



REAL ESTATE EXCISE TAX AFFIDAVIT

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, 2, and 3: Seller/Grantor (Allson K. Newbry, Successor Trustee) and Buyer/Grantee (Robert Wilson Endebrock) information, including addresses and phone numbers.

Section 4: Street address of property (833 Walk Lane, Clarkston) and location details (unincorporated, Asotin County).

Section 5: Select Land Use Code(s) (11 Household, single family units) and exemption questions.

Section 6: Questions regarding forest land designation and special valuation.

Section 7 (left): (1) NOTICE OF CONTINUANCE (FOREST LAND OR CURRENT USE) and (2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY).

Section 7 (right): Financial summary table showing Gross Selling Price (\$640,000.00), taxes, and total due (\$8,897.00).

Section 8: Signature lines for Grantor's Agent (Allson K. Newbry) and Grantee's Agent (Robert Wilson Endebrock).

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)).

EXHIBIT "A"

597689

Parcel 1:

That portion of Lot Seven (7) of Block "J" of VINELAND, Asotin County, Washington, according to the recorded plat thereof, filed in Book B of Plats at Page(s) 77, lying East of the line parallel to and the distance Westerly at right angles 250.9 feet from the East line of said Lot 7.

Parcel 2:

Lot 3 of Block "K" of Vineland according to the plat recorded in Book. A of Plats, page 29, in Asotin County, Washington, EXCEPTING THEREFROM the Southerly 140 feet to the Westerly 246.6 feet thereof. AND ALSO EXCEPTING THEREFROM the following: Beginning at the concrete monument at the Southwest corner of said Lot 3. said point being on the centerline of the County road; thence Easterly along said centerline for a distance of 246.6 feet to the True Place of Beginning; thence deflect left $82^{\circ}08'$ for a distance of 182.47 feet; thence deflect right $95^{\circ}00'$ for a distance of 59.69 feet to a point on the Easterly boundary line of said Lot 3; thence Southerly along the Easterly boundary line of said Lot 3 to the Southeast corner of said Lot; thence Westerly along the Southerly line of said Lot 3 for a distance of 55.8 feet to the Place of Beginning.

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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

A FACSIMILE COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR, IS VALID FOR ALL PURPOSES. THE ORIGINAL COPY OF THIS DOCUMENT MUST BE FILED WITH THE BUREAU OF VITAL RECORDS AND HEALTH STATISTICS. Local Reg. No. _____

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) HOWARD L EARL		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. FOR INSTRUCTIONS SEE INSTRUCTIONS HANDBOOKS.	4a. AGE Last Birthday 92	4b. UNDER 1 YEAR Months 1 Days 0 Hours 0 Minutes 0	5. DATE OF BIRTH (Mo/Da/Yr) 08/08/1928	
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) CLARKSTON, WASHINGTON		7c. CITY OR TOWN CLARKSTON	
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY WASHINGTON	7b. COUNTY ASOTIN	7d. APT. NO. 99403	7g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7e. STREET AND NUMBER 833 WALK LANE		8. SURVIVING SPOUSE'S NAME (If wife, give maiden name) BERNITA RUDELL		
9. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown				
PARENTS				
10. EVER IN U.S. ARMY OR NAVY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
11a. FATHER'S NAME (First, Middle, Last, Suffix) ARTHUR EARL		11b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO		
12. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) ELLEN TURNER		12b. BIRTHPLACE (State, Territory, or Foreign Country) WASHINGTON		
INFORMANT				
13a. INFORMANT'S NAME (Type or print) ALISON NEWBRY		13b. RELATIONSHIP TO DECEDENT DAUGHTER	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 202 CHESTNUT STREET CLARKSTON WA 99403	
DISPOSITION				
14. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, or other place) MOUNTAIN VIEW CREMATORY 3521 SEVENTH STREET LEWISTON, IDAHO 83501		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY MERCHANT FUNERAL HOME 1000 SEVENTH STREET CLARKSTON, WASHINGTON 99403
17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: RICHARD C. LASSITER		17b. LICENSE NUMBER (If license) F1558	17c. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
PLACE OF DEATH				
18a. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Out <input type="checkbox"/> Home <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)				
18b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: 20. FACILITY NAME (If facility, give street and number) IDAHO STATE VETERANS HOME - LEWISTON				
21a. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE LEWISTON, ID 83501		22. COUNTY OF DEATH NEZ PERCE		
23. DATE OF DEATH (Mo/Da/Yr) (Spell month) May 14, 2021		24. TIME OF DEATH (24hr) 23:45	25. DATE PRONOUNCED DEAD (Mo/Da/Yr) (Spell month) May 14, 2021	26. TIME PRONOUNCED DEAD (24hr) 23:45
CAUSE OF DEATH				
27. CAUSE OF DEATH PART I: 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. Enter only one cause on a line. IMMEDIATE CAUSE: CARDIAC DYSTHYMIA DUE TO (or as a consequence of): ACUTE MYOCARDIAL INFARCTION DUE TO (or as a consequence of): CORONARY VESSEL THROMBOSIS DUE TO (or as a consequence of): RUPTURE OF A CORONARY PLAQUE LESION				Approximate Time Interval: SUDDEN 1 MINUTE 4 MINUTE 1 MINUTE
PART II: Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I. TYPE 2 DIABETES; FRAGILITY; VASCULAR DEMENTIA				
28. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		29. IF FEMALE (Age 10-54): <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year		30. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
31. MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		32. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)				
33. DATE OF INJURY (Mo/Da/Yr) (Spell month)		34. TIME OF INJURY (24hr)	35. PLACE OF INJURY (Decedent's home, farm, street, construction site, parking home, restaurant, forest, etc.)	
36. LOCATION OF INJURY State _____ City/Town or County _____ Zip Code _____ Street and Number or 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.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable		
38. TRANSPORTATION INJURY ONLY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____				
39. WHAT SAFETY DEVICES DID DECEDENT USE/EMPLOY? <input type="checkbox"/> Seatbelt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown				
CERTIFIER				
39a. CERTIFIER (Check only one, based on official 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 natural cause(s) stated.		39b. LICENSE NUMBER M-07091		
39c. 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) stated and manner stated. Signature and Title of Certifier: ELECTRONICALLY SIGNED: DAVID B. MARTIN, M.D.		39d. DATE SIGNED 5 / 17 / 2021 MM DD YYYY		
39e. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) DAVID B. MARTIN, 1626 5TH STREET CLARKSTON, WA 99403		40a. REGISTRAR'S SIGNATURE <i>James B. Gidette</i>		
40b. DATE SIGNED 5 / 18 / 2021 MM DD YYYY				

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.

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DATE ISSUED: **MAY 19 2021**

James B. Gidette
JAMES B. AYDELOTTE
STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying state seal and signature of the Registrar.
Rev. 9/7/2020

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



LOREN J. EDDY, ESQ.
Towne Square Building
504 Main Street, Suite 420
P.O. Box 238
Lewiston, Idaho 83501
(208) 746-6051

COPY

APR 23 2 42

COPY

OFFICE OF THE CLERK
SHELLIE ROE

IN THE DISTRICT COURT OF THE SECOND JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF NEZ PERCE

IN THE MATTER OF THE ESTATE)

Case No. SP9300681

OF)

CAROLE A. EARL,)

REGISTRATION OF TRUST

Deceased.)

FEE CATEGORY Q.1

(No Fee Imposed)

The undersigned HOWARD L. EARL, as domiciliary foreign personal representative of the above named decedent and trustee of the Carol A. Earl Testamentary Trust, states and represents to the Court as follows:

1. The decedent, Carole A. Earl, died on March 29, 1993, as a resident of Asotin County, Washington. On May 5, 1993, Howard L. Earl was appointed personal representative of the decedent in Asotin County, Washington, to act without bond. On December 30, 1993, Proof of Authority of Domiciliary Foreign Personal Representative was filed herein pursuant to the Idaho Uniform Probate Code to enable the undersigned to exercise the power of a local personal representative in the State of Idaho and to maintain actions and proceedings in the State of Idaho, subject to any conditions imposed upon nonresident parties generally.

2. HOWARD L. EARL, as Personal Representative of the Estate of Carol A. Earl, has transferred, conveyed and assigned to HOWARD L. EARL as Trustee of THE CAROLE A. EARL TESTAMENTARY TRUST, certain property, which, together with any other property that may later become subject to the trust, constitutes the trust estate.

3. Information required by I.C. §15-7-101 et seq.

a. The principal place of administration of the trust and the place at which the records of the trust are kept is the Trustee's residence, 630 18th Avenue, Clarkston, Washington.

b. The trust has not been registered elsewhere.

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c. The trust is a Testamentary Trust, established by Carole A. Earl under will dated June 1, 1990. An authenticated copy of decedent's will has previously been filed herein.

d. The undersigned acknowledges the existence of the trust and submits to the jurisdiction of the Court in any proceeding relating to the trust that may be instituted by any interested person.


4. Trustee. References in this Registration of Trust, to "Trustee" shall be deemed to include not only the original Trustee but also any additional or successor Trustee or Co-Trustees, and all the powers and discretion vested in Trustee shall be exercisable by any such additional or successor Trustee or Co-Trustees.

Upon the death, incapacity or resignation of HOWARD L. EARL as the initial Trustee, then ALISON K. NEWBRY is appointed as successor Trustee. Upon the death, incapacity or resignation of ALISON K. NEWBRY as successor trustee, then CASSANDRA EARL is appointed to serve as successor trustee.

5. Trustee's Powers. The Trustee has all of those powers set forth in the Washington Trust Act, Chapter 11.98 R.C.W., including the power and authority to sell, lease, pledge, mortgage, transfer, exchange, convert or otherwise dispose of, or grant options with respect to, any and all property which forms a part of the trust estate, regardless of whether such property is real or personal property.

6. Names of Beneficiaries. HOWARD L. EARL is the lifetime beneficiary of the trust, under the terms and provisions of the trust. ALISON K. NEWBRY, BRADLEY H. EARL and CASSANDRA EARL, have remainder interests in the trust, under the terms and provisions and in the amounts set forth in the trust.

IN WITNESS WHEREOF, the undersigned has duly executed this Registration of Trust this 23 day of June, 1994.



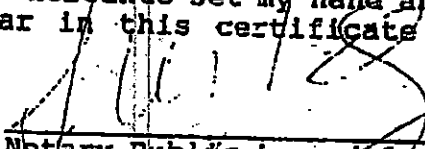
HOWARD L. EARL, Trustee

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STATE OF IDAHO)
COUNTY OF NEZ PERCE) ss.

On this 23rd day of June, 1994, before me, the undersigned, a Notary Public in and for the said state, personally appeared HOWARD L. EARL, known or identified to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same as Trustee of THE CAROLE A. EARL TESTAMENTARY TRUST.

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



Notary Public in and for said State,
residing at Lewiston therein.
My Commission Expires: 10/08/97.
(SEAL)