



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.

1 Name Daniel S. Bennett, Personal Representative to the Estate of Robert D. Bennett
Mailing Address 3460 Salkar Rd. Valley, WA 99181
2 Name Steven C. Anderson Wendy Ann Anderson
Mailing Address 1515 Burrell Dr. Lewiston ID 83501
3 Send all property tax correspondence to: Same as Buyer/Grantee
Name Steven Anderson Wendy Anderson
Mailing Address 1340 16th Ave. Clarkston WA 99403
List all real and personal property tax parcel account numbers - check box if personal property
10042600400030000
List assessed value(s) 157,000.00

4 Street address of property: 1340 16th Ave. - Clarkston, WA 99403
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.
See attached legal description.

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 84.36, 84.37, or 84.38 RCW (nonprofit organization, senior citizen, or disabled person, homeowner with limited income)?

6 Is this property designated as forest land per chapter 84.33 RCW?
Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW?
Is this property receiving special valuation as historical property per chapter 84.26 RCW?

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 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

Table with columns: Type of Document (Statutory Warranty Deed (SWD)), Date of Document (03/24/21 3/23/2021), Gross Selling Price (\$190,000.00), Exemption Claimed (\$0.00), Taxable Selling Price (\$190,000.00), Excise Tax: State (2,080.00), Local (475.00), Delinquent Interest: State (0.00), Local (0.00), Delinquent Penalty (0.00), Subtotal (2,565.00), State Technology Fee (5.00), Affidavit Processing Fee (0.00), Total Due (\$2,570.00)

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 Daniel S. Bennett
Signature of Grantee or Grantee's Agent Steven C. Anderson
Name (print) Daniel S. Bennett, Personal Representative
Name (print) Steven C. Anderson
Date & city of signing: 3/24/2021 Clarkston
Date & city of signing: 3-24-21 Clarkston

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 (6/26/14) THIS SPACE - TREASURER'S USE ONLY COUNTY TREASURER

DATE 03/24/2021 - RECEIPT No. 54031 - Alliance Title - Clarkston

Handwritten initials 'EFT'

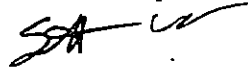
EXHIBIT "A"

541102

The South half of the West half of Lot 4 in Block "KK" of Vineland, according to the official plat thereof, filed in Book of Plats at Page(s) , records of Asotin County, Washington. EXCEPT any portion lying within 16th Avenue.

ALSO EXCEPTING THEREFROM:

All that portion of the hereinabove lying Northerly of a line beginning at a point opposite Station 20+00.00 and on the Fleshman Way line survey of the Fleshman Way/15th Street Project and 130 feet Southerly therefrom; thence Easterly to a point opposite Station 29+45.00 on said Fleshman Way line survey and 150.00 feet Southerly therefrom and the end of this line description.

A handwritten signature in black ink, appearing to be "SJA" followed by a flourish.

FILED

OCT 29 2020

MCKENZIE A. CAMPBELL
COUNTY CLERK
ASOTIN COUNTY, WA

CERTIFIED

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SUPERIOR COURT OF WASHINGTON FOR ASOTIN COUNTY

In re the Estate of:

No. 20-4-00090-02

ROBERT D. BENNETT,

LETTERS TESTAMENTARY WITH
NONINTERVENTION POWERS

Deceased.

WHEREAS, the Last Will and Testament of Robert D. Bennett, deceased, was on the 21st day of October, 2020, duly exhibited, proven, and recorded in our said Superior Court;

WHEREAS, Daniel S. Bennett is the person nominated as Personal Representative in said Will;

WHEREAS, Daniel S. Bennett has petitioned this court to be appointed Personal Representative thereof; and

WHEREAS, this court has entered an order granting nonintervention powers to the Personal Representative,

NOW, THEREFORE, know all people by these presents, that we do hereby authorize the said Daniel S. Bennett to execute the terms of the Will with nonintervention powers according to law.

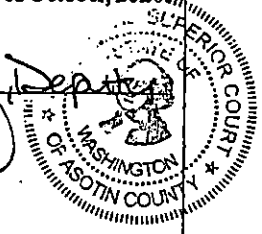
LETTERS TESTAMENTARY WITH
NONINTERVENTION POWERS

Gittins & Dukes, PLLC
843 Seventh Street
Clarkston, WA 99403
(509)758-2501
Facsimile: (509) 758-3576

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WITNESS, Brooke J. Burns, Commissioner of our Superior Court, and the seal of said Court hereto affixed this 29th day of October, 2020.

Traci J. Burns
Clerk of the Superior Court



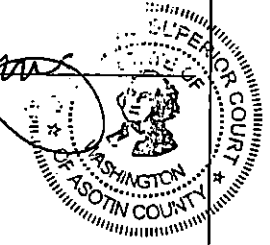
STATE OF WASHINGTON)
) : ss.
County of Asotin)

I, McKenzie A. Campbell, County Clerk of the County of Asotin, State of Washington, and 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 Testamentary 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 seal of said Superior Court this 29th day of October, 2020.

County Clerk & Ex-Officio Clerk of the Superior Court

By *Traci J. Burns*
Deputy



LETTERS TESTAMENTARY WITH NONINTERVENTION POWERS 2

Gittins & Dukes, PLLC
843 Seventh Street
Clarkston, WA 99403
(509)758-2501
Facsimile: (509) 758-3576

001314664

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 Duvest

Local Vital Statistics Registration Official.

Inst: 304375 02/11/2008 12:55P
Filed: SCOTT C BROYES Fee Cd: D-02
Code: 015 Community Property 43.00
Asotin County Auditor

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT entered into on this 30th day of July, 1979, between ROBERT D. BENNETT and LILLIE J. BENNETT, husband and wife, for the purposes contained herein:

In consideration of the love and affection that each party has for the other, and in consideration of the mutual benefits to be derived hereunder, the parties agree as follows:

I

All property of whatever nature or description whether real, personal or mixed and wherever situated, irrespective of the source, now owned or hereafter acquired by either or both parties, shall be considered and is hereby declared to be community property from this day forward.

II

Upon the death of either party, title to all community property shall immediately vest in fee simple in the surviving party.

IN WITNESS WHEREOF, parties have signed this agreement on the date first written above.

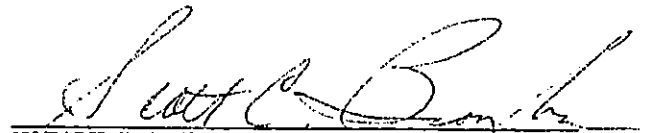
Robert D. Bennett
ROBERT D. BENNETT

Lillie J. Bennett
LILLIE J. BENNETT

STATE OF WASHINGTON)
) ss.
COUNTY OF ASOTIN)

This is to certify that on this 30th day of July, 1979, personally appeared ROBERT D. BENNETT and LILLIE J. BENNETT, husband and wife, to me known to be the individuals described in and who executed the within instrument, and acknowledged to me that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have set my hand and seal this 30th day of July, 1979.



NOTARY PUBLIC in and for the State of
Washington, residing at Clarkston.

<p>Return Address</p> <p>Alliance Title & Escrow, LLC 735 5th St. Clarkston, WA 99403</p>
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Please print or type information

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

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

1. Legal Name of Decedent (Last, First, Middle Initial) Lillie J. Bennett		2. Date of Death Sept 3, 2009	
3. Sex (M/F) Female	4a. Age - Last Birthday 67	4b. Under 1 Year Months: 0 Days: 0	4c. Under 1 Day Hours: 0 Minutes: 0
5. Social Security Number [REDACTED]		6. County of Death Asotin	
7. Birthdate [REDACTED]	8a. Birthplace (City, Town or County) Pauline, Nebraska	8b. Decedent's Education Completed 10th Grade	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No		11. Decedent's Race(s) White	
13a. Residence, Number and Street (e.g., 424 SE 5 th St) (Include Apt. No.) 1340 16th Avenue		13b. City or Town Clarkston	
13c. Residence, County Asotin	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code 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. 59 Years	15. Marital Status at Time of Death Married	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Robert D. Bennett	
17. Usual Occupation (Indicate type of work done during most of working life. (Do not use RETIRED). Home Maker		18. Kind of Business/Industry (Do not use Company Name) Own Home	
19. Father's Name (First, Middle, Last, Suffix) Erwin E. House		20. Mother's Name Before First Marriage (First, Middle, Last) Lucy Finerty	
21. Informant's Name Robert D. Bennett	22. Relationship to Decedent Husband	23. Mailing Address: - Number and Street or RFD No. City or Town State Zip 1340 16th Ave. 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. State	27. Zip Code 99403
28. Method of Disposition Burial	29. Place of Final Disposition (Name of cemetery, crematory, other place) Weippe City Cemetery		30. Location-City/Town, and State Weippe, Idaho
31. Name and Complete Address of Funeral Facility Merchant Funeral Home 1000 7th Street Clarkston, WA 99403		32. Date of Disposition September 11, 2009	
33. Funeral Director's Signature <i>Larry J. Ballard</i> 1364/1784 WA			
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. Cause of Death (See instructions and examples) IMMEDIATE CAUSE (Final disease or condition resulting in death) A. <u>ASPIRATION PNEUMONIA</u> Due to (or as a consequence of): Interval between Onset & Death: <u>OKS</u> B. <u>DYSPHAGIA</u> Due to (or as a consequence of): Interval between Onset & Death: <u>YPS</u> C. <u>STROKE</u> Due to (or as a consequence of): Interval between Onset & Death: <u>YPS</u> D. <u>ATHERO SCLEROSIS</u> Due to (or as a consequence of): Interval between Onset & Death: <u>YPS</u>			
35. Other significant conditions contributing to death but not resulting in the underlying cause given above		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"/> Pregnant at time of death <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		41. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
41. Date of Injury (mm/dd/yyyy)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
43. Location of Injury: Number & Street City or Town: County: State: Zip Code		44. Describe how injury occurred <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
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 - To the best of my knowledge, death occurred at the time, date, and place stated. <i>[Signature]</i>		48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. 99403	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner DENNIS MOUNTAIN, MD 1271 1/2 N. CLARKSTON WA		50. Hour of Death (24hrs) 2055	
51. Name and Title of Attending Physician If other than Certifier (Type of Facility) Physician		52. Date Signed (mm/dd/yyyy) 09/10/2009	
53. Title of Certifier Physician	54. License Number 31842	55. 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/dd/yyyy) SEP 08 2009	
59. Amendments			



THIS IS A CERTIFIED COPY OF THE RECORDS ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
Use the section below for requesting any changes on the record.				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution				
1. Name on record:		2. Date of Event:		3. Place of Event: (City or County)
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)			5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)	
The Record is Incorrect or Incomplete as follows:				
6. The Record now shows:			7. The True fact is:	
8.			9.	
10.			11.	
12.			13.	
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)				Telephone Number:
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.				
15. Signature:		16. Date:		17. Address:

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit
 Examples of documentary proof:

Certificate of Naturalization	Medical Record	School Record
Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
Insurance Records	Birth Record	Alien Registration Card (front and back)
Marriage/Divorce Records	Passport	

Birth Certificates:

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
6. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)

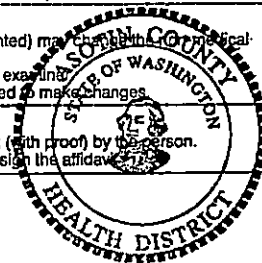
Death Certificates:

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the death information.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 02/2002)



Lawrence M. Gargas, M.D.
Lawrence M. Gargas, M.D.
Health Officer

SEP 08 2009
PP00521554