

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>Moser Living Trust</u>	BUYER GRANTEE	2 Name <u>Jake Baune</u>
	Mailing Address <u>3653 SW 29th St</u>		<u>Ashley M. Baune</u>
	City/State/Zip <u>Redmond OR 97756</u>		Mailing Address <u>2154 23rd St</u>
	Phone No. (including area code)		City/State/Zip <u>Clarksden WA 99403</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 <u>Jake Baune and Ashley M. Baune</u>		1603000080000000 <input type="checkbox"/>	
Mailing Address _____		_____ <input type="checkbox"/>	
City/State/Zip _____		_____ <input type="checkbox"/>	
Phone No. (including area code) _____		_____ <input type="checkbox"/>	
		List assessed value(s) <u>321,600.00</u>	

4 Street address of property: 2154 23rd Street

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)

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)? YES NO

6 YES NO

Is this property designated as forest land per chapter 84.33 RCW?

Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW?

Is this property receiving special valuation as historical property per chapter 84.26 RCW?

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 Statutory Warranty Deed (SWD)

Date of Document 09/04/19

Gross Selling Price	\$	240,000.00
*Personal Property (deduct)	\$	0.00
Exemption Claimed (deduct)	\$	0.00
Taxable Selling Price	\$	240,000.00
Excise Tax : State	\$	3,072.00
Local	\$	600.00
*Delinquent Interest: State	\$	0.00
Local	\$	0.00
*Delinquent Penalty	\$	0.00
Subtotal	\$	3,672.00
*State Technology Fee	\$	5.00
*Affidavit Processing Fee	\$	0.00
Total Due	\$	3,677.00

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] Name (print) Moser Living Trust Date & city of signing: 9/6/19 Clarksden WA

Signature of Grantee or Grantee's Agent [Signature] Name (print) Jake Baune Date & city of signing: 9/9/19 Clarksden

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"

437555

That part of Lot 8 of County Hollow Addition according to the plat record under instrument No. 217371, records of Asotin County, Washington, more particularly described as follows: Beginning at the Southeast corner of said Lot 8; thence North $17^{\circ}05'00''$ East along the West right-of-way line 23rd a distance of 201.99 feet; thence North $88^{\circ}19'14''$ West, 224.69 feet; thence South $04^{\circ}46'40''$ West, 97.22 feet; thence South $02^{\circ}36'29''$ West, 110.68 feet to a point on South line of said Lot 8; thence North $87^{\circ}30'00''$ East along said South line a distance of 178.56 feet PLACE OF BEGINNING.

JB QJZ

Return Address



00027468201803630600030036

I-131 DC
Pgs=3 Fee:\$41.00
ALLIANCE TITLE & ESCROW

Please print or type information

<p>Document Title(s) (or transactions contained therein):</p> <ol style="list-style-type: none">1. Death Certificate2.3.4.
<p>Grantor(s) (Last name first, then first name and initials):</p> <ol style="list-style-type: none">1. Moser, Duane F.2.3.4. <p><input type="checkbox"/> Additional names on page ___ of document.</p>
<p>Grantee(s) (Last name first, then first name and initials):</p> <ol style="list-style-type: none">1.2.3.4. <p><input type="checkbox"/> Additional names on page ___ of document.</p>
<p>Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.)</p> <p><input type="checkbox"/> Additional legal is on page ___ of document.</p>
<p>Reference Number(s) of Documents assigned or released:</p> <p><input type="checkbox"/> Additional numbers on page ___ of document.</p>
<p>Assessor's Property Tax Parcel/Account Number</p> <p><input type="checkbox"/> Property Tax Parcel ID is not yet assigned <input type="checkbox"/> Additional parcel numbers on page ___ of document</p>
<p>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.</p>

52545

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, OBTAINED BY THE STATE REGISTER WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHALL BE VALID AS PROOF OF DEATH FOR ANY PURPOSE.

DECEDENT TYPE OR PRINT NAME BLACK INK DO NOT USE FE-TYPEN FOR INSTRUCTIONS SEE HANDBOOKS	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) DUANE F. MOSER		2. SEX MALE	3. SOCIAL SECURITY NUMBER 080-4372		
	4. AGE at last birthday 4a. UNDER 1 YEAR 4b. UNDER 1 DAY 4c. DATE OF BIRTH (Mo/Day/Yr) Months Days Hours Minutes 70 (Years) (State) (City/Town) (County) (Date) 02/23/48		5. BIRTHPLACE (City and State, Territory, or Foreign County) LEWISTON, IDAHO			
	6. RESIDENCE - STATE OR FOREIGN COUNTRY WASHINGTON		7. COUNTY ASOTIN			
	8. STREET AND NUMBER 2154 23RD ST.		9. CITY OR TOWN CLARKSTON		10. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	11. 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 11a. SURVIVING SPOUSE'S NAME (If wife, give maiden name) CAROL JEANNE BEUKE					
	12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13. FATHER'S NAME (First, Middle, Last, Suffix) FRANCIS RAY MOSER		14. BIRTHPLACE (State, Territory, or Foreign County) WASHINGTON	
	15. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) EVALONA MAE MCGEE		16. BIRTHPLACE (State, Territory, or Foreign County) IDAHO			
	17. INFORMANT'S NAME (Type or print) JEANNE MOSER		18. RELATIONSHIP TO DECEDENT WIFE	19. MAILING ADDRESS (Street and Number, City, State, Zip Code) 2454 23RD ST. CLARKSTON, WA 99403		
	20. METHOD 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)		21. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) MOUNTAIN VIEW CREMATORY 3521 SEVENTH STREET LEWISTON, IDAHO 83501		22. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY MERCHANT FUNERAL HOME 1000 SEVENTH STREET CLARKSTON, WASHINGTON 99403	
	23. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY SIGNED: GERALD E. BARTLOW		24. LICENSE NUMBER (Of license) M0771		25. WAS CORNER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
MORTICIAN Complete Activity and File Within 5 Days of Death	26. IF DEATH OCCURRED IN A HOSPITAL		27. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL			
	28. FACILITY NAME (If not facility, give street and number) ST. JOSEPH REGIONAL MEDICAL CTR		29. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE LEWISTON, ID 83501		30. COUNTY OF DEATH NEZ PERCE	
	31. DATE OF DEATH (Mo/Day/Yr) (Spell month) February 13, 2018		32. TIME OF DEATH (24hr) 00:30	33. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) February 13, 2018		
	34. TIME PRONOUNCED DEAD (24hr) 00:30		35. CAUSE OF DEATH			
	PART I. Enter the chain of events - disease, injuries, or complications, that directly caused the death. DO NOT include final 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) RESPIRATORY FAILURE Approximate Time Interval Elapsed to Death: 48 HOURS Generally list conditions, if any, leading to the cause listed on line 35. Enter D.O.D. UNDER THIS CAUSE. a. METASTATIC RENAL CANCER DUE TO (or as a consequence of) b. DUE TO (or as a consequence of) LAST (disease or injury that initiated the events resulting in death) DUE TO (or as a consequence of)					
	PART II. Enter <u>terminal</u> conditions leading to death but not resulting in the underlying cause given in Part I. ASCVD; HYPERTENSION; HYPERLIPIDEMIA					
	36. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		37. IF FEMALE (aged 15-54): <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 43 days of death <input type="checkbox"/> Unknown if pregnant within the past year		38. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THIS CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	39. DATE OF INJURY (Mo/Day/Yr) (Spell month)		40. TIME OF INJURY (24hr)	41. PLACE OF INJURY (Decedent's home, farm, school, construction site, nursing home, restaurant, forest, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	42. LOCATION OF INJURY Street and Number or Location City/Town or County Zip Code _____ _____ _____		43. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) _____			
	44. TRANSPORTATION: <input checked="" type="checkbox"/> WAS DECEDENT <input type="checkbox"/> DRIVER/OPERATOR <input type="checkbox"/> PASSENGER		45. WHAT SAFETY DEVICES DID DECEDENT USE (If any)? <input type="checkbox"/> SEATBELT <input type="checkbox"/> SAFETY VEST <input type="checkbox"/> HELMET <input type="checkbox"/> AIR BAG <input type="checkbox"/> NONE <input type="checkbox"/> UNKNOWN			
46. 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, skill, and judgment, I file, date, and place, and due to the natural cause(s) mentioned.) <input type="checkbox"/> CORONER (On the basis of examination of body, investigation, history obtained, death occurred (1) the time, date, and place, and direct to the cause(s) and manner stated.) Signature and Title of Certifier: ELECTRONICALLY SIGNED: MICHAEL C. MINICK, M.D.		47. LICENSE NUMBER M-04849				
48. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) MICHAEL C. MINICK, 415 SIXTH STREET LEWISTON, ID 83501		49. DATE SIGNED 2 / 13 / 2018 MM DD YYYY				
50. REGISTRAR'S SIGNATURE <i>James B. Aydelotte</i>		51. DATE SIGNED 2 / 16 / 2018 MM DD YYYY				

This is a true and correct reproduction of a document officially registered and placed on file within the Idaho Bureau of Vital Records and Health Statistics.

DATE ISSUED: **FEB 16 2018**

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

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

MANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



52545



000968017

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.

Pauline Durst

Vital Statistics Registration Official

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