

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 multiple location codes on or after January 1, 2020.

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

Check box if partial sale, indicate % sold.

List percentage of ownership acquired next to each name.

PLEASE TYPE OR PRINT

SELLER GRANTOR	1 Name <u>Lynn A. Reddekopp and Barbara A. Reddekopp, husband and wife,</u>	BUYER GRANTEE	2 Name <u>Barbara A. Reddekopp, Trustee of the Lynn and Barbara Reddekopp Revocable Trust</u>
	Mailing Address <u>1551 15th Street</u>		Mailing Address <u>1551 15th Street</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: Same as Buyer/Grantee

Name _____

Mailing Address _____

City/State/Zip _____

Phone No. (including area code) _____

List all real and personal property tax parcel account numbers - check box if personal property	List assessed value(s)
10042700600090000 <input type="checkbox"/>	\$151,000.00
10042700600130000 <input type="checkbox"/>	\$195,300.00
_____ <input type="checkbox"/>	_____
_____ <input type="checkbox"/>	_____

4 Street address of property: 1551 15th Street and 1545 15th Street, Clarkston, WA

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)

See Exhibit A attached hereto.

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 84.84 and 84.33) or agriculture (as classified under RCW 84.34.020)? See ETA 3215 YES NO

If no, complete the worksheet on page 2.

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.

None

If claiming an exemption, list WAC number and reason for exemption:

WAC No. (Section/Subsection) 458-61A-211(2)(g)

Reason for exemption Transfer to Revocable Trust

Type of Document Limited Warranty Deed

Date of Document 10/15/20

Gross Selling Price for County \$ _____ 0.00

*Personal Property (deduct) \$ _____

Exemption Claimed \$ _____

Taxable Selling Price for County \$ _____ 0.00

Excise Tax: State \$ _____ 0.00

0.0025 Local \$ _____ 0.00

*Delinquent Interest: State \$ _____

Local \$ _____

*Delinquent Penalty \$ _____

Subtotal \$ _____ 0.00

*State Technology Fee \$ _____ 5.00

Debit Processing Fee \$ _____ 5.00

Total Due \$ _____ 10.00

PAID
MAR 15 2021
ASOTIN COUNTY
TREASURER

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 Barbara A. Reddekopp Signature of Grantee or Grantee's Agent Barbara A. Reddekopp

Name (print) Barbara A. Reddekopp Name (print) Barbara A. Reddekopp, Trustee

Date & city of signing Lewiston, ID 83501 10/15/20 Date & city of signing Lewiston, ID 10/15/20

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 (11/5/19) THIS SPACE - TREASURER'S USE ONLY COUNTY TREASURER

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Creason moore dotlen geid/cl# 13599

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EXHIBIT A

Real property located in the County of Asotin, State of Washington, to-wit:

Parcel 1: 1551 15th Street, Clarkston, County of Asotin, State of Washington, more particularly described as follows:

That part of Lot 6 in Block "LL" of Vineland, according to the official plat thereof, filed in Book A of Plats at Page(s) 24 Official Records of Asotin County, Washington, more particularly described as follows: Commencing at the Southwest Corner of said Lot 6; thence North 29°45' East, 190.77 feet; thence North 62°15' East, 88.10 feet to a point on the centerline of 16th Avenue; thence continue North 62°15' East, 15.60 feet; thence North 0°53' East, 339.00 feet to the True Place of Beginning; thence West 41.12 feet; thence North 0°53' East, 10.00 feet; thence West 142.00 feet to a point on the centerline of 15th Street (as originally platted); thence South 0°53' West along said centerline 116.36 feet; thence South 84°56' East, 132.29 feet; thence North 24°13' East, 129.41 feet to the True Place of Beginning.

APN: 10042700600090000

Parcel 2: 1545 15th Street, Clarkston, County of Asotin, State of Washington, more particularly described as follows

That part of Lot 6 of Block "LL" of Vineland, Asotin County, Washington, more particularly described as follows: Commencing at the Northwest Corner of said Lot 6, said point being on the centerline of 15th Street; thence S.5°17'W., along the original platted centerline of 15th Street a distance of 100.0 feet to the True Place of Beginning; thence continue S.0°53'W., along said centerline a distance of 209.3 feet; thence East a distance of 183.12 feet; thence N.36°11'E., 108.66 feet; thence S89°46'E., 105.11 feet; thence N.3°13'E., 123.74 feet; thence West 356.19 feet to the True Place of Beginning. Excepting that portion lying within the road right-of-way.

Excepting from the stone monument at the Southwest corner of Lot 6 of Block "LL" of Vineland, Asotin County, Washington, said point being on the centerlines of County Roads, according to the recorded plat thereof; thence Northerly along said centerline a distance of 552.71 feet to the True Place of Beginning; thence continue on the last above mentioned course a

EXHIBIT A - 1

Creason, Moore, Dokken & Geidl, PLLC
P.O. Drawer 835, Lewiston ID 83501
(208)743-1516; Fax(208)746-2231

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distance of Ten (10) feet; thence deflect Right 89°07' a distance of 142.0 feet; thence deflect Right 90°53' a distance of Ten (10) feet; thence deflect Right 89°07' a distance of 142.0 feet to the True Place of Beginning, and all being a part of Lot 6 of Block "LL" of Vineland.

ALSO EXCEPTING THEREFROM those portions described in warranty deed recorded March 20, 1985, under instrument NO. 165287, records of Asotin County, Washington.

SUBJECT TO covenants, conditions, restrictions and easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.

APN: 10042700600130000.

EXHIBIT A - 2

**Creason, Moore, Dokken & Geidl, PLLC
P.O. Drawer 835, Lewiston ID 83501
(208)743-1516; Fax(208)746-2231**

AFTER RECORDING, RETURN TO:

Christopher J. Moore
Creason, Moore, Dokken & Geidl, PLLC
P. O. Drawer 835
Lewiston ID 83501

DURABLE POWER OF ATTORNEY

Reference Numbers of Related Documents: N/A

Grantor: Reddekopp, Lynn A.

Grantee: Reddekopp, Barbara A.

NO. **610075**
 AT THE REQUEST OF
CREASON MOORE DOKKEN
 DATE & HOUR
11.9.2020 11:30
 RECORDING OFFICE
 LATAH COUNTY RECORDERS
 FEES *25.00* BY *Shannon*

Instrument # 881515
 NEZ PERCE COUNTY
 10-21-2020 11:28:15 AM No. of Pages: 10
 Recorded for : CREASON MOORE DOKKEN & GEIDL
 PATTY WEEKS Fee: 25.00
 Ex-Officio Recorder Deputy *V. Uberhardt*
 Index to: POWER OF ATTY

Instrument # 506592
 WALLACE, SHOSHONE COUNTY, IDAHO
 12-21-2020 12:05:55 PM No. of Pages: 10
 Recorded for : CREASON, MOORE, DOKKEN
 TAMIE EBERHARD Fee: 25.00
 Ex-Officio Recorder Deputy *T. C.*
 Index to: LIMITED POWER OF ATTORNEY

AFTER RECORDING, RETURN TO:

**DURABLE POWER OF ATTORNEY
 WITH LIMITED GIFTING AUTHORITY
 GIVEN BY
 LYNN ARTHUR REDDEKOPP**

ARTICLE I. - DESIGNATION

I, Lynn Arthur Reddekopp, as the undersigned principal residing and domiciled in Clarkston, Asotin County, State of Washington, hereby designate my spouse, Barbara A. Reddekopp, of Clarkston, Asotin County, State of Washington, whose telephone number is (208) 746-9784, if living, willing and able to serve, to act as attorney-in-fact for me. Should my spouse be unwilling or unable for any reason to act as attorney-in-fact for me, or if I should revoke such person's powers, then the following persons are designated to act on my behalf as the alternate attorneys-in-fact in the order listed:

<u>Name</u>	<u>Address</u>	<u>Telephone No.</u>
Alternate 1: Marla A. Tacito	17764 NW Pioneer Rd. Beaverton, OR 97006	(503) 784-7336

DURABLE POWER OF ATTORNEY WITH
 LIMITED GIFTING AUTHORITY GIVEN BY
 LYNN ARTHUR REDDEKOPP -- 1

Creason, Moore, Dokken & Geidl, PLLC
 P.O. Drawer 835, Lewiston ID 83501
 (208)743-1516; Fax(208)746-2231

***CREASON MOORE DOKKEN & GEIDL
 VIA: VALLEY MESSENGER**

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Alternate 2: Julianne Reddekopp	5524 N. Omaha Portland, OR 97217	(503) 753-3249
Alternate 3: Elizabeth Reddekopp	3601 NE 113rd Ave Portland, OR 97220	(503) 706-0727

ARTICLE II.- PURPOSE

The primary purpose in granting this Durable Power of Attorney is to provide for my needs now and should I hereafter become incapacitated. Accordingly, the attorney-in-fact shall have all powers as are necessary or desirable to provide for my support, maintenance, health, emergencies and urgent necessities.

ARTICLE III. - EFFECTIVENESS

This power of attorney shall become effective immediately upon execution and shall continue in full force and effect, to the extent permitted by law, until revoked by a subsequent writing or by actual knowledge of my death. This power of attorney shall not be affected by my subsequent disability or incapacity. Further, I nominate my attorney-in-fact as guardian of my person or estate in the event that guardianship proceedings are hereafter commenced. This nomination shall not be construed as limiting the powers granted to my attorney-in-fact or as requiring the appointment of a guardian in the event of my subsequent disability or incapacity. If any provision of this document is held invalid, the remainder of the document or the application of the provision to other persons or circumstances is not affected.

DURABLE POWER OF ATTORNEY WITH
LIMITED GIFTING AUTHORITY GIVEN BY
LYNN ARTHUR REDDEKOPP -- 2

Creason, Moore, Dokken & Geidl, PLLC
P.O. Drawer 835, Lewiston ID 83501
(208)743-1516; Fax(208)746-2231

ARTICLE IV. - TERMINATION

As long as I have capacity, I may revoke this power of attorney by written notice to Barbara A. Reddekopp, Marla A. Tacito, Julianne Reddekopp, and Elizabeth Reddekopp, and by recording this instrument of revocation at the office of the Auditor of any county in which this document has been recorded. This Durable Power of Attorney shall terminate automatically with regard to my spouse acting as my attorney-in-fact or my guardian upon the filing of an action for divorce or for dissolution or legal separation of marriage.

ARTICLE V. - POWERS OF ATTORNEY-IN-FACT

The attorney-in-fact, as fiduciary, shall have all powers of absolute ownership of all of my assets and liabilities described below of every kind and character, whether located within or without the State of Washington. These powers shall include the powers and authorities specified below.

- A. **Real Property.** The attorney-in-fact shall have the authority to purchase, take possession of, lease, sell, assign, endorse, exchange, mortgage, release and/or encumber real property or any interest in real property.
- B. **Personal Property.** The attorney-in-fact shall have authority to purchase, receive, take possession of, lease, sell, assign, endorse, exchange, release, mortgage and/or pledge personal property or any interest in personal property.
- C. **Financial Accounts.** The attorney-in-fact shall have the authority to deal with accounts maintained by or on behalf of the principal with financial institutions as defined in RCW 30A.04.010 and with securities broker-dealers as defined in RCW 21.20.005. This shall include the authority to maintain and close existing accounts, to open, maintain and close other accounts, to sell or transfer stocks, bonds and other securities owned by

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me, and to make deposits, transfers, and withdrawals with respect to all such accounts. The attorney-in-fact shall have the authority to enter any safe deposit box in which I hold a right of access.

- D. ***Monies Due.*** The attorney-in-fact shall have authority to request, demand, recover, collect, endorse and receive all monies, debts, accounts, gifts, bequests, dividends, annuities, rents and payments due to me.
- E. ***Claims Against Principal.*** The attorney-in-fact shall have authority to pay, settle, compromise or otherwise discharge any and all claims of liability or indebtedness against me and, in so doing, use any of my funds or other assets or use funds or other assets of the attorney-in-fact and obtain reimbursement out of my funds or other assets.
- F. ***Written Instruments.*** The attorney-in-fact shall have the power and authority to sign, seal, execute, deliver and acknowledge all written instruments of whatever type; and to do and perform each and every act and thing whatsoever which may be necessary or proper in the exercise of the powers and authority granted to the attorney-in-fact as fully as I myself could do if personally present.
- G. ***Transfer of Assets.*** The attorney-in-fact shall have the power to make transfers of my property to my beneficiaries and/or my issue in any degree, for the purpose of qualifying me for governmental medical assistance to the fullest extent provided by law, should there be a need for long-term medical care, or for the purpose of preserving for my beneficiaries the maximum amount of my property allowed under applicable law that may pass to them free and clear of any state and/or federal government asset recovery. Any transfers made pursuant to this paragraph, including those made to my attorney-in-fact, shall not be deemed to be a breach of fiduciary duty by the attorney-in-fact.
- H. ***Transfer to/Termination of Trust.*** The attorney-in-fact shall have the authority to transfer assets of all kinds to the trustee of any trust, whether currently existing or subsequently created, which is either solely for my benefit, or which has dispositive provisions substantially the same as those which would have governed the property had it not been transferred into

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the trust. Additionally, the attorney-in-fact shall have the power to terminate or amend any revocable trust to qualify the principal for Medicaid or other federal or state benefit programs, or for other estate planning purposes.

- I. **Gifts.** The attorney-in-fact shall have the authority to make gifts, whether outright or in trust, to those related to me or named as beneficiaries in my estate plan, in accordance with any pattern of making gifts to such persons that I may have established or planned to establish, or in such amounts and to such persons as the attorney-in-fact shall determine appropriate, including to himself or herself, so long as such gifts would reasonably be in my best interests and the best interests of those interested in my estate. Such determination of reasonableness shall be made in the sole discretion of my attorney-in-fact. No such gift for any donee, for any year, may exceed the annual exclusion for gifting set forth at IRC § 2503(b) as adjusted for inflation, unless such gift is to my spouse or part of a large gift or series of gifts to the beneficiaries named in my Will and/or Trust and in the proportions stated therein.
- J. **Probate Avoidance.** The attorney-in-fact shall have unfettered authority to make, amend, alter or revoke any of my life insurance, annuity, or similar contract beneficiary designations, employee benefit plan beneficiary designations, trust agreements, registration of my securities in beneficiary form, beneficiary designations for payment on death or transfer on death accounts or assets, designation of persons as joint tenants with right of survivorship with me with respect to any of my property, whether real or personal, community property agreements, or any other instruments intended to transfer assets outside of probate as described in RCW 11.02.091. It is my intention that my attorney-in-fact have broad power to act to avoid probate, but not the power to change the ultimate beneficiary(ies) of my estate as named in my Last Will and Testament or Trust.
- K. **Disclaimer.** The attorney-in-fact shall have the authority to disclaim any interest, as defined in RCW 11.86.011, in any property to which I would otherwise succeed and to decline to act or resign if appointed or serving as an officer, director, executor, trustee or in any other fiduciary capacity.

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- L. **Tax Matters.** The attorney-in-fact shall have the authority to prepare, execute and submit all federal and state income tax and gift tax returns on my behalf and to pay all such taxes as may be due and shall have the authority to amend any federal and state income tax and gift tax returns as may be appropriate; claim refunds and execute Form 2848, or any other Internal Revenue Service or state form necessary or appropriate to effect representation of my interests before the Internal Revenue Service or any state taxing authority. The attorney-in-fact shall have the authority to represent me during audits, appeals, and lawsuits related to any income or gift tax return filed on my behalf, and to pay any assessments for interest or penalties levied against me in connection with such tax returns.
- M. **Digital Assets and Information.** I hereby authorize any person or entity that possesses or controls any electronically stored information or digital asset, or that provides to me an electronic communication service, to divulge to my attorney-in-fact any electronically stored information, digital asset, record, or any other information pertaining to me. My attorney-in-fact shall have the authority to access and control my electronic communications and digital assets to the same extent as I can do so, including without limitation, the right to change access codes and passwords. My attorney-in-fact shall have full access and control over: (1) the content and catalogue of electronic communications sent, received, or stored by me on any server, computer system, or provider accessed by me, and (2) any and all digital assets in which I have a right or property interest. This consent and authorization is to be construed as my lawful consent to all such access or disclosure under any applicable state or federal data privacy law, as they may be amended. The terms used in this paragraph are to be construed as broadly as possible, including as contemplated in the Uniform Fiduciaries Access to Digital Assets Act.
- N. **Health Care Decisions.** Subject to any limitations in this document, I hereby grant to my attorney-in-fact full power and authority to make health care decisions, including living accommodations, for me to the same extent that I could make such decisions for myself if I had the capacity to do so. In exercising this authority, my agent shall make health care decisions that are consistent with my desires as stated in this document or otherwise made known to my agent, including, but not

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limited to, my desires concerning obtaining, refusing or withdrawing life-prolonging care, treatment, services, and procedures. **RCW 11.125.400.**

- O. ***HIPAA Release Authority.*** I intend for my agent to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 USC 130d and 45 CFR 160-164. I authorize any physician, health-care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy or other covered health-care provider, any insurance company and any health-care clearinghouse that has provided treatment or services to me, or that has paid for or is seeking payment from me for such services, to give, disclose and release to my agent, without restriction, all of my individually identifiable health information and medical records regarding any past, present or future medical or mental health condition, including all information relating to the diagnosis and treatment of HIV/AIDS, sexually transmitted diseases, mental illness, and drug or alcohol abuse. The authority given my agent shall supersede any prior agreement that I may have made with my health-care providers to restrict access to or disclosure of my individually identifiable health information. The authority given my agent has no expiration date and shall expire only in the event that I revoke the authority in writing and deliver it to my health-care provider.
- P. ***Signing Documents, Waivers, and Releases.*** Where necessary to implement the health care decisions that my agent is authorized by this document to make, my agent has the power and authority to execute on my behalf all of the following documents or waivers, without limitation:
- (1) Documents titled or purporting to be a "Refusal to Permit Treatment" and "Leaving Hospital Against Medical Advice."
 - (2) Any necessary waiver or release from liability required by a hospital or physician.
- Q. ***Last Remains.*** Pursuant to **RCW 68.50.160(3)**, I hereby direct that my attorney-in-fact shall have the absolute power and authority to control the

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disposition of my last remains, including the power to carry out any verbal or written instructions I have previously made regarding burial or cremation. I intend that my attorney-in-fact retain this power following the date of my death.

- R. ***Prior Power of Attorney.*** This power of attorney hereby revokes all other powers of attorney affecting the subject matter hereof which I may have given prior to the date hereof.

ARTICLE VI. - RELIANCE

The attorney-in-fact and any person dealing with the attorney-in-fact each shall be entitled to rely on this power of attorney so long as such party has not received actual knowledge or actual notice of revocation, suspension or termination of the power of attorney by death or otherwise. Any action so taken in good faith, unless otherwise invalid or unenforceable, shall be binding on my heirs, legatees, devisees and personal representatives. My Estate and Personal Representative shall hold harmless and indemnify the attorney-in-fact from any and all liability for acts done in good faith.

The length of time which has elapsed from the date of execution of this power of attorney shall not prevent a party from reasonably relying on this power of attorney. A person may place reasonable reliance on this power of attorney regardless of whether it has been filed of record in any county. RCW 11.125.190.

ARTICLE VII - ACCOUNTING

The attorney-in-fact shall keep accurate records of my financial affairs including documentation of all transactions in which the attorney-in-fact is involved. Upon request, the attorney-in-fact shall be required to account to me, to any subsequently appointed attorney-in-fact, to any subsequently appointed guardian of my estate or to any subsequently appointed personal representative.

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**ARTICLE VIII –LIMITED WAIVER OF ATTORNEY/CLIENT
CONFIDENTIALITY**

My attorney-in-fact may consult with Christopher J. Moore, the attorney who prepared this power of attorney, any other attorney in the firm of Creason, Moore, Dokken & Geidl, PLLC, or other attorneys employed by me in connection with my estate plan and business matters and I hereby (a) waive any and all conflicts of interest that might arise through such consultation, (b) authorize all such attorneys to make full disclosure of my estate plan and business to my attorney-in-fact and (c) authorize such attorneys to accept employment by my attorney-in-fact if offered.

ARTICLE IX–COMPENSATION AND INDEMNITY

My attorney-in-fact shall be entitled to receive at least annually, and without court proceedings, reasonable compensation along with reimbursement for costs expended. My estate shall hold harmless and indemnify my attorney-in-fact for all liability for acts or omissions done in good faith on my behalf.

The laws of the State of Washington shall govern this power of attorney.

IN WITNESS WHEREOF, the undersigned has executed this power of attorney to become effective as provided for in Article III.

DATED This 7th day of September, 2017.



Lynn Arthur Reddekopp

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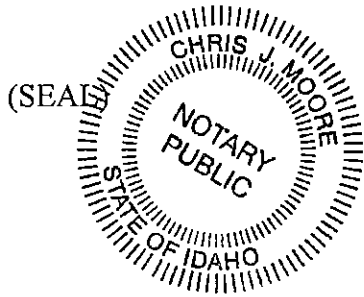
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STATE OF IDAHO)
 : ss.
County of Nez Perce)

On this 7th day of September, 2017, before me, the undersigned, a notary public in and for said state, personally appeared Lynn Arthur Reddekopp, known or identified to me to be the individual described in and who executed the foregoing instrument and acknowledged that he signed and sealed the same as his own free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN UNDER MY HAND AND OFFICIAL SEAL the day and year in this certificate first above written.



Chris J. Moore
Notary Public in and for said State,
residing at or employed in Lewiston.
My Commission Expires: 11-17-2019