



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 sections 1 and 2: Seller/Grantor (Robert W. Brooks) and Buyer/Grantee (Ronald J. Phillips) information including names, addresses, and phone numbers.

Form section 3: Correspondence and tax parcel information. Includes name of buyer/grantee, mailing address, and assessed value of 146,100.00.

Form section 4: Property address and location details. Street address: 1820 5th Avenue, Clarkston, WA 99403. Located in Asotin County, OR within the Unincorp area.

Form section 5: Land Use Code(s) and exemption questions. Code: 54 Retail Trade-Food. Questions regarding tax exemptions.

Form section 6: Continuation and compliance notices. Includes sections for (1) NOTICE OF CONTINUANCE, (2) NOTICE OF COMPLIANCE, and (3) OWNER(S) SIGNATURE.

Form section 7: Personal property included in selling price and tax calculation. Lists items, gross selling price of 215,000.00, and total due of 2,907.50.

Form section 8: Certification and signatures. Includes the statement 'I CERTIFY UNDER PENALTY OF PERJURY...' and signatures of Robert W. Brooks and Ronald J. Phillips.

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)).

REV 84 0001a (6/25/14) THIS SPACE - TREASURER'S USE ONLY COUNTY TREASURER

DATE 10/12/2022 - RECEIPT No. 55595 - Alliance Title - Clarkston

EET

EXHIBIT "A"

618324

The East 220.0 feet of Lot 8 in Block "H-1-1" of Clarkston Heights, according to the official plat thereof, filed in Book C of Plats at Page(s) 20, records of Asotin County, Washington, EXCEPTING THEREFROM, however, the following: Commencing at the pipe monument marking the point of intersection of the centerline of 4th Avenue and Reservoir Road; thence along the centerline of said Reservoir Road South $46^{\circ}10'$ West a distance of 304.98 feet; thence South 608.40 feet; thence East 368.5 feet; thence North 819.62 feet, more or less, to a point on the centerline of the County road, being the North line of Lot 7 in Block "H-1-1" of Clarkston Heights; thence West along said North line for a distance of 148.50 feet to the place of Beginning. ALSO EXCEPTING THEREFROM that portion thereof deeded to Asotin County by Warranty Deed recorded November 13, 1972, as Instrument No 114554, as follows: Commencing at the Southwest corner of Lot 8; thence North $88^{\circ}22'$ East a distance of 204.25 feet to the True Point of Beginning; thence North a distance of 5.82 feet; thence deflecting right $79^{\circ}44'$ along the arc of a curve to the left having a radius of 470 feet for a distance of 193.05 feet; thence North $33^{\circ}48'$ West a distance of 10 feet; thence North $56^{\circ}12'$ East a distance of 224.80 feet; thence along the arc of a curve to the right having a radius of 530 feet for a distance of 5.18 feet; thence South a distance of 47.52 feet; thence South $57^{\circ}51'$ West a distance of 337.47 feet; thence South $88^{\circ}22'$ West a distance of 82.81 feet; thence Northerly to the True Point of Beginning. (All being in Lot 7 and 8, Block "H-1-1" of Clarkston Heights.)

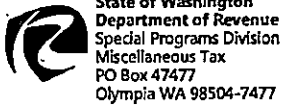
55596

Return Address
Robert Brooks 1457
1475 Sycamore St
Clarkston MA
99403

Please print or type information

Document Title(s) (or transactions contained therein): 1. Lack of Probate Affidavit 2. 3. 4.
Grantor(s) (Last name first, then first name and initials): 1. Brooks, Linda C. 2. 3. 4. <input type="checkbox"/> Additional names on page __ of document.
Grantee(s) (Last name first, then first name and initials): 1. To The Public 2. 3. 4. <input type="checkbox"/> Additional names on page __ of document.
Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.) <input type="checkbox"/> Additional legal is on page __ of document.
Reference Number(s) of Documents assigned or released: <input type="checkbox"/> Additional numbers on page __ of document.
Assessor's Property Tax Parcel/Account Number <input type="checkbox"/> Property Tax Parcel ID is not yet assigned <input type="checkbox"/> 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.

55595



AFFIDAVIT (LACK OF PROBATE)

Robert Brooks, being first duly sworn, deposes and says:

The undersigned affiant is the rightful heir to the real property described below, and is

(relationship to decedent) of Linda C. Brooks (decedent), who died on (date)

April 17, 2019, at

Spokane Spokane Washington
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)

Robert Brooks, son

ROBERT Wayne Brooks
Full name, age, relationship, address

1457 Sycamore Street Clarkston WA 99403

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

(Continued on next page)

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: October 10, 2022

Robert Brooks

Affiant's full name

208-816-1765

Telephone number

1457 Sycamore St.

Clarkston

City

Street

WA

State

99403

Zip Code

[Signature]

Signature

10.11.2022

Date

State of Washington

County of Asotin

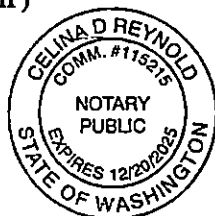
I know or have satisfactory evidence that Robert Brooks

(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: 10.11.22

(SEAL OR STAMP)



[Signature]

Signature of Notary Public

Residing at: Lewiston, ID

Notary Public in and for the State of WA

My appointment expires: 12/20/2025

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

1. DECEASED'S LEGAL NAME (Include AKA if any) (Print, Middle, Last, Initial)		2. SEX	
LINDA C BROOKS		FEMALE	
3. SOCIAL SECURITY NUMBER		[REDACTED]	
4. AGE AND SEX (M/F) (Month, Day, Year) & DATE OF BIRTH (Month/Day/Year)		5. BIRTHPLACE (City and State, Territory, or Foreign Country)	
22 (Years) 12/24/1948		LEWISTON, IDAHO	
6. RESIDENCE - STATE OR FOREIGN COUNTRY		7. COUNTY	
WASHINGTON		ASOTIN	
8. CITY OR TOWN		9. ZIP CODE	
CLARKSTON		99403	
10. STREET AND NUMBER		11. HOME CITY, STATE, ZIP CODE	
2813 20TH STREET		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
12. MARITAL STATUS AT TIME OF DEATH		13. SURVIVING SPOUSE'S NAME (Print, give maiden name)	
Married <input checked="" type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown <input type="checkbox"/>		LLOYD JOHN BROOKS	
14. FATHER'S NAME (Print, Middle, Last, Initial)		15. BIRTHPLACE (State, Territory, or Foreign Country)	
LEONARD A LAHTI		MINNESOTA	
16. MOTHER'S MAIDEN NAME (Print, Middle, Last, Initial)		17. BIRTHPLACE (State, Territory, or Foreign Country)	
DORIS MARIE DAVEE		WASHINGTON	
18. DECEASED'S NAME (Type in print)		19. RELATIONSHIP TO DECEASED	
THERESA BROOKS		DAUGHTER	
20. MARING ADDRESS (Street and Number, City, State, Zip Code)		21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY	
6081 E. FRAZIER DRIVE POST FALLS, ID 83454		MERCHANT FUNERAL HOME 1000 SEVENTH STREET CLARKSTON, WASHINGTON 99403	
22. PLACE OF DEPOSITION (Place last address of residence, cemetery, or other place)		23. LICENSE NUMBER (If licensee)	
SPOKANE CREATION AND FUNERAL SERVICE 2832 NORTH RUBY SPOKANE, WASHINGTON 99207		M0771	
24. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		25. SIGNATURE OF DECEASED'S NEXT OF KIN	
GERALD E. BARTLOW		[REDACTED]	
26. PLACE OF DEATH (If not in hospital)		27. COUNTY OF DEATH	
KOOTENAI HEALTH		KOOTENAI	
28. DATE OF DEATH (Month/Day/Year) (Spell month)		29. TIME OF DEATH (Hour/Minute)	
April 17, 2019		13:08	
30. DATE ANNOUNCED DEAD (Month/Day/Year) (Spell month)		31. TIME ANNOUNCED DEAD (Hour/Minute)	
April 17, 2019		13:03	
32. CAUSE OF DEATH		33. APPROXIMATE TIME ELAPSED SINCE ONSET OF DISEASE	
PART I: Enter the final cause of death - diagnosis, injury, or complication - that directly caused the death. DO NOT include events such as stroke, heart, respiratory arrest, or convulsion. Indicate if death occurred in a hospital, nursing home, or other institution. Enter only one cause on a line. SEPSIS DUE TO PRESUMED PNEUMONIA		2 WEEKS	
PART II: Enter the final cause of death - diagnosis, injury, or complication - that directly caused the death. DO NOT include events such as stroke, heart, respiratory arrest, or convulsion. Indicate if death occurred in a hospital, nursing home, or other institution. Enter only one cause on a line. PNEUMONIA		2 WEEKS	
PART III: Enter the final cause of death - diagnosis, injury, or complication - that directly caused the death. DO NOT include events such as stroke, heart, respiratory arrest, or convulsion. Indicate if death occurred in a hospital, nursing home, or other institution. Enter only one cause on a line. IMMUNOSUPPRESSED STATE FROM LYMPHOMA		YEARS	
PART IV: Enter the final cause of death - diagnosis, injury, or complication - that directly caused the death. DO NOT include events such as stroke, heart, respiratory arrest, or convulsion. Indicate if death occurred in a hospital, nursing home, or other institution. Enter only one cause on a line. ACUTE RENAL FAILURE; PANCREITIS		YEARS	
34. DID TOBACCO USE CONTRIBUTE TO DEATH?		35. WAS AN AUTOPSY PERFORMED?	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
36. IF FEMALE (Aged 10-40) Did you have a recent pregnancy within past year?		37. NUMBER OF DEATH	
Not pregnant, but pregnant 40 days or less before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 40 days of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/>		Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/>	
38. DATE OF DEATH (Month/Day/Year) (Spell month)		39. PLACE OF DEATH (Decedent's home, birth, work, outdoor, etc.)	
April 17, 2019		[REDACTED]	
40. LOCATION OF DEATH: State, City/Town or County, Zip Code		41. INQUIRY AT WORK?	
State: Washington City/Town or County: Clarkston Zip Code: 99403		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
42. DESCRIBE HOW INJURY OCCURRED, IF TRANSPORTATION VEHICLE, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.)		43. LICENSE NUMBER	
[REDACTED]		0-00627	
44. TRANSPORTATION: Was decedent...? (Operator, Passenger, Pedestrian, Other Specify)		45. WHAT SAFETY DEVICES DID DECEDENT USE IN TRAFFIC?	
Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other Specify <input type="checkbox"/>		Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/>	
46. CERTIFIER (Check only one, based on actual capacity for the certifier)		47. DATE SIGNED	
Physician <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Advanced Practice Registered Nurse <input type="checkbox"/> [REDACTED]		April 15, 2019	
48. SIGNATURE AND TITLE OF CERTIFIER (Type in print)		49. DATE BUILT	
MARK DALTON, 2003 KOOTENAI HEALTH WAY, COEUR D'ALENE, ID 83414		April 22, 2019	
50. REGISTRAR'S SIGNATURE		51. DATE BUILT	
James B. Galt		April 22, 2019	



DATE ISSUED: APR 22 2019

JAMES B. GALT
JAMES B. AYDELOTTE
STATE REGISTRAR



555915



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 Dierck

Local Vital Statistics Registration Official

55595