, injury, 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. ALZHEIMER'S DISEASE				
		28a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		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"/> Unknown if pregnant within the past year				
		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				
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONERS)		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, training home, restaurant, forest, etc.)				
		35. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
		36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or 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				
		38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger		38b. WHAT SAFETY DEVICES(S) 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 - 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.		39b. LICENSE NUMBER M-04662		
		Signature and Title of Certifier BARBARA K. DAVIS, M.D.		39c. DATE SIGNED 8 / 15 / 2014 MM DD YYYY		
		* 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) BARBARA K. DAVIS, 222 SOUTHWAY AVENUE LEWISTON, ID 83501				
REGISTRAR		40a. REGISTRAR'S SIGNATURE <i>James B. Gaydelotte</i>		40b. DATE SIGNED 8 / 18 / 2014 MM DD YYYY		

MORTICIAN: Complete Venue and File Within 9 Days of Death

CERTIFIER: Complete Within 72 Hours of Death

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

DATE ISSUED: **APR 09 2019**

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

James B. Gaydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

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