

REAL ESTATE EXCISE TAX AFFIDAVIT
CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

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 (Karen Whitehill, Trustee) and Buyer/Grantee (EKM Holdings, LLC) information including names, addresses, and phone numbers.

Form section 3: Property tax correspondence information and assessed value table showing parcel account 10450000200000000 and assessed value of 156,200.00.

Form section 4: Property address (326 Jefferson St. - Asotin, WA 99402) and location details (unincorporated Asotin County).

Form section 5: Land Use Code selection (11 Household, single family units) and exemption questions.

Form section 6: Questions regarding forest land, current use, and special valuation exemptions.

Form section 6 (continued): Continuation notice instructions and land qualification status.

Form section 6 (continued): Compliance notice instructions and owner signature line.

Form section 7: Personal property included in selling price section.

Form section 7 (continued): Exemption information and WAC number.

Table with 2 columns: Description and Amount. Includes rows for Gross Selling Price (\$260,000.00), Taxable Selling Price (\$260,000.00), Excise Tax (State \$2,860.00, Local \$1,950.00), and Total Due (\$4,815.00).

A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX \*SEE INSTRUCTIONS

Form section 8: Signature and date lines for Grantor's Agent (Karen Whitehill) and Grantee's Agent (EKNRH Holdings, LLC).

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...

CERTIFICATION OF TRUST

I, Karen Whitehill, Trustee of The Pat and Altamae Whitehill Revocable Trust dated July 19, 2004, make this certification pursuant to the Oregon Uniform Trust Code.

1. Trust. The The Pat and Altamae Whitehill Revocable Trust is presently in existence. It was executed on July 19, 2004.

2. Settlor. The settlors, Altamae Whitehill and Patrick Whitehill, are both deceased.

3. Trustee's Identity and Address. The currently acting trustee is Karen Whitehill. The trustee's address is 4916 SE Ash St., Portland, OR 97215.

4. Trust Powers. Under the terms of the trust agreement, the trustee is given powers granted a trustee under the Oregon Uniform Trust Code set forth in ORS 130.650 - 130.730, including the right to sell, exchange, assign, lease, encumber or otherwise alienate all or any part of the trust estate on such terms as the trustee shall determine.

5. Trust is Irrevocable. The trust is irrevocable.

6. Modification of Trust. The trust may not be modified or amended.

7. One Trustee Only. I am acting alone as trustee and have authority to exercise trust powers alone.

8. Taxpayer Identification Number. The trust taxpayer identification number is 84-7131455.

9. Title to Trust Property. Trust property is to be titled as follows:

"Karen Whitehill, Trustee, or the successor(s) in trust, under The Pat and Altamae Whitehill Revocable Trust dated July 19, 2004 and any amendments thereto."

10. Trust Jurisdiction. This trust is being administered under the laws of the State of Oregon.

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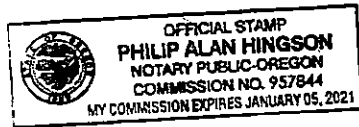
11. No Change in Trust. The trust has not been revoked, modified or amended in any manner that would cause the representations contained in this certification to be incorrect.

DATED: March 19, 2020.

Karen Whitehill, Trustee  
Karen Whitehill, Trustee

STATE OF OREGON     )  
                                  ) ss:  
County of Washington    )

Karen Whitehill appeared before me on this 19th day of March, 2020, and acknowledged voluntarily executing this instrument, as acting trustee.



Philip Alan Hingson  
Notary Public for Oregon

**STATE OF IDAHO**  
**CERTIFICATION OF VITAL RECORD**

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

ONLY A COPY OF THIS DOCUMENT DISTRIBUTED BY THE STATE IS VALID WITH THE DEPARTMENT OF HEALTH AND WELFARE  
REGISTRATION, SHALL BE TREATED AS INVALID FOR PURPOSES OF THE 2000 DIVISION 15B, 15C AND 15D CHAPTER CODE

Local Reg. No.

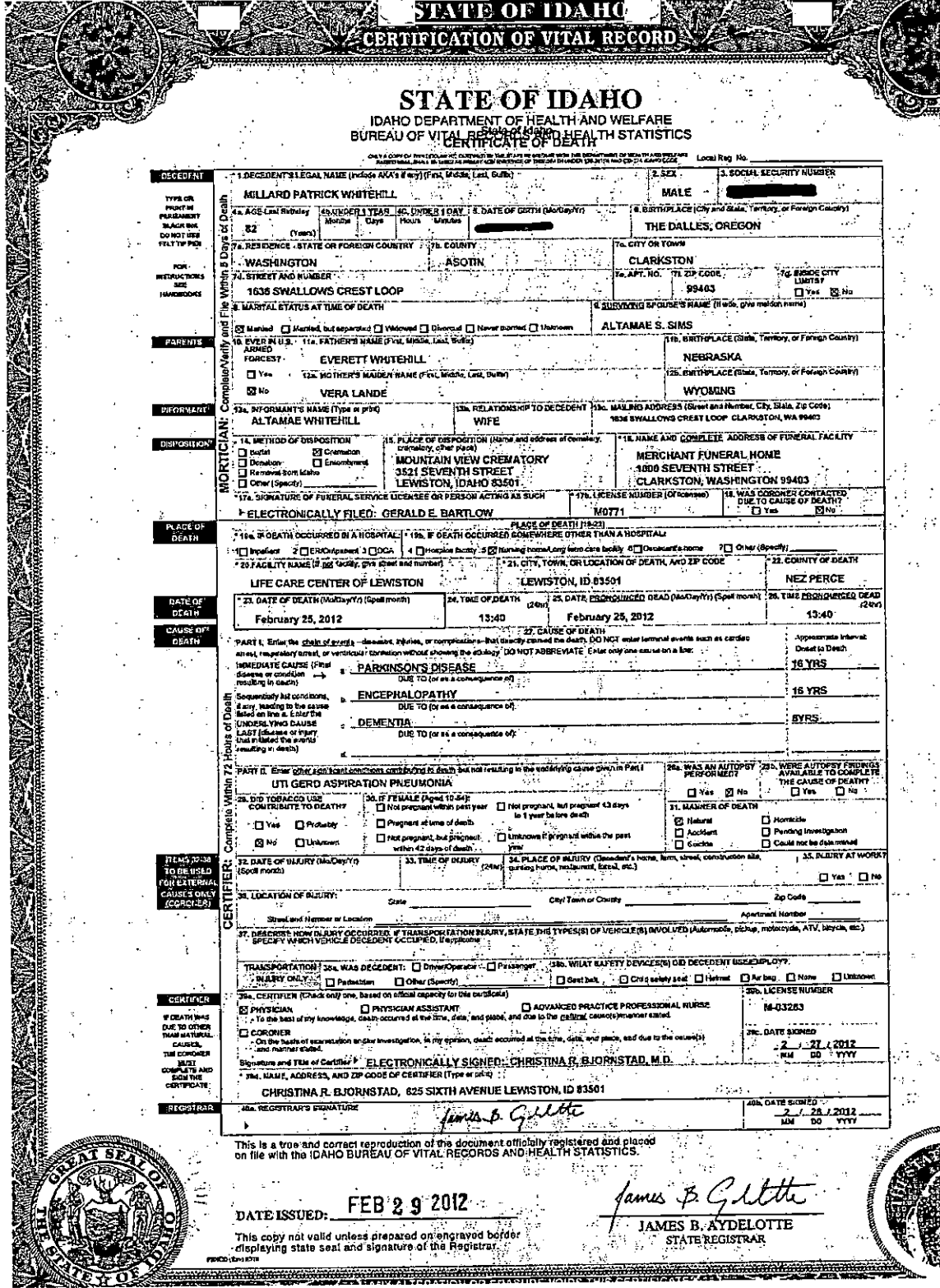
<b>DECEDENT</b>	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (Print, Middle, Last, Suffix)		2. SEX		3. SOCIAL SECURITY NUMBER	
	MILLARD PATRICK WHITEHILL		MALE		[REDACTED]	
TYPE OR PRINT IN PLACEMENT BLACK INK DO NOT USE FLY TIP PENS	4a. AGE Last Birthday		4b. BIRTHPLACE (City and State, Territory, or Foreign Country)		5. DATE OF BIRTH (Month/Day/Year)	
	82		THE DALLES, OREGON		[REDACTED]	
FOR INSTRUCTIONS AND HANDBOARDS	7a. RESIDENCE - STATE OR FOREIGN COUNTRY		7b. COUNTY		7c. CITY OR TOWN	
	WASHINGTON		ASOTIN		CLARKSTON	
MORTICIAN: Complimentarily and File Within 5 Days of Death	7d. STREET AND NUMBER		7e. APT. NO.		7f. ZIP CODE	
	1636 SWALLOW'S CREST LOOP		99403		99403	
PARENTS	8. MARITAL STATUS AT TIME OF DEATH		9. SURVIVING SPOUSE'S NAME (If deceased, give maiden name)			
	[X] Married [ ] Married, but separated [ ] Widowed [ ] Divorced [ ] Never married [ ] Unknown		ALTA MAE S. SIMS			
PARENTS	10. OVER IN U.S. 11a. FATHER'S NAME (Print, Middle, Last, Suffix)		11b. BIRTHPLACE (State, Territory, or Foreign Country)		12. BIRTHPLACE (State, Territory, or Foreign Country)	
	EVERETT WHITEHILL		NEBRASKA		WYOMING	
PARENTS	12a. MOTHER'S MAIDEN NAME (Print, Middle, Last, Suffix)		13a. RELATIONSHIP TO DECEDENT		13b. MAILING ADDRESS (Street and Rural City, State, ZIP Code)	
	VERA LANDE		WIFE		1636 SWALLOW'S CREST LOOP CLARKSTON, WA 99403	
DISPOSITION	14. METHOD OF DISPOSITION		15. PLACE OF DISPOSITION (Name and address of Cemetery, Crematory, Other Place)		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY	
	[X] Burial [ ] Cremation [ ] Donation [ ] Burial from Idaho [ ] Other (Specify)		MOUNTAIN VIEW CREMATORY 3121 SEVENTH STREET LEWISTON, IDAHO 83501		MERCHANT FUNERAL HOME 1000 SEVENTH STREET CLARKSTON, WASHINGTON 99403	
PLACE OF DEATH	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		17b. LICENSE NUMBER (if known)		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH?	
	ELECTRONICALLY FILED: GERALD E. BARTLOW		M0771		[ ] Yes [X] No	
DATE OF DEATH	19a. DATE OF DEATH OCCURRED IN A HOSPITAL? (If No, if death occurred somewhere other than a hospital)		20. FACILITY NAME (If not hospital, give street and number)		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE	
	[ ] Inpatient [X] Outpatient [ ] OCA [ ] Hospice facility [ ] Nursing home/Long term care facility [ ] Domiciliary/Respite [ ] Other (Specify)		LIFE CARE CENTER OF LEWISTON		LEWISTON, ID 83501	
CAUSE OF DEATH	22. DATE OF DEATH (Month/Day/Year) (Spell month)		23. TIME OF DEATH (Hour)		24. DATE DISCOVERED DEAD (Month/Day/Year) (Spell month)	
	February 25, 2012		13:40		February 25, 2012	
CAUSE OF DEATH	25. CAUSE OF DEATH		26. TIME FROM DISCOVERED DEAD		27. COUNTY OF DEATH	
	PART I. Enter the stable of events - immediate, indirect, or contributing - 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. Approximate Interval: Onset to Death		16 YRS		NEZ PERCE	
CAUSE OF DEATH	IMMEDIATE CAUSE (Final disease or condition resulting in death)		DUE TO (or as a consequence of)		16 YRS	
	a. PARKINSON'S DISEASE		b. ENCEPHALOPATHY		c. DEMENTIA	
CAUSE OF DEATH	28. IMMEDIATE CAUSE (Final disease or condition resulting in death)		DUE TO (or as a consequence of)		16 YRS	
	a. UTI GERD ASPIRATION PNEUMONIA		b. ENCEPHALOPATHY		c. DEMENTIA	
CAUSE OF DEATH	PART II. Enter ONLY ONE (or more) conditions contributed to death but not resulting in the underlying cause given in Part I		29a. WAS AN AUTOPSY PERFORMED?		29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
	UTI GERD ASPIRATION PNEUMONIA		[ ] Yes [X] No		[ ] Yes [X] No	
CAUSE OF DEATH	30. DID TOBACCO USE CONTRIBUTE TO DEATH?		30a. IF FEMALE (aged 10-54) Not pregnant, not pregnant within past year		31. MANNER OF DEATH	
	[ ] Yes [X] Probably [ ] No [ ] Unknown		[ ] Not pregnant, but pregnant within 42 days of death		[ ] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined	
CAUSE OF DEATH	32. DATE OF INJURY (Month/Day/Year) (Spell month)		33. TIME OF INJURY (Hour)		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, parking lot, restaurant, hotel, etc.)	
	[ ] Yes [X] Probably [ ] No [ ] Unknown		[ ] Not pregnant, but pregnant within 42 days of death		[ ] Yes [X] No	
CAUSE OF DEATH	35. LOCATION OF INJURY: State		City/Town or County		Zip Code	
	[ ] Yes [X] Probably [ ] No [ ] Unknown		[ ] Not pregnant, but pregnant within 42 days of death		[ ] Yes [X] No	
CAUSE OF DEATH	36. STREET AND NUMBER OF 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.)	
	[ ] Yes [X] Probably [ ] No [ ] Unknown		[ ] Not pregnant, but pregnant within 42 days of death		[ ] Yes [X] No	
CAUSE OF DEATH	38. TRANSPORTATION? WAS DECEDENT: [ ] Driver/Operator [ ] Passenger		38a. WHAT SAFETY DEVICES DID DECEDENT USE/EMPLOY?		39. LICENSE NUMBER	
	[ ] Injurious Only [ ] Pedestrian [ ] Other (Specify)		[ ] Seat belt [ ] Child safety seat [ ] Helmet [ ] Air bag [ ] None [ ] Unknown		16-03263	
CAUSE OF DEATH	40. CERTIFIER (Check only one, based on official capacity for the certificate)		41. DATE SIGNED		42. DATE SIGNED	
	[X] PHYSICIAN [ ] PHYSICIAN ASSISTANT [ ] ADVANCED PRACTICE PROFESSIONAL NURSE		2 / 27 / 2012		2 / 27 / 2012	
CAUSE OF DEATH	43. SIGNATURE AND TITLE OF CERTIFIER		44. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print)		45. REGISTRAR'S SIGNATURE	
	ELECTRONICALLY SIGNED: CHRISTINA R. BJORNSTAD, M.D.		CHRISTINA R. BJORNSTAD, 825 SIXTH AVENUE LEWISTON, ID 83501		James B. Galtie	
CAUSE OF DEATH	46. REGISTRAR'S SIGNATURE		47. DATE SIGNED		48. DATE SIGNED	
	James B. Galtie		2 / 28 / 2012		2 / 28 / 2012	

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: FEB 29 2012

*James B. Galtie*  
JAMES B. AYDELOTTE  
STATE REGISTRAR

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



53024



STATE OF IDAHO County of Nez Perce

This copy of a death certificate was issued by the District Health Department on behalf of the Bureau of Vital Records and Health Statistics.

*Pauline Durst*

Local Vital Statistics Registration Official

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH

841811  
ID. NO.

STATE FILE NUMBER

1. Legal Name First: <u>Alfamae</u> Middle: <u>Whitehill</u> Last: <u>Whitehill</u> Suffix:		2. Death Date <u>February 13, 2020</u>	
3. Sex <u>Female</u>	4. Age <u>90 years</u>	5. Social Security Number [REDACTED]	6. County of Death <u>Multnomah</u>
7. Birthplace <u>Spokane, Washington</u>	8. Decedent's Education <u>Master's degree</u>	9. Was Decedent Ever in U.S. Armed Forces? <u>No</u>	
10. Was Decedent of Hispanic Origin? <u>No</u>	11. Decedent's Race(s) <u>White</u>	13. Residence: Number and Street <u>4916 SE Ash Street</u>	14. City/Town <u>Portland</u>
15. Residence County <u>Multnomah</u>	16. State or Foreign Country <u>Oregon</u>	17. Zip Code + 4 <u>97215</u>	18. Inside City Limits? <u>Yes</u>
19. Marital Status at Time of Death <u>Widowed</u>	20. Spouse's Name Prior to First Marriage <u>Millard Patrick Whitehill</u>		
21. Usual Occupation <u>Middle School Teacher</u>	22. Kind of business/industry <u>Public School</u>		
23. Father's Name <u>Leone Summs</u>	24. Mother's Name Prior to First Marriage <u>Elna Carlson</u>		
25. Decedent's Name <u>Terry Whitehill</u>	26. Telephone Number <u>Not Available</u>	27. Relationship to Decedent <u>Son</u>	28. Mailing Address <u>4916 SE Ash Street, Portland, OR 97215</u>
29. Place of Death <u>Licensed Adult Foster Home</u>	30. Facility Name <u>Noble House Inc.</u>		
31. Location of Death <u>18540 SE Tibbets Court</u>	32. City/Town or Location of Death <u>Gresham</u>	33. State <u>Oregon</u>	34. Zip Code <u>97030</u>
35. Method of Disposition <u>Cremation</u>	36. Place of Disposition <u>Portland Cremation Center, LLC</u>		
38. Name and Complete Address of Funeral Facility <u>4205 SE 59th Ave, Portland, Oregon 97206</u>			
39. Name of Funeral Home <u>Scott Funeral Home</u>			
40. Date of Disposition <u>Feb 17</u>	41. Funeral Director's Signature <u>Andrea J White-Miyata</u>	42. OR License Number <u>PS-0528</u>	43. Date Reported <u>FEB 25 2020</u>
44. Local File Number <u>00517</u>		45. Amendment	
46. Have case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
48. Where autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
49. Time of Death <u>11:10 AM</u>			
CAUSE OF DEATH			
50. Enter the chain of events, if disease, infection, or complication, that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest or ventilator malfunction without showing the etiology. DO NOT ABBREVIATE.			
51. Immediate Cause <u>Chronic obstructive pulmonary disease</u>			
52. Due to (or as a consequence of) <u>Chronic obstructive pulmonary disease</u>			
53. Due to (or as a consequence of) <u>Chronic obstructive pulmonary disease</u>			
54. Due to (or as a consequence of) <u>Chronic obstructive pulmonary disease</u>			
55. Other significant conditions contributing to death, but not resulting in the underlying cause given above: <u>Myocardial infarction</u>			
56. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accidental <input type="checkbox"/> Unintentional <input type="checkbox"/> Suicide <input type="checkbox"/> Pending			
57. If Female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death			
58. Did toxic agent contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
59. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
60. Location of Injury (Number & Street or R/F No., City/Town, State, Zip + 4)			
61. Describe how injury occurred			
62. Name and Address of Certifier (Number & Street or R/F No., City/Town, State, Zip + 4) <u>CANDICE SMALL-REYNOLDS 5330 NE GLISA RITE 100 PORTLAND OR 97213</u>			
63. Name and Title of Attending Physician (if Other than Certifier)			
64. Title of Certifier <u>MD</u>		65. Certifier Number <u>MD 26547</u>	66. Date Signed (month/year) <u>2/01/20</u>
67. Medical Certifier - To the best of my knowledge, death occurred at the time, place, and cause stated and manner stated.			
68. Medical Examiner - On the basis of examination, a valid identification, in my opinion, death occurred at the time, date, & at place, with cause in the country and manner stated.			
69. Amendment			

TO BE COMPLETED BY FUNERAL FACILITY  
7255084

TO BE COMPLETED BY MEDICAL CERTIFIER

45-20P (01/98)



I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

FEB 25 2020

DATE ISSUED:

JENNIFER A. WOODWARD, Ph.D.  
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT THE 10 STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE.

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