



REAL ESTATE EXCISE TAX AFFIDAVIT

PLEASE TYPE OR PRINT

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

Check box if partial sale of property

(See back of last page for instructions)

If multiple owners, list percentage of ownership next to name.

Form with fields for Seller/Grantor (Estate of Gerald Warren Combs) and Buyer/Grantee (Spencer Fraga), including names, addresses, and phone numbers.

Form with fields for property address (1468 Libby St., Clarkston, WA 99403) and location details (Asotin County).

Form with fields for Land Use Code (11 Household, single family units) and exemption questions.

Form with fields for forest land and current use designations.

Form with fields for continuation notice and compliance notice.

Form with fields for owner signatures and names.

Form with fields for personal property included in selling price.

Form with fields for exemption details and WAC number.

Form with fields for document type (Statutory Warranty Deed) and a detailed tax calculation table.

Form with fields for certification under penalty of perjury and signatures of both parties.

Perjury: Perjury is a class C felony which is punishable by imprisonment in the state corrections 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 (6/26/14) THIS SPACE - TREASURER'S USE ONLY COUNTY TREASURER

Handwritten initials 'EFT' in a box.

DATE 01/29/2021 - RECEIPT No. 53888 - Alliance Title - Clarkston

FILED

2020 DEC 28 PM 2:52

MCKENZIE A. CAMPBELL
COUNTY CLERK
ASOTIN COUNTY, WA

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SUPERIOR COURT OF WASHINGTON
FOR THE COUNTY OF ASOTIN
IN PROBATE

<p>IN THE MATTER OF THE ESTATE</p> <p>OF</p> <p>GERALD W. COMBS,</p> <p>Deceased.</p>	<p>Case No. <u>20-4-00101-02</u></p> <p>LETTERS OF ADMINISTRATION (RCW 11.28.100)</p>
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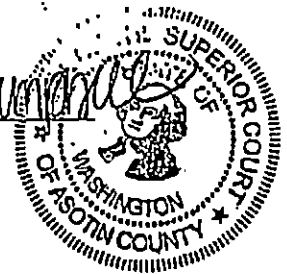
The above-named decedent died intestate leaving property in this state subject to administration.

Danny L. Combs was appointed by the Court as Administrator and authorized to administer the estate according to law with full nonintervention powers.

WITNESS my hand and seal of this Court this 28th day of December, 2020.

SUPERIOR COURT CLERK

By Mckenzie Campbell
Deputy



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AIF

LETTERS OF ADMINISTRATION -1-

Paul O. Merrill, WSBA# 53924
Creason, Moore, Dokken & Geld, PLLC
P.O. Drawer 835, Lewiston, ID 83501
(208) 743-1516; Fax: (208) 746-2231

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STATE OF WASHINGTON)
: ss.
County of Asotin)

I, McKenzie Campbell, County Clerk of the County of Asotin, State of Washington, an ex-officio Clerk of the Superior Court of the State of Washington for Asotin County, do hereby certify that the within and foregoing is a full, true and correct copy of the Letters of Administration and of the whole thereof, as the same are now on file and of record in the above-entitled cause in my office and custody. Said Letters have never been revoked and are still in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the sale of this Court Superior Court this ____ day of _____, 202__.

County Clerk & Ex-officio
Clerk of the Superior Court

By _____
Deputy

53888

284111

~~284108~~

RECORDED
JUN 15 2005
TIME <u>9:45am</u>
REQUEST OF <u>Gerald W. Combs</u>
ELAINE JOHNSTON, ASOTIN COUNTY AUDITOR

LACK OF PROBATE AFFIDAVIT
STATE OF WASHINGTON
(Community Property)

STATE OF _____)
COUNTY OF _____) SS

Order No.: _____
County: Asotin

Gerald W. Combs, being first duly sworn, on oath deposes and says:

That affiant is the surviving spouse of Barbara Lee Combs who died at Tri-state Hospital on the 2nd day of March, 2005 in Asotin County, State of Washington. (A copy of the death certificate is attached hereto.)

That among items of community property was real estate described as follows:

Lot 6 of Rogstad

[CHECK THE FOLLOWING ITEMS WHICH APPLY:]

That affiant and the deceased acquired said property as community property under deed dated Nov. 8th 1960 and recorded under Asotin County Recording No. 100037.

OR

That affiant and the deceased provided for the conversion of separate property to community property by deed dated _____, 19__ and recorded under _____ County Recording No. _____;

OR

That affiant and the deceased provided for the conversion of separate property to community property and for the disposition of all community property by Community Property Agreement (a copy of which is attached hereto), dated _____, 1995 and recorded under _____ County Recording No. _____.

That there are no unpaid creditors (including claims of the State of Washington for assistance pursuant to the provisions of RCW 43.20B.080) of said decedent or of the former marital community nor unpaid funeral expense, or expenses, of last illness, except as follows:

[CHECK THE FOLLOWING ITEMS WHICH APPLY:]

- That the decedent left a Will, a copy of which is attached hereto.
- That the decedent left no Will.
- That the decedent's estate is not being probated.
- That the decedent's estate is subject to probate proceedings in _____
County, State of _____ under No. _____.
- That the value of the decedent's estate as of the date of death, including all real and personal property, was approximately \$ _____ including the value of all separate property of said decedent of approximately \$ _____, and including the value of the decedent's community estate of approximately \$ _____.

This affidavit is made to induce _____ TITLE INSURANCE COMPANY (the Company) to issue its policy or policies of title insurance on the real property, covered by the Company's order number set forth above, passing to the surviving spouse because it was community property or passing to the surviving spouse because it was separate property of the deceased which was converted to community property by said community property survivorship agreement or deed identified herein, all in reliance upon the representations set forth herein.

DATED: 6-15, 19 05

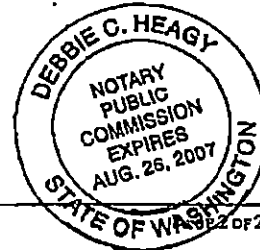
Richard Warren Conklin
(Affiant's full name)

1468 Lehigh St. Clk Ma.
(Full address and telephone number)

758-7505

SUBSCRIBED and SWORN TO before me this 15th day of June, 2005.

Debbie C. Heagy
Notary Public in and for the State of
Washington, residing at Clarkston, WA 99403



**STATE OF WASHINGTON
DEPARTMENT OF HEALTH**

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (Last, Middle, First, Suffix) Barbara L. Combs		2. Death Date March 2, 2005		3. Sex (M/F) Female		4. Age - Last Birthday 71	
5. Social Security Number		6. County of Death Asotin		7. Birthdate		8. Decedent's Education High school graduate	
9. Decedent's Race(s) White		10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.		11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? NO	
13a. Residence: Number and Street (e.g., 824 SE 5 th St.) (Include Apt. No.) 1468 Libby Street		13b. City or Town Clarkston		13c. Residence: County Asotin		13d. Tribal Reservation Name (if applicable)	
13e. State or Foreign Country Washington		13f. Zip Code + 4 99403		13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk		14. Estimated length of time at residence.	
15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to final marriage) Gerald Combs		17. Usual Occupation (Indicate type of work done during most of working life. (Do NOT USE RETIREE).) Bookkeeper		18. Kind of Business/Industry (Do not use Company Name) Horseshoeing Business	
19. Father's Name (First, Middle, Last, Suffix) Elwood Edward Amen		20. Mother's Name Before First Marriage (First, Middle, Last) Eva Marie Ruck		21. Informant's Name Gerald Combs		22. Relationship to Decedent Husband	
23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1468 Libby Street, Clarkston, WA. 99403		24. Place of Death, if Death Occurred in a Hospital Inpatient		25. Facility Name (If not a facility, give number & street or location) Tri-State Memorial Hospital		26a. City, Town, or Location of Death Clarkston	
26b. State WA		26c. Zip Code 99403		27. Date of Disposition March 5, 2005		28. Method of Disposition Removal/Cremation	
29. Place of Final Disposition (Name of cemetery, crematory, other place) Mountain View Crematory		30. Location-City/Town, and State Lewiston, ID 83501		31. Name and Complete Address of Funeral Facility Merchant Funeral Home, 1000 7th, Clarkston, WA 99403		32. Date of Disposition March 5, 2005	
33. Funeral Director Signature <i>Don F. Brown</i>		34. 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. Add additional lines if necessary. Pneumonia		35. Other significant conditions contributing to death but not resulting in the underlying cause given above Congestive heart failure, diabetes		36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/yyyy)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street City or Town: Country: State: Zip Code + 4:		46. Describe how injury occurred		47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		48a. Certifying Physician - In the next of night knowledge, death occurred at the time, date, and place and cause as shown on this certificate and medical history.	
48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion death reported on this form, date, and place and due to the cause(s) and manner stated.		49. Name and Address of Certifier/Physician, Medical Examiner or Coroner (Type or Print) Donald J. Gregg MD, 1271 Highland Ave., Clarkston, WA. 99403		50. Hour of Death (24hrs) 0946		51. Name and Title of Attending Physician if other than Certifier (Type or Print)	
52. Date Signed (mm/yyyy) 3-3-05		53. Title of Certifier Medical Doctor		54. License Number WA 37373		55. ME/Coroner File Number	
56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		57. Registrar Signature <i>[Signature]</i>		58. Date Received (mm/yyyy) MAR 04 2005		59. Amendments	

Part 1 completed by Funeral Director
Part 2 completed by Certifier

53888