



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 with fields for Seller/Grantor (Brown Living Trust) and Buyer/Grantee (John J. Baldwin, Diane R. Baldwin) including mailing addresses and phone numbers.

Form with fields for property address (2141 Quailwood Dr.), location (Asotin County), and a note about the property being Lot 6 of Block Three of Quailwood Heights Addition.

Form with field for Land Use Code (11 Land with Mobile Home) and a note to enter additional codes.

Form with question: Was the seller receiving a property tax exemption or deferral under chapters 84.36, 84.37, or 84.38 RCW? Answered YES.

Form with questions about property designation as forest land, current use, or special valuation. Answered YES to all.

Section (1) NOTICE OF CONTINUANCE (FOREST LAND OR CURRENT USE) with instructions for the new owner to sign.

Form with fields for Deputy Assessor and Date.

Section (2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY) with instructions for the new owner to sign.

Section (3) OWNER(S) SIGNATURE with a line for the print name.

Form with field for listing all personal property included in selling price.

Form with field for listing WAC number and reason for exemption if claiming an exemption.

Form with fields for Type of Document (Statutory Warranty Deed) and Date of Document (11/20/19).

Table showing financial breakdown: Gross Selling Price \$259,000.00, Taxable Selling Price \$259,000.00, Excise Tax (State \$3,315.20, Local \$647.50), Total Due \$3,967.70.

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.

Form with signature lines for Grantor's Agent (Barbara M. Brown) and Grantee's Agent (John J. Baldwin) including names and dates.

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)).

Return Address

Alliance Title & Escrow Corp.
735 5th St.
Clarkston, WA 99403

Please print or type information

Document Title(s) (or transactions contained therein):

1. Death Certificate
- 2.
- 3.
- 4.

Grantor(s) (Last name first, then first name and initials):

1. Brown, Darrel S.
- 2.
- 3.
4. Additional names on page ___ of document.

Grantee(s) (Last name first, then first name and initials):

- 1.
- 2.
- 3.
4. Additional names on page ___ of document.

Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.)

- Additional legal is on page ___ of document.

Reference Number(s) of Documents assigned or released:

- Additional numbers on page ___ of document.

Assessor's Property Tax Parcel/Account Number

- Property Tax Parcel ID is not yet assigned
 Additional parcel numbers on page ___ of document

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.

52747

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, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE MAILED SEAL, SHALL BE USED AS PROVA FACIE EVIDENCE OF THIS DEATH UNDER §§ 24(1) AND 24-274, ICAD, 00000.

Local Reg. No. _____

TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELTY TIP PEN. FOR INSTRUCTIONS SEE HANDBOOKS. PARENTS INFORMANT DISPOSITION PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER) CERTIFIER REGISTRAR	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) DARREL S. BROWN	2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]	
	4a. AGE-Last Birthday 77 (Years)	4b. UNDER 1 YEAR 4c. UNDER 1 DAY: Months Days Hours Minutes [REDACTED]	6. 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 2141 QUAILWOOD DR		7e. APT. NO. [REDACTED]	7f. ZIP CODE 99403
	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) BARBARA ASHER	
	10. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11a. FATHER'S NAME (First, Middle, Last, Suffix) ROBERT BROWN	11b. BIRTHPLACE (State, Territory, or Foreign Country) UNKNOWN	
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) LILLIAN SCHMIDT	12b. BIRTHPLACE (State, Territory, or Foreign Country) WASHINGTON		
	13a. INFORMANT'S NAME (Type or print) BARBARA BROWN		13b. RELATIONSHIP TO DECEDENT SPOUSE	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 2141 QUAILWOOD DR. CLARKSTON, WA 99403
	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 3621 SEVENTH STREET LEWISTON, IDAHO 83501	
	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: 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		
19a. IF DEATH OCCURRED IN A HOSPITAL: <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		23. DATE OF DEATH (Mo/Day/Yr) (Spell month) September 23, 2018		
24. TIME OF DEATH (24hr) 11:15		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) September 23, 2018		
26. TIME PRONOUNCED DEAD (24hr) 11:15		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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CARDIAC ARREST DUE TO (or as a consequence of):		
b. DUE TO (or as a consequence of):		c. DUE TO (or as a consequence of):		
d. DUE TO (or as a consequence of):		Approximate Time Interval Onset to Death: 11:15		
PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I:				
28. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		29. 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		
30. DATE OF INJURY (Mo/Day/Yr) (Spell month) [REDACTED]		31. TIME OF INJURY (24hr) [REDACTED]		
32. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____		33. PLACE OF INJURY: (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) [REDACTED]		
34. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
35. 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. TRANSPORTATION INJURY ONLY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				
36. 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				
37a. 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.		38a. LICENSE NUMBER: M-12302		
<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.		38b. DATE SIGNED: 9 / 27 / 2018 MM DD YYYY		
Signature and Title of Certifier: MIROSLAW T. SOCHANSKI, M.D.		39a. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) MIROSLAW T. SOCHANSKI, 415 SIXTH STREET, LEWISTON, ID 83501		
40a. REGISTRAR'S SIGNATURE <i>James B. Galtte</i>		40b. DATE SIGNED: 9 / 28 / 2018 MM DD YYYY		

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: **SEP 28 2018**

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

James B. Galtte
JAMES B. AYDELOTTE
 STATE REGISTRAR

52747



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



* 000991303 *

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

Local Vital Statistics Registration Official

52747.

time for cause, as defined under Section 20 of Article Fifteen. The serving Trustee who is being removed for cause may accept such removal, or may, within thirty days of receiving written notice of removal, petition a court of competent jurisdiction for a determination as to whether sufficient cause exists for such Trustee's removal and shall continue to serve until otherwise ordered by such court.

A majority in interest of the then living income beneficiaries of any trust hereunder (in the case of a minor beneficiary, the legal guardian or natural parent of the minor beneficiary) shall have the right to remove any corporate trustee of such trust by a written instrument duly acknowledged and delivered to such corporation. Concurrent with the exercise of this right, the income beneficiaries (in the case of a minor beneficiary, the legal guardian or natural parent of the minor beneficiary) shall appoint a successor corporate trustee by a written instrument duly acknowledged and delivered to the corporation appointed successor trustee; provided, however that such corporation must be a trust company or bank possessing trust powers organized under the laws of the United States or one of the states thereof and it must have under its management a minimum of One Hundred Million Dollars (\$100,000,000) in trust assets. Upon receipt by the removed corporation of the written notice of acceptance of appointment by the successor corporation, the removed corporation shall forthwith surrender and deliver to the successor corporate trustee all of the assets in the trust estate, and the trusteeship of the removed corporation shall terminate.

d. Notice to Removed Trustee

Unless a serving Trustee has petitioned, or will petition within thirty days, a court as provided in the paragraph above, written notice of removal under our Trust Agreement shall be effective immediately when signed by the person or persons authorized to make the removal and delivered to our Trustee personally or within three business days after mailing by certified mail, return receipt requested. The written notice removing a Trustee shall identify the Successor Trustee appointed pursuant to the other provisions of this Article.

e. Transfer of Trust Property

Unless petitioning the court as provided above, the Trustee so removed shall promptly transfer and deliver to the Successor Trustee all property of our Trust under the removed Trustee's possession and control.

Section 4. Appointment of Trustees

We shall serve as the Initial Trustees of our Trust. If for any reason either of us is unwilling or unable to serve as Trustee, then the remaining Trustor shall serve as Co-Trustee with SHELLEY IRENE MCLAM. It is our intent that there should always be a Co-Trustee serving with the remaining Trustor, therefore, if for any reason SHELLEY IRENE MCLAM were unwilling or unable