

REAL ESTATE EXCISE TAX AFFIDAVIT
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
Only for sales in a single location code on or after January 1, 2020.

Check box if the sale occurred in more than one location code.

PLEASE TYPE OR PRINT

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

| | | | |
|-----------------------|---|----------------------|--|
| SELLER GRANTOR | 1 Name <u>STEVE R. COX, Agent for Janet M. Berreman a/k/a Janet Marie Berreman</u> | BUYER GRANTEE | 2 Name <u>RHONDA L. MILLAGE and JERI L. GROVOM,</u> |
| | Mailing Address <u>1106 Idaho Street</u> | | Mailing Address <u>2652 Critchfield</u> |
| | City/State/Zip <u>Lewiston, ID 83501</u> | | City/State/Zip <u>Clarkston, WA 99403</u> |
| | Phone No. (including area code) <u>(208) 743-1234</u> | | Phone No. (including area code) <u>(208) 790-2826</u> |

3 Send all property tax correspondence to: Same as Buyer/Grantee

| Name | List all real and personal property tax parcel account numbers - check box if personal property | List assessed value(s) |
|------|---|------------------------|
| | 1 002 02 011 0001 0000 <input type="checkbox"/> | <u>110,100 - 0.00</u> |
| | <input type="checkbox"/> | 0.00 |
| | <input type="checkbox"/> | 0.00 |
| | <input type="checkbox"/> | 0.00 |

4 Street address of property: 935 10th Street, Clarkston, Washington
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)
The North fifty (50) feet of Lot 11, Block 2, West of Clarkston, Washington, according to the recorded Plat thereof.

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)? YES NO

Is this property predominantly used for timber (as classified under RCW 84.34 and 84.33) or agriculture (as classified under RCW 84.34.020)? See ETA 3215 YES NO

6 YES NO

Is this property designated as forest land per chapter 84.33 RCW? YES NO

Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW? YES NO

Is this property receiving special valuation as historical property per chapter 84.26 RCW? YES NO

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) NEW 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-202 (2)(b)(f)
Reason for exemption Inheritance

Type of Document Lack of Probate Affidavit
Date of Document 1/31/20

| | |
|--|------------|
| Gross Selling Price \$ | 110,100.00 |
| *Personal Property (deduct) \$ | 0.00 |
| Exemption Claimed (deduct) \$ | 110,100.00 |
| Taxable Selling Price \$ | 0.00 |
| Excise Tax: State | |
| Less than \$500,000.01 at 1.1% \$ | 0.00 |
| From \$500,000.01 to \$1,500,000 at 1.28% \$ | 0.00 |
| From \$1,500,000.01 to \$3,000,000 at 2.75% \$ | 0.00 |
| Above \$3,000,000 at 3.0% \$ | 0.00 |
| Agricultural and timberland at 1.28% \$ | 0.00 |
| Total 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>[Signature]</u> | Signature of Grantee or Grantee's Agent <u>[Signature]</u> |
| Name (print) <u>Steve R. Cox, Agent</u> | Name (print) <u>Rhonda L. Millage and Jeri L. Grovom</u> |
| Date & city of signing <u>01/31/2020; Lewiston, ID</u> | Date & city of signing <u>01/31/2020; Lewiston, ID</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)).

Return to:

Steve R. Cox
Cox & Wagner, PLLC
Attorneys at Law
Post Office Box 446
Lewiston, ID 83501

Lack of Probate Affidavit

Reference numbers of related documents:

Auditor's No. 154354

Grantor: JANET M. BERREMAN a/k/a JANET MARIE BERREMAN, deceased

Grantees: RHONDA L. MILLAGE and JERI L. GROVOM

Legal Description:

The North fifty (50) feet of Lot 11, Block 2, West of Clarkston, Washington,
according to the recorded Plat thereof.

Tax Parcel No. 1 002 02 011 0001 0000

REAL ESTATE EXCISE TAX

PAID \$ 0 DATE 2-5-2020

RECEIPT No. 52919
ASOTIN COUNTY TREASURER

By Bethany Frost

SALE PRICE 0

52919

LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)
FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, OR JOINT TENANCY PROPERTY

STATE OF IDAHO)
 : SS
COUNTY OF NEZ PERCE)

The undersigned, **RHONDA L. MILLAGE** and **JERI L. GROVOM**, execute this affidavit relating to the Estate of **JANET M. BERREMAN a/k/a JANET MARIE BERREMAN** (herein "Decedent"), who died on January 22, 2020, in the County of Asotin, State of Washington, then being a resident of the City of Clarkston, County of Asotin, State of Washington.

(A copy of the death certificate is attached hereto.)

That the undersigned is:

Surviving children of the Decedent

That the undersigned have listed below all of the heirs at law and next of kin of Decedent, including but not limited to:

- 1) Spouse or registered domestic partner; and
- 2) children, adopted children, the issue of any predeceased child or adopted child (if Decedent left no surviving children, then the undersigned has listed below all of the surviving parents, brothers and sisters of Decedent); and
- 3) all parties who would have been heirs at law if the Decedent had not been married or a registered domestic partner on the date of death:

That the heirs at law and next of kin of the Decedent are (list all parties, using the reverse side or attaching a list if necessary):

Name & Relationship: **Rhonda L. Millage - daughter**
Address: **2652 Critchfield**
 Clarkston, WA 99403

Name & Relationship: **Jeri L. Grovom - daughter**
Address: **924 Vista Avenue, #14**
 Lewiston, ID 83501

That immediately prior to the date of death of the Decedent was an owner of that certain real estate situate in Asotin County, Washington, more particularly described as follows, to-wit:

**The North fifty (50) feet of Lot 11, Block 2, West of Clarkston,
Washington, according to the recorded Plat thereof.**

52919

That the Decedent's ownership interest was:

Separate Property

CHECK ALL BOXES WHICH APPLY IN EACH SECTION

1. That on the date the Real Estate was purchased the Decedent was:
married to Larry Berreman (divorced)
2. That on the date of the death the Decedent was:
unmarried, not a registered domestic partner
3. That the Decedent left a Will, a copy of which is attached hereto.
4. That the Decedent's estate is not being probated.
5. That the estate of the Decedent is exempt from State and/or Federal succession or inheritance taxes.
6. That the Decedent has not received assistance from the State of Washington for medical care.

That the undersigned knows of his/her own knowledge, and so states, that each and all of the obligations against the estate of the Decedent (including, but not limited to: all the debts of Decedent; all of the expenses of Decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon Decedent's estate, if applicable) have been paid in full, except as follows (attach a list if necessary):

NONE

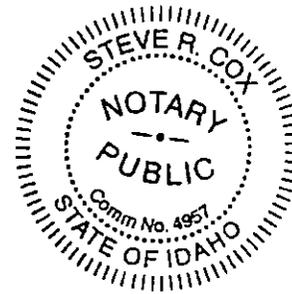
That the value of the Decedent's estate at date of death, including all real and personal property, as approximately \$260,000.00, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ 0, and including the value of Decedent's separate property, if any, of approximately \$260,000.00, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ 0.

DATED this 31st day of January, 2020.

Rhonda L. Millage
RHONDA L. MILLAGE
2652 Critchfield
Clarkston, WA 99403
208-790-2826

SUBSCRIBED and SWORN TO before me this 31st day of January, 2020.

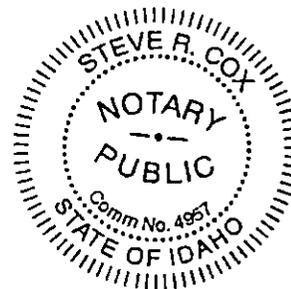
[Signature]
Notary Public in and for the State of Idaho
Residing at Lewiston
My Commission Expires: 5/14/22



Jeri L. Grovom
JERI L. GROVOM
924 Vista Avenue, #14
Lewiston, ID 83501
208-305-1956

SUBSCRIBED and SWORN TO before me this 31st day of January, 2020.

[Signature]
Notary Public in and for the State of Idaho
Residing at Lewiston
My Commission Expires: 5/14/22



Last Will and Testament

I, JANET M. BERREMAN, a resident of Clarkston, Asotin County, State of Washington, do hereby make, publish and declare this to be my Last Will and Testament as follows:

FIRST: I hereby revoke any and all other wills or codicils which have heretofore been made by me.

SECOND: I declare that I am a single woman; I further declare that I have two (2) children born as issue, namely: RHONDA L. MILLAGE and JERI L. GROVOM; I further declare that I have no other children born as my issue and that I have not adopted any child or children.

THIRD: Pursuant to the provisions of the Revised Code of Washington 11.12.260, I may hereafter execute and attach to this, my Last Will and Testament, a memorandum disposing of my tangible personal property as referred to in said section of the Revised Code of Washington, including household furniture and furnishings, pictures keepsakes, silver, china, wearing apparel and jewelry, and other like personal articles for recreation and enjoyment, and I hereby devise such items to the persons to whom the same are given under the said memorandum and direct that my Personal Representative shall deliver said items unto the person designated as soon as practicable following my

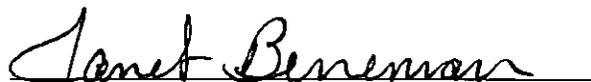
death. Provided, however, in the event I may not execute and attach such a memorandum to this, my Last Will and Testament, then I give, devise and bequeath all household furniture and furnishings, pictures, keepsakes, silver, china, wearing apparel and jewelry, and all other of my personal effects in accordance with the provisions of paragraph FOURTH of this, my Last Will and Testament.

FOURTH: I give, devise and bequeath all the rest, residue and remainder of my estate, save and excepting any items specifically devised under Paragraph THIRD of this my Last Will and Testament, in two (2) equal shares. One such equal share shall go to RHONDA L. MILLAGE and one such share shall go to JERI L. GROVOM. In the event my said child shall predecease me, then such child's estate shall be distributed unto my child who survives me. In such case that both of my children shall fail to survive me and, then I give, devise and bequeath all of my estate unto my grandson, TYLER GRIDER, of Lenore, Idaho.

FIFTH: I hereby nominate and appoint my daughter, RHONDA L. MILLAGE, the Personal Representative of this, my Last Will and Testament, and direct she shall not be required to give bond for the faithful performance of her duties. In the event my RHONDA L. MILLAGE is unable or unwilling to act for any reason, then I nominate and appoint, my daughter, JERI L. GROVOM, the Personal Representative of this, my Last Will and Testament, and I direct that she shall not be required to give bond for the faithful performance of her duties.

SIXTH: It is my will that this is and shall be construed as a non-intervention will under the laws of any state in which the same may be admitted to probate, giving and granting unto my Personal Representative all powers and authority granted to personal representatives of non-intervention wills, including the power to sell, mortgage, lease and in every other manner deal with the property of my estate the same as I could do, if living, without the intervention of any court, with or without notice, at public or private sale, and without confirmation of any court, except as required by law.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 28th day of August, 2009.


JANET M. BERREMAN

I, JANET M. BERREMAN, the testatrix, sign my name to this instrument this 28th day of August, 2009, and, being first duly sworn, do hereby declare to the undersigned authority that I sign and execute it as my free and voluntary act for the purposes therein expressed, and that I am eighteen (18) years of age or older, of sound mind, and under no constraint or undue influence.


Testatrix

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-003564

DATE ISSUED: 01/28/2020
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JANET M
LAST NAME(S): BERREMAN

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: JANUARY 22, 2020
HOUR OF DEATH: 11:43 PM
SEX: FEMALE AGE: 71 YEARS
SOCIAL SECURITY NUMBER: ~~XXXXXXXXXX~~

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 935 10TH ST
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

RESIDENCE STREET: 935 10TH ST
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: YES COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 49 YEARS

BIRTH DATE: ~~XXXXXXXXXX~~
BIRTHPLACE: LEWISTON, ID

FATHER: FELIX SHAVER
MOTHER: NITA HOOK

MARITAL STATUS: DIVORCED
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: REMOVAL FROM STATE
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

OCCUPATION: BOOKKEEPER
INDUSTRY: SAND, ROCK, & CONCRETE COMPANY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: JANUARY 27, 2020

INFORMANT: RHONDA MILLAGE
RELATIONSHIP: DAUGHTER
ADDRESS: 2652 CRITCHFIELD RD, CLARKSTON WA, 99403

FUNERAL FACILITY: MERCHANT, RICHARDSON BROWN FUNERAL HOMES
LLC
ADDRESS: PO. BOX 107
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
FUNERAL DIRECTOR: RICHARD LASSITER

CAUSE OF DEATH:
A: PROBABLE CONGESTIVE HEART FAILURE
INTERVAL: YEARS

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: LISA WEBBER
TITLE: CORONER/ME
CERTIFIER ADDRESS: PO BOX 220
CITY, STATE, ZIP: ASOTIN, WA 99402
DATE SIGNED: JANUARY 24, 2020

LOCATION OF INJURY:

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

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: JANUARY 27, 2020

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

52919

9152



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 |
|-------------------|------------|----------|------|------------------|

Required information must match current information on record

Required

Record Type: Birth Death Marriage Dissolution (Divorce)

1. Name on Record: First Middle Last 2. Date of Event: MM/DD/YYYY 3. Place of Event: City or County

4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
First Middle Last/Maiden First Middle Last/Maiden

6. Name of Person Requesting Correction: Relationship to Person on Record: Self Guardian Informant Hospital Parent(s) Funeral Director Other (specify)

7. Return Mailing Address: P.O. Box or Street Address City State Zip

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 2nd parent (if required):

Printed name: Date: Printed name: 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

1. 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.
2. 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.
3. 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, 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

1. 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). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. 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.
2. 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 October 2015

CERTIFIED

JAN 28 2020

Glenn Houser MD
Dr. Glenn Houser
Health District Officer
Garfield County Health District



0 1 2 2 0 9 6 2

52919



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.