



REAL ESTATE EXCISE TAX AFFIDAVIT
 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)

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

Check box if partial sale of property
 If multiple owners, list percentage of ownership next to name

1 SELLER GRANTOR	Name: <u>Chad Travis Wilson</u>	2 BUYER GRANTEE	Name: <u>James D. Miller</u>
	Mailing Address: <u>Shan Wilson Chase, Heirs of Carol Sue Wilson</u>		Mailing Address: <u>Ynella R. Miller</u>
	City/State/Zip: <u>Clarkston WA 99403</u>		City/State/Zip: <u>Clarkston WA 99403</u>
	Phone No. (including area code):		Phone No. (including area code):
3 Send all property tax correspondence to: <input checked="" type="checkbox"/> Same as Buyer/Grantee		List all real and personal property tax parcel account numbers - check box if personal property	
Name: <u>James D. Miller Ynella R. Miller</u>		1250000030000000 <input type="checkbox"/>	
Mailing Address: <u>1127 16th Avenue</u>		<input type="checkbox"/>	
City/State/Zip: <u>Clarkston WA 99403</u>		<input type="checkbox"/>	
Phone No. (including area code):		<input type="checkbox"/>	
		List assessed value(s) 125,600.00	

4
Street address of property: 1127 16th Avenue, Clarkston, WA
 This property is located in unincorporated Asotin County OR within city of Unincorp
 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.
 Lot 3 of Schultz Addition, according to the official plat thereof, filed in Book E of Plats at Page(s) 56A, records of Asotin County, Washington.

5
Select Land Use Code(s):
11 Household, single family units
 enter any additional codes:
 (See back of last page for instructions)

Was the seller receiving a property tax exemption or deferral under chapters 84.56, 84.57, or 84.38 RCW (nonprofit organization, senior citizen, or disabled person, homeowner with limited income)?
 YES NO

6
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) 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) _____
 Reason for exemption _____

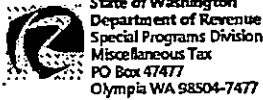
Type of Document Statutory Warranty Deed (SWD)
 Date of Document 02/05/21

Gross Selling Price	\$	225,000.00
*Personal Property (deduct)	\$	0.00
Exemption Claimed (deduct)	\$	0.00
Taxable Selling Price	\$	225,000.00
Excise Tax - State	\$	2,475.00
Local	\$	562.50
*Delinquent Interest: State	\$	0.00
Local	\$	0.00
*Delinquent Penalty	\$	0.00
Subtotal	\$	3,037.50
*State Technology Fee	\$	5.00 5.00
*Affidavit Processing Fee	\$	0.00
Total Due	\$	3,042.50

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: Chad Travis Wilson
 Name (print): Chad Travis Wilson
 Date & city of signing: 2-9-21, Clarkston, WA
 Signature of Grantee or Grantee's Agent: James D. Miller
 Name (print): James D. Miller
 Date & city of signing: 2-9-21, Clarkston, WA

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)).



AFFIDAVIT (LACK OF PROBATE)

Shan Wilson Chase and Chad Travis Wilson being first duly sworn, deposes and says:

The undersigned affiant is the rightful heir to the real property described below, and is child(ren) (relationship to decedent) of Carol Sue Wilson (decedent), who died on (date) September 11, 2020, at

Lewiston Nez Perce Idaho 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)

Shan Wilson Chase, daughter 11911 Purple Pennant Rd, Lake Stevens, WA Full name, age, relationship, address Chad Travis Wilson, Son 840 14th St, 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: February 9, 2021

Chad Travis Wilson

Affiant's full name

208-790-4751

Telephone number

840 14th st

Clarkston wa

Street 99403

City

State

Zip Code

Chad Travis Wilson

Signature

2/9/21

Date

State of Washington County of Asotin

I know or have satisfactory evidence that Chad Travis Wilson

(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: 2/9/21

(SEAL OR STAMP)



Signature of Notary Public

Residing at: Clarkston, WA

Notary Public in and for the State of WA

My appointment expires: 12/20/2021

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: February 8, 2021

Shan Wilson Chase

Affiant's full name

425-275-2153

Telephone number

11911 Purple Pennant Rd

Street

Lake Stevens

WA

98258

City

State

Zip Code

Shan Wilson Chase
Signature

2/8/21
Date

State of Washington County of SNOHOMISH

I know or have satisfactory evidence that Shan Wilson Chase
(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: 2, 8, 21

(SEAL OR STAMP)

Jessie Vigneth
Signature of Notary Public

Residing at: MARYSVILLE

Notary Public in and for the State of WA

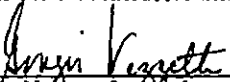
My appointment expires: 11 1 2023

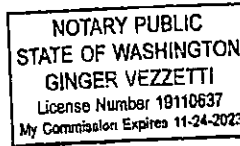
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State of Washington } ss
County of SAN JUAN }

On this 8th day of February, 2021, before me, a Notary Public in and for said state, personally appeared Shan Chase Wilson, known or identified to me to be the person(s) whose name(s) is subscribed to the within Instrument.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.


Print Name: GINGER VEZZETTI
Notary Public for the State of Washington
Residing at: HARRISVILLE
Commission Expires: 11/24/2023



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

DECEASED TYPE OR PART OF FINGERPRINT IN EACH HAND DO NOT USE POLYMER INK IDENTIFICATION ICE FINGERPRINTS		1. DECEASED'S LEGAL NAME (include DEAN if FIRM) (Print, Middle, Last, Suffix) CAROL SUE WILSON		2. SEX FEMALE		3. SOCIAL SECURITY NUMBER [REDACTED]	
4. AGE AND LAST BIRTHDAY 79 (Years)		5. UNDER 1 YEAR Months Days Hours Minutes		6. DATE OF BIRTH (MM/DD/YYYY) [REDACTED]		7. BIRTHPLACE (City and State, Territory, or Foreign Country) LEWISTON, IDAHO	
8. RESIDENCE - STATE OR FOREIGN COUNTRY WASHINGTON		9. COUNTY ASOTIN		10. CITY OR TOWN CLARKSTON		11. STREET AND NUMBER 1127 16TH AVE	
12. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		13. SPOUSE'S NAME (if valid, give maiden name) [REDACTED]					
DECEASED 14. DECEASED'S MARRIED NAME (Print, Middle, Last, Suffix) LEIP MOGDO MARTENSEN		15. BIRTHPLACE (State, Territory, or Foreign Country) WASHINGTON		16. DECEASED'S MARRIED NAME (Print, Middle, Last, Suffix) MARGARETHA ROOS		17. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO	
DECEASED 18. INFORMANT'S NAME (Type of info) CHAD WILSON		19. RELATIONSHIP TO DECEASED SON		20. MAILING ADDRESS (Street and Number, City, State, Zip Code) 840 14TH ST CLARKSTON, WA 99403			
DECEASED 21. METHOD OF DEPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify)		22. PLACE OF DEPOSITION (Name and address of cemetery, crematory, other place) MOUNTAIN VIEW CREMATORY 3521 SEVENTH STREET LEWISTON, IDAHO 83501		23. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY MOUNTAIN VIEW FUNERAL HOME 3521 SEVENTH STREET LEWISTON, IDAHO 83501			
24. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: GERALD E. BARTLOW		25. LICENSE NUMBER (if known) M0774		26. HAS CORNER CONTACTED AS TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
PLACE OF DEATH 27. IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Outpatient <input type="checkbox"/> Home <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)		28. PLACE OF DEATH (City and Zip Code) LEWISTON, ID 83501					
29. FACILITY NAME (if not facility, give street and number) ST. JOSEPH REGIONAL MEDICAL CTR		30. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE LEWISTON, ID 83501		31. CORNER OF DEATH NEZ PERCE			
32. DATE OF DEATH (MM/DD/YYYY) (Civil month) September 11, 2020		33. TIME OF DEATH (Civil) 08:00		34. DATE (MM/DD/YYYY) (Civil month) September 11, 2020		35. TIME (MM/DD/YYYY) (Civil) 08:00	
36. CAUSE OF DEATH PART I - Enter the immediate cause - disease, injury, or complication - that directly caused the death. DO NOT enter venereal events such as cardiac arrest, respiratory arrest, or convulsions without stating the underlying cause. DO NOT abbreviate. Enter only one cause on this line. ACUTE RIGHT MIDDLE CEREBRAL ARTERY STROKE DUE TO (or as a consequence of): [REDACTED]		37. APPROXIMATE TIME INTERVAL (From time of death) 05-02-2020				38. UNDERLYING CAUSE [REDACTED]	
39. DID YOU/AGENCY CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		40. IF FEMALE (print YES/NO) <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 45 days of date of death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 45 days of date of death <input type="checkbox"/> Unknown if pregnant within the past year		41. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		42. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
43. DATE OF INJURY (MM/DD/YYYY) [REDACTED]		44. TIME OF INJURY (Civil) [REDACTED]		45. PLACE OF INJURY (Decedent's home, hotel, school, recreation area, nursing home, restaurant, forest, etc.) [REDACTED]		46. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
47. LOCATION OF INJURY: Street and Number or Location Apartment Number		48. DISBURSE HOW BEARING OCCURRED, IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, Moped, etc.) SPECIFY WHICH VEHICLE OCCUPIED, IF APPLICABLE.		49. TRANSPORTATION: (If not applicable, skip this section) 49a. WAS DECEASED? <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) <input type="checkbox"/> What safety devices did decedent use/employ? <input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Harness <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown			
50. IDENTIFIER (Check only one, based on medical 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 (underlying) cause(s) stated.		51. LICENSE NUMBER 16-04745		52. DATE SIGNED 9 / 12 / 2020			
53. SIGNATURE AND TITLE OF CORNER: ELECTRONICALLY SIGNED: MICHAEL T. ROONEY, M.D. MICHAEL T. ROONEY, 2250 E. IDAHO STREET LEWISTON, ID 83501		54. REGISTRAR'S SIGNATURE James B. Gidlette		55. DATE SIGNED 9 / 12 / 2020			

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 18 2020**
 This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

James B. Gidlette
JAMES B. AYDELOTTE
 STATE REGISTRAR



53929

001314603

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

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Last Will and Testament

of

Carol Sue Wilson

I, CAROL SUE WILSON, of Asotin County, Washington, and a citizen of the United States, declare this to be my Last Will. I revoke all Wills and Codicils previously made by me.

I.

IDENTIFICATION OF FAMILY

I am not married. My immediate family now consists of my children, Shan Wilson and Chad Travis Wilson. References in this Last Will to "my child" or to "my children" are intended to include the above-named children and any child or children later born to or legally adopted by me. Except as provided below, I make no provision in this Will for any of my children, who survive me, nor for the descendants of any child who does not survive me.

II.

DEBTS

I direct that all my just debts and expenses of my last illness and funeral, the costs and charges of the administration of my estate, and any and all estate or inheritance taxes due, be paid as soon as convenient after my death soon as convenient after my death; provided, however, that no obligation which may be a specific lien on real or personal property need be paid prior to its normal maturity in due course.

III.

PERSONAL REPRESENTATIVE

I appoint Chad Travis Wilson as Personal Representative of my Will. My Personal Representative shall serve without bond and with non-intervention powers. If Chad Travis

COPY

Carol Sue Wilson
Carol Sue Wilson

Wilson is unable or unwilling to so act, then Shan Wilson shall act as my personal representative.

IV.

DISPOSITION OF ESTATE

A. Personal Property. Those items of my tangible personal property listed on the signed memorandum, which I intend to furnish to my Personal Representatives, shall be given to the person or persons whose name or names are set out opposite such item or items on the memorandum. Such property shall be deemed to pass under this Will pursuant to RCW 11.12.260.

B. Residue. I give the residue of my estate in equal shares to my children. If either of my children predecease me, the share otherwise receivable by such child shall instead be given to such child's then surviving issue, by right of representation, but subject to the withholding provision in Article V for young beneficiaries. If such child shall predecease me leaving no issue, that child's share shall instead be given to my surviving child.

V.

PROTECTION FOR YOUNG BENEFICIARIES

If any assets become distributable to a beneficiary who is under age twenty-five (25), my Personal Representatives may (a) at any time distribute the same to a custodian for such beneficiary under any Uniform Transfers or Gifts to Minors Act or (b) continue to hold the same in trust, with my Personal Representative acting as Trustee, and shall pay to such beneficiary so much of the net income and principal from time to time as my Personal Representative shall deem advisable for the maintenance, education, support, and health of such beneficiary (net income not so paid to be added to principal) until such beneficiary attains age twenty-five (25) or dies under that age. Thereupon my Personal Representative shall distribute such assets to such beneficiary, if then living, or if not then living, to such beneficiary's estate.

Carol Sue Wilson
Carol Sue Wilson

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VI.

MISCELLANEOUS

A. Validity. If a court of competent jurisdiction rules invalid or unenforceable any provision or provisions hereof, such provision or provisions shall be disregarded, but the remainder of this Will shall, nevertheless, be given full force and effect.

B. Gender. Unless some other meaning and intent are apparent from the context, the plural shall include the singular and vice versa, and masculine, feminine and neuter words shall be used interchangeably.

I have signed this Will the 11 day of July, 2002, at Clarkston, Washington.

Carol Sue Wilson
CAROL SUE WILSON, TESTATRIX

The foregoing instrument, consisting of four (4) typewritten pages, including this page containing the attestation clause, was on the 11th day of July, 2002, signed, sealed, and published by CAROL SUE WILSON as, and declared by her to be her Last Will and Testament, in the presence of each of us who, at her request and in her presence, and in the presence of each other have subscribed our names as witnesses thereto.

Carol A. Mock residing at Clarkston, Washington
Kate Blington residing at Clarkston, Washington ^{Moscow, ID}

STATE OF WASHINGTON)
 : ss.
County of Asotin)

The undersigned, competent to testify, each for himself, testify on oath, at the request of the maker, as follows:

The above instrument purports to be and is the Last Will and Testament of the maker, and was signed and executed by said maker on the above date at Clarkston, Washington, in the presence of each of us as witnesses.

The maker thereupon published the instrument as, and declared it to be her Last Will and Testament and requested us to sign the same as witnesses. At the request and in the presence of the maker and in the presence of each other, we each subscribed our names as witnesses thereto.

At the time of executing said instrument, maker and each of us witnesses, were of legal age, and the maker appeared to be of sound and disposing mind, and not acting under duress, menace, fraud, undue influence, or misrepresentation.

Carol S. Mock
Kathryn

SUBSCRIBED AND SWORN to before me this 11 day of July, 2002.



[Signature]
Notary Public for Washington
Residing at Clarkston
My appointment expires: April 28, 2005

Carol Sue Wilson
Carol Sue Wilson

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