

# Real Estate Excise Tax Affidavit (RCW 82.45 WAC 458-61A)

Only for sales in a single location code on or after January 1, 2020.  
This affidavit will not be accepted unless all areas on all pages are fully and accurately completed.  
This form is your receipt when stamped by cashier. *Please type or print.*

Check box if partial sale, indicate % \_\_\_\_\_ sold.

List percentage of ownership acquired next to each name.

**1 Seller/Grantor**

Name Rosemarie Schutte, the sole surviving Trustee of the Restated and Amended Rimmelspacher Revocable Living Trust Dated 6/14/99  
Mailing address 34282 Peola Road  
City/state/zip Pomeroy WA 99347  
Phone (including area code) (208) 553-4467

**2 Buyer/Grantee**

Name Rimmelspacher Farms, LLC, a Washington limited liability company  
Mailing address 34282 Peola Road  
City/state/zip Pomeroy WA 99347  
Phone (including area code) (208) 553-4467

**3 Send all property tax correspondence to:**  Same as Buyer/Grantee

Name \_\_\_\_\_  
Mailing address \_\_\_\_\_  
City/state/zip \_\_\_\_\_

List all real and personal property tax parcel account numbers	Personal property?	Assessed value(s)
Please see attached Exhibit B.	<input type="checkbox"/>	\$ 366,840.00
_____	<input type="checkbox"/>	\$ 0.00
_____	<input type="checkbox"/>	\$ 0.00

**4 Street address of property** 34282 Peola Road, Clarkston, WA 99403, and unplatted land in Asotin County, Washington  
This property is located in Clarkston (for unincorporated locations please select your county)

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 you need more space, attach a separate sheet to each page of the affidavit).

Please see attached Exhibit A.

**5** 83 - Agriculture classified under current use chapt

Enter any additional codes \_\_\_\_\_  
(see back of last page for instructions)

Was the seller receiving a property tax exemption or deferral under RCW 84.36, 84.37, or 84.38 (nonprofit org., senior citizen or disabled person, homeowner with limited income)?  Yes  No  
Is this property predominately used for timber (as classified under RCW 84.34 and 84.33) or agriculture (as classified under RCW 84.34.020) and will continue in it's current use? If yes and the transfer involves multiple parcels with different classifications, complete the predominate use calculator (see instructions)  Yes  No

**6** Is this property designated as forest land per RCW 84.33?  Yes  No  
Is this property classified as current use (open space, farm and agricultural, or timber) land per RCW 84.34?  Yes  No  
Is this property receiving special valuation as historical property per RCW 84.26?  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 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.  
Neal Walker Deputy assessor signature Date 4/5/22

**(2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY)**  
NEW OWNER(S): To continue special valuation as historic property, sign (3) below. If the new owner(s) doesn't wish to continue, all additional tax calculated pursuant to RCW 84.26, shall be due and payable by the seller or transferor at the time of sale.

**(3) NEW OWNER(S) SIGNATURE**  
Rosemarie Schutte Signature  
Rosemarie Schutte, Member Print name  
Richard Carlson Signature  
Richard Carlson, P.R. 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 number (section/subsection) WAC 458-61A-202(6)(e)  
Reason for exemption

Transfer by inheritance under trust.

Type of document Trustee's Deed  
Date of document 03/24/2022

Gross selling price	366,840.00
*Personal property (deduct)	0.00
Exemption claimed (deduct)	366,840.00
Taxable selling price	0.00
Excise tax: state	
Less than \$500,000.01 at 1.1%	0.00
From \$500,000.01 to \$1,500,000 at 1.28%	0.00
From \$1,500,000.01 to \$3,000,000 at 2.75%	0.00
Above \$3,000,000 at 3%	0.00
Agricultural and timberland at 1.28%	0.00
Total excise tax: state	0.00
0.0025 Local	0.00
*Delinquent interest: state	0.00
Local	0.00
*Delinquent penalty	0.00
Subtotal	0.00
*State technology fee	5.00
Affidavit processing fee	5.00
Total due	10.00

**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 agent Rosemarie Schutte  
Name (print) Rosemarie Schutte, Trustee  
Date & city of signing 03/24/2022, Clarkston, WA

Signature of grantee or agent Rosemarie Schutte  
Name (print) Rosemarie Schutte, Member  
Date & city of signing 03/24/2022, Clarkston, WA

Perjury in the second degree is a class C felony which is punishable by confinement in a state correctional institution for a maximum term of five years, or by a fine in an amount fixed by the court of not more than \$10,000, or by both such confinement and fine (RCW 9A.72.030 and RCW 9A.20.021(1)(c)).  
To ask about the availability of this publication in an alternate format for the visually impaired, please call 360-705-6705. Teletype (TTY) users may use the WA Relay Service by calling 711.

RIMMELSPACHER FARMS  
WA# 1529.1

## LEGAL DESCRIPTION

### **Section 13:**

The Southwest Quarter of the Northeast Quarter APN 2-010-43-013-1300  
Part of the SW ¼ NW ¼ excepting the North 18 acres APN 2-010-43-013-2300  
Southeast Quarter of the Northwest Quarter APN 2-010-43-013-2400  
NE ¼ SW ¼ and the NW ¼ SW ¼ and the S ½ of the SW ¼ APN 2-010-43-013-3000  
West Half of the Southeast Quarter of Section 13 APN 2-010-43-013-4600  
E ½ E ½ APN 2-010-43-013-5500

All in Section 13, Township 10 North, Range 43, East of the Willamette Meridian.

### **Section 14:**

A strip of land 6 rods wide off the South end of the SE1/4SW1/4 Section 14; and a strip of land 31 rods wide off the South end of the SW1/4SE1/4 Section 14;

And commencing at the Southeast corner of the SW1/4SE1/4 Section 14, all in Township 10 North, Range 43, East of the Willamette Meridian, running North on the East line of said 40 for 31 rods to place of beginning; thence at right angles West to East line for 25 rods; thence Northeasterly to a point on the East line of said 40, 5 rods North of the place of beginning; thence South along East line of said 40, 5 rods to place of beginning; being in SW1/4SE1/4 Section 14, Township 10 North, Range 43, East of the Willamette Meridian.

Also described as EXCEPTING THEREFROM the Northeast Quarter of the Southwest Quarter, Northwest Quarter of the Southeast Quarter, North 24 acres of the Southwest Quarter of the Southeast Quarter, North 37 acres of the Southeast Quarter of the Southwest Quarter, South Half of the Northwest Quarter, and the Northeast Quarter all in Section 14, Township 10 North, Range 43 East, W.M. APN 2-010-43-014-4300

NE ¼ SE ¼ and the SE ¼ SE ¼ of Section 14; and commencing at a point 20 rods North of the Southeast corner of the SE1/4NE1/4 of Section 14; thence South 20 rods; thence 30 rods West, then in a Northeasterly direction to place of beginning, all being in Township 10 North, Range 43, East of the Willamette Meridian, Asotin County, Washington. APN 2-010-43-014-4500

All in Section 14, Township 10 North, Range 43, East of the Willamette Meridian.

### **Section 23:**

SW ¼ NE ¼; N ½ NE ¼ Section 23; and beginning at the Northwest corner of the SE ¼ NE ¼ Section 23, Township 10 North, Range 43 East of the Willamette Meridian; thence run due South along the West line of said 40 acre tract to the center of the country road intersecting said line, being about 60 rods; thence run along the center of said country road in a Northeasterly

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direction to the point of intersection with the North boundary line of said 40 acre tract; thence run due West along the North boundary line of said 40 acre tract to place of beginning, being about one quarter of a mile. **APN 2-010-43-023-1000**

NW ¼ SE ¼;

EXCEPTING THEREFROM, however, part of the NW ¼ SE ¼ of Section 23, Township 10 North, Range 43, East of the Willamette Meridian, bounded and described as follows: From the Southeast corner of NW ¼ SE ¼ of Section 23, Township 10 North, Range 43, run West along South line of said Forty 40 rods and 14 feet to place of beginning; from said place of beginning run East along South line of said Forty 40 rods and 14 feet to Southeast corner thereof; thence North along East line of said Forty 53 rods and 5 ½ feet and from thence in a straight line Southwesterly to place of beginning. **APN 2-010-43-023-4200**

E ½ NW ¼; NE ¼ SW ¼; SE ¼ SW ¼ of Section 23; **APN 2-010-43-023-6500**

All in Section 23, Township 10 North, Range 43, East of the Willamette Meridian.

**Section 26:**

N ½ of Section 26, Township 10 North, Range 43, East of the Willamette Meridian, excepting therefrom the right of way as contained in Quit Claim Deed recorded October 9, 1935 in Book 44, page 267, records of Asotin County, Washington  
**APN 2-010-43-026-8000**

All in Section 26, Township 10 North, Range 43, East of the Willamette Meridian.

**Section 18:**

Lots 1 and 2; the Northeast Quarter of the Northwest Quarter and the Southeast Quarter of the Northwest Quarter **APN 2-010-44-018-2000**

Lots 3 and 4; the Northeast Quarter of the Southwest Quarter and the Southeast Quarter of the Southwest Quarter **APN 2-010-44-018-3000**

NW ¼ NE ¼, SW ¼ NE ¼, and W ½ SE ¼ Section 18, **APN 2-010-44-018-5600**

All in Section 18, Township 10 North, Range 44, East of the Willamette Meridian.

Property situate in Asotin County, Washington.

Property Tax Parcel Nos. 2-010-43-013-1300; 2-010-43-013-2300; 2-010-43-013-2400; 2-010-43-013-3000; 2-010-43-013-4600; 2-010-43-013-5500; 2-010-43-014-4300; 2-010-43-014-4500; 2-010-43-023-1000; 2-010-43-023-4200; 2-010-43-023-6500; 2-010-43-026-8000; 2-010-44-018-2000; 2-010-44-018-3000; 2-010-44-018-5600

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SUBJECT TO: Terms, conditions, rights of way and reservations as contained in Patent A, page 181, by and between The United States of America and Joseph Rimmelspacher, dated August 15, 1828 and filed for record in the year of 1903, records of Asotin County, Washington.  
(Affects a portion of Sec 23 Twp 10 Rge 43, EWM)

SUBJECT TO: Terms, conditions, rights of way and reservations as contained in Patent A, page 182, by and between The United States of America and Joseph Rimmelspacher, dated November 16, 1896 and filed for record December 5, 1903, records of Asotin County, Washington.  
(Affects a portion of Sec's 13 & 14 Twp 10 Rge 43, EWM)

SUBJECT TO: Terms, conditions, rights of way and reservations as contained in Patent B, page 315, by and between The United States of America and Eliab E. Vinson, dated October 20, 1882, and filed for record June 17, 1907, records of Asotin County, Washington.  
(Affects a portion of Sec 26 Twp 10 Rge 43, EWM)

SUBJECT TO: Terms, conditions, rights of way and reservations as contained in Patent C, page 43, by and between The United States of America and Otto Rimmelspacher, dated June 29, 1911, and filed for record February 28, 1913, records of Asotin County, Washington.  
(Affects a portion of Sec's 13 & 14 Twp 10 Rge 43, EWM)

SUBJECT TO: Terms, conditions, rights of way and reservations as contained in Patent D, page 265, by and between The United States of America and Charles Rimmelspacher, dated May 10, 1946, and filed for record June 8, 1946, records of Asotin County, Washington.  
(Affects a portion of Sec 18 Twp 10 Rge 44, EWM)

SUBJECT TO: Terms, conditions, right of way, provisions and reservations as contained in Deed, filed in Book 44, page 214, by and between The Federal Land Bank of Spokane and Charles Rimmelspacher and Lillie Rimmelspacher, husband and wife, recorded June 17, 1935, records of Asotin County, Washington.  
(Affects a portion of Sec 13 Twp 10 Rge 43 and a portion of Sec 18 Twp 10 Rge 44, EWM)

SUBJECT TO: Terms, conditions, provisions and rights of way as contained in Quit Claim Deed filed in Book 44, page 267, by and between Charles Rimmelspacher and Lily Rimmelspacher, his wife, party of the first part and The County of Asotin, State of Washington, party of the second part, recorded October 9, 1935, records of Asotin County, Washington.  
(Affects N1/2 Sec 26 Twp 10 Rge 43 EWM)

SUBJECT TO: Terms, conditions, provisions and right of way as contained in Quit Claim Deed under Instrument No. 212099, by and between State of Washington, Grantor and Asotin County, a political subdivision, Grantee, recorded November 30, 1994, records of Asotin County, Washington.  
(Affects N1/2 Sec 26 Twp 10 Rge 43 EWM) (Includes other property)

SUBJECT TO: Question of legal access. There appears to be no recorded means of ingress or egress from the subject premises to a public road.  
(Affects E1/2E1/2 Sec 13 Twp 10 Rge 43 and NW1/4, W1/2NE1/4; NW1/4SE1/4 Sec 18 Twp

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10 Rge 44 EWM)

SUBJECT TO: All rights of way for public utilities and public roads as the same now exist over and across the herein described property.

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Parcel #	Acres	2021 Mkt Land	Mkt Impr	OS Land	OS Imp
20104301313000000	40	2600	0	600	0
20104301323000000	22	1430	0	330	0
20104301324000000	40	2600	0	600	0
20104301330000000	160	18370	0	6840	0
20104301346000000	80	5200	0	1200	0
20104301355000000	160	10400	0	2400	0
20104301443000000	19.4	3920	0	1770	0
20104301445000000	81.88	5910	0	1560	0
20104302310000000	135	23060	86400	10110	86400
20104302342000000	33.2	2160	0	500	0
20104302365000000	160	38130	20000	17830	20000
20104302680000000	320	98100	18300	47800	18300
20104401820000000	152.2	9890	0	2280	0
20104401830000000	153.4	9970	0	2300	0
20104401856000000	160	10400	0	2400	0

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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  
**CERTIFICATE OF DEATH**

Do a copy of this document. It is required for state notations with the Department of Health and Welfare. Special rules apply regarding the use of this document for state notations in the State of Idaho.

Local Reg. No.

<b>DECEDENT</b> TYPE OR PERMITS PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (Print Middle, Last, Suffix) <b>DELLA JANE RIMMELSPACHER</b>	2. SEX <b>FEMALE</b>	3. SOCIAL SECURITY NUMBER [REDACTED]	
	4a. AGE Last Birthday (Months) UNDER 1 YEAR (Days) UNDER 1 DAY (Hours) MINUTES <b>90 (Years)</b>	5. DATE OF BIRTH (Mo/Da/Yr) <b>10/12/1930</b>	6. BIRTHPLACE (City and State, Territory, or Foreign Country) <b>LEWISTON, IDAHO</b>	
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY <b>IDAHO</b>	7b. COUNTY <b>NEZ PERCE</b>	7c. CITY OR TOWN <b>LEWISTON</b>	
	7d. STREET AND NUMBER <b>2425 VINEYARD AVENUE</b>	7e. APT. NO. <b>6</b>	7f. ZIP CODE <b>83501</b>	7g. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input type="checkbox"/> No
	8. MARITAL STATUS AT TIME OF DEATH <input 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		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)	
<b>PARENTS</b> Complete/Verify and File Within 5 Days of Death	10. EVER IN U.S. 11a. FATHER'S NAME (Print Middle, Last, Suffix) AGED FORCES? <b>FRANK SCOTT BARLOW</b>	11b. BIRTHPLACE (State, Territory, or Foreign Country) <b>OREGON</b>		
	12. MOTHER'S MAIDEN NAME (Print Middle, Last, Suffix) <input type="checkbox"/> Yes <input type="checkbox"/> No <b>MARION HESTER NORDYKE</b>	12b. BIRTHPLACE (State, Territory, or Foreign Country) <b>WASHINGTON</b>		
	13a. INFORMANT'S NAME (Type or print) <b>ROSEMARIE SCHUTTE</b>	13b. RELATIONSHIP TO DECEDENT <b>DAUGHTER</b>	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>2211 9TH AVENUE CLARKSTON, WA 99403</b>	
<b>DISPOSITION</b> MORTICIAN: Complete/Verify and File Within 72 Hours of Death	14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)	15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, or other place) <b>MOUNTAIN VIEW CREMATORY 3521 SEVENTH STREET, LEWISTON, IDAHO 83501</b>	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY <b>MERCHANT FUNERAL HOME 1000 SEVENTH STREET, CLARKSTON, WASHINGTON 99403</b>	
	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <b>ELECTRONICALLY FILED: RICHARD C. LASSITER</b>		17b. LICENSE NUMBER (of licensee) <b>F1558</b>	
	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>PLACE OF DEATH</b>	19a. IF DEATH OCCURRED IN A HOSPITAL? 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL? <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <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)			
	20a. FACILITY NAME (If not facility, give street and number) <b>GUARDIAN ANGEL HOMES LEWISTON - 2425</b>	20b. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE <b>LEWISTON, ID 83501</b>	20c. COUNTY OF DEATH <b>NEZ PERCE</b>	
<b>DATE OF DEATH</b>	21. DATE OF DEATH (Mo/Da/Yr) (See 1 month) <b>March 13, 2021</b>	24. TIME OF DEATH (24hr) <b>13:45</b>	25. DATE PRONOUNCED DEAD (Mo/Da/Yr) (See 1 month) <b>March 13, 2021</b>	
	26. TIME PRONOUNCED DEAD (24hr) <b>13:45</b>			
<b>CAUSE OF DEATH</b>	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 underlying etiology. DO NOT ABBREVIATE. Enter only one cause on a line.			
	IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>ALZHEIMER'S DEMENTIA</b> DUE TO (or as a consequence of)			
	DUE TO (or as a consequence of)			
<b>ITEMS 27-36 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)</b>	PART II: Enter other causes (diseases, injuries, or complications) not resulting in the underlying cause given in Part I.			
	27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
	28. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>CERTIFIER</b> IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THIS CERTIFICATE	29. DATE OF INJURY (Mo/Da/Yr) (See 1 month) 30. TIME OF INJURY (24hr)	31. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide	32. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, hotel, etc.)	
	33. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	34. 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			
<b>REGISTRAR</b>	35. CERTIFIER (Specify 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 nature/cause(s) (manner) stated.		32b. LICENSE NUMBER <b>M-13041</b>	
	36. 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.		33c. DATE SIGNED <b>3 / 17 / 2021</b> MM DD YYYY	
	Signature and Title of Certifier: <b>CARSON D. SEEBER, M.D.</b>		34. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) <b>CARSON D. SEEBER, 1119 HIGHLAND AVENUE CLARKSTON, WA 99403</b>	
40a. REGISTRAR'S SIGNATURE <i>James B. Galtte</i>		40b. DATE SIGNED <b>3 / 18 / 2021</b> 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.

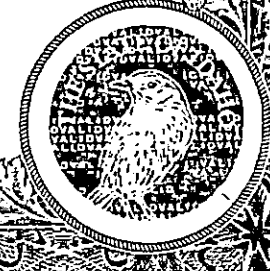
DATE ISSUED: **MAR 18 2021**

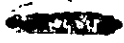
This copy is not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

*James B. Galtte*  
**JAMES B. AYDELOTTE**  
STATE REGISTRAR

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ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE





\*001438094\*

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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170018



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-007149

DATE ISSUED: 02/09/2022  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): KATHERINE JO  
LAST NAME(S): CARLSON  
AKA: KATHY JO CARLSON

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: FEBRUARY 04, 2022  
HOUR OF DEATH: 11:00 AM  
SEX: FEMALE AGE: 70 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME  
FACILITY OR ADDRESS: 2211 9TH AVENUE  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

RESIDENCE STREET: 2211 9TH AVENUE  
CITY, STATE, ZIP: CLARKSTON, WA 99403  
INSIDE CITY LIMITS: NO COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 46 YEARS

BIRTH DATE: SEPTEMBER 03, 1951  
BIRTHPLACE: CLARKSTON, WA

FATHER: EDMUND J RIMMELSPACHER  
MOTHER: DELLA JANE BARLOW

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: RICHARD CARLSON

METHOD OF DISPOSITION: REMOVAL FROM STATE  
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

OCCUPATION: MUSIC TEACHER / BUSINESS OWNER  
INDUSTRY: EDUCATION / BUSINESS  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: NO

CITY, STATE: LEWISTON, IDAHO  
DISPOSITION DATE: FEBRUARY 11, 2022

INFORMANT: RICHARD CARLSON  
RELATIONSHIP: SPOUSE  
ADDRESS: 2211 9TH AVENUE - CLARKSTON, WASHINGTON 99403

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES  
LLC  
ADDRESS: PO BOX 107  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403  
FUNERAL DIRECTOR: RICHARD LASSITER

CAUSE OF DEATH:  
A: ACUTE MYOCARDIAL INFARCTION  
INTERVAL: MOMENTS  
B: DIABETES MELLITUS, TYPE II  
INTERVAL: YEARS  
C:  
INTERVAL:  
D:  
INTERVAL:

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: NO  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC KIDNEY DISEASE  
STAGE 3

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:

CERTIFIER NAME: LISA WEBBER  
TITLE: CORONER/ME  
CERTIFIER ADDRESS: PO BOX 220  
CITY, STATE, ZIP: ASOTIN, WASHINGTON 99402  
DATE SIGNED: FEBRUARY 08, 2022

LOCATION OF INJURY:  
CITY, STATE, ZIP:  
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON  
DATE RECEIVED: FEBRUARY 09, 2022

55091

# Affidavit for Correction

Mail to: Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

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
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<b>Required</b>	Required information must match current information on record			
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record: First Middle Last		2. Date of Event: MM/DD/YYYY	3. Place of Event: (City or County)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	

6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____			
7. Return Mailing Address: PO Box or Street Address City State Zip			
Telephone Number: ( )		Email Address: <del>XXXX@XXXX</del>	

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record currently shows:	The true fact is:
8.	9.
10.	11.
12.	13.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

14a. Signature: Printed name: Date:		14b. Signature of 2 <sup>nd</sup> parent (if required): Printed name: Date:	
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**INSTRUCTIONS – go to [www.doh.wa.gov](http://www.doh.wa.gov) for more information**

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:  
 • Birth/Marriage/Divorce record • Military record (DD-214) • School transcripts • Social Security Numident Report  
 • Certificate of Naturalization • Hospital/medical record • Copy of Passport / Enhanced ID • Green/Permanent Resident card (I-551)  
 You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

**Birth Certificates**  
 1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.  
 2. The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.  
 3. Proof documentation must be five or more years old or established within five years of birth.  
 4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

<p><b>Child under 18</b></p> <ul style="list-style-type: none"> <li>If legal guardian(s), include certified court order proving guardianship.</li> <li>Up to age one or up to one year following the filing of an Acknowledgement of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, a court order is required to change the last name.</li> <li>No proof is required to change the first or middle name.*</li> <li>To correct parent's information, one proof documentation is required.</li> <li>To correct the sex of the child, one proof documentation from a medical provider is required.</li> </ul> <p>*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.</p>	<p><b>Adult (18 years or older)</b></p> <ul style="list-style-type: none"> <li>Only the adult can change his or her birth certificate.</li> <li>If the first or middle name is missing, three pieces of proof documentation are required.</li> <li>If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.</li> <li>To correct parent's birth date, place of birth, or name, one proof documentation is required.</li> </ul>
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**Death Certificates**  
 1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.  
 2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

**Marriage/Dissolution (Divorce) Certificates**  
 1. Personal facts (minor spelling changes in name, date or place of birth, or residence) may be changed by the person with one piece of proof documentation.  
 2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



CERTIFIED

FEB 09 2022

*Dr. Daniel Kaminsky*

Dr. Daniel Kaminsky  
Health District Officer  
Garfield County Health District

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Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

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The Restated and Amended  
Rimmelspacher Revocable Living Trust  
Dated June 14, 1999

TRUST RESOLUTION AGREEMENT

The parties as described in this Trust Resolution Agreement enter into this agreement in accordance with RCW Chapter 11.96A in order to provide a binding, nonjudicial agreement to resolve matters pertaining to the administration and ultimate disposition of the assets within the Restated and Amended Rimmelspacher Revocable Living Trust Dated June 14, 1999 ("Amended Trust").

I. Parties.

The parties to this agreement are as follows:

1.1 Rosemarie Schutte, 34282 Peola Rd, Pomeroy, WA 99347, Beneficiary of the Amended Trust.

1.2 Katherine J. Carlson, 2211 Ninth Avenue, Clarkston, WA 99403, Beneficiary of the Amended Trust.

1.3 Each of the foregoing parties is a beneficiary of the Amended Trust. Each is thus a "party" within the contemplation of Chapter 11.96A of the Revised Code of Washington, granting to parties interested in a trust the power to resolve by agreement issues which arise in the administration of a trust.

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

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1 II. Recitals

2 2.1 Della J. Rimmelspacher established the Rimmelspacher 1999 Revocable Living  
3 Trust ("Original Trust") on June 14, 1999.

4 2.2 During their joint lifetimes, Edmund J. Rimmelspacher and Della J.  
5 Rimmelspacher were the Grantors, Trustees, and Beneficiaries of the Original Trust. Under  
6 Article II of the Original Trust, the Original Trust was to be a Revocable Trust during their  
7 joint lifetimes.

8 2.3 Edmund J. Rimmelspacher died on December 21, 2015. His will was a "pour-  
9 over will" in which any assets that he had upon his death that were not owned by the Trust  
10 would be distributed to the Original Trust.

11 2.4 The beneficiaries of the Original Trust were Della J. Rimmelspacher,  
12 Rosemarie Schutte, and Katherine J. Carlson.

13 2.5 The beneficiaries desired to change the terms of the Original Trust, and they  
14 agreed to do so pursuant to RCW 11.96A.220 with a Trust Resolution Agreement and the  
15 Restated and Amended Rimmelspacher Revocable Living Trust Dated June 14, 1999. A copy  
16 of that Trust Resolution Agreement and the attached Restated and Amended Rimmelspacher  
17 Revocable Living Trust Dated June 14, 1999, is attached and incorporated herein as Exhibit  
18 A.

19 2.6 Under paragraph 6.2 of the Amended Trust, the assets of the Amended Trust  
20 were to be distributed in equal shares to Rosemarie Schutte and Katherine J. Carlson free of  
21 trust, should they both survive the Trustor, Della J. Rimmelspacher.

22 2.7 Della J. Rimmelspacher died on March 13, 2021, and was survived by  
23 Rosemarie Schutte and Katherine J. Carlson, who were also co-trustees and continue to be co-  
24 trustees under paragraph 7.1 of the Amended Trust.

1           2.8     Rosemarie Schutte and Katherine J. Carlson formed Rimmelspacher Farms,  
2 LLC, on September 9, 2021. A copy of the Certificate of Formation is attached and  
3 incorporated herein as Exhibit B, and the Rimmelspacher Farms LLC Agreement is attached  
4 and incorporated herein as Exhibit C.

5  
6           2.9     Rosemarie Schutte and Katherine J. Carlson desire to transfer the assets of the  
7 Amended Trust to Rimmelspacher Farms, LLC, rather than transferring the assets to  
8 themselves.

9           2.10    The Parties are entering into this agreement to set forth their agreement with  
10 respect to the disposition of the designated assets and the Parties' collective desire to  
11 effectuate the transfer of assets in the Amended Trust to Rimmelspacher Farms, LLC.  
12

13   III. Agreement.

14           3.1     Each of the parties to this agreement recognize and agree that Lucy L. Dukes  
15 represents the Co-Trustees of the Amended Trust. Each party recognizes that she is entitled  
16 to separate counsel. Each of the parties further agree that regardless of whether they choose  
17 to retain separate counsel, this agreement constitutes a final and binding agreement upon all  
18 the parties.  
19

20           3.2     The parties stipulate and agree that the recitals are true and accurate.

21           3.3     The parties agree to transfer all of the assets of the Amended Trust to  
22 Rimmelspacher Farms, LLC..  
23

24           3.4     The parties understand that all of the Amended Trust's assets will then be  
25 owned by Rimmelspacher Farms, LLC and not by themselves individually as would happen  
26 under the terms of the Amended Trust had they not entered into this Agreement.  
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1 IV. Release

2 In consideration of the agreement, each of the parties hereby releases and forever  
3 discharges each other party and such parties' heirs and personal representatives, including, but  
4 not limited to, the Co-Trustees of the Amended Trust, from any and all past, present, or future  
5 claims, demands, obligations, actions, causes of actions, rights, damages, costs, losses,  
6 expenses, attorney fees, and compensation of any nature whatsoever attributable to or arising  
7 out of the distribution of the assets of the Amended Trust as described in this agreement.  
8

9 V. General Terms and Conditions

10 5.1 Assignments. This agreement is personal to each of the parties. None of the  
11 rights, powers, or privileges of any party may be assigned to any third party and any attempt  
12 at assignment shall be void.  
13

14 5.2 Attorney Fees and Costs. In the event legal action becomes necessary to  
15 enforce or interpret the terms of this agreement, the prevailing party in such action shall be  
16 entitled to recover reasonable attorney fees and costs incurred in such action as determined by  
17 the court. In the event of any appeals from such actions, the prevailing party shall be entitled  
18 to recover its reasonable attorney fees and costs incurred in such appeals as determined by the  
19 Court(s).  
20

21 VI. Venue, Jurisdiction, and Applicable Law

22 This agreement is made in accordance with and shall be interpreted and governed by  
23 the laws of the State of Washington. If any action or other proceeding shall be brought on or  
24 in connection with this agreement, the venue of such action shall be in Asotin County,  
25 Washington. Each of the parties agree to the jurisdiction of such forum.  
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VII. Execution of Documents

The parties agree to execute all documents necessary to implement the provisions of this agreement.

VIII. Waiver, Modification, or Amendment

No waiver, modification, or amendment of any term or condition of this agreement shall be effective unless in writing executed by all of the parties. Neither the failure nor the delay on the part of any party to exercise any right, power, or privilege shall operate as a waiver thereof, nor shall any single or partial exercise of any such right, power, or privilege preclude any other or further exercise thereof, or the exercise of any other right, power, or privilege.

IX. Verbal and Other Agreements

There are no verbal or other agreements which qualify, modify, or supplement this agreement.

X. Successors

Subject to the provisions restricting assignments, all rights and obligations of the parties shall be binding upon and inure to the benefit of their heirs, personal representatives, successors, and assigns.

XI. Counterpart, Digital and Facsimile Execution

This agreement may be executed in counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same original. A digital or facsimile signature shall be deemed to be the equivalent of an original signature.

IN WITNESS WHEREOF, the parties have executed this agreement on the date set forth opposite their names.

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Dated this 10<sup>th</sup> day of January, 2022.

RESTATED AND AMENDED  
RIMMELSPACHER REVOCABLE LIVING  
TRUST DATED JUNE 14, 1999

Rosemarie Schutte  
ROSEMARIE SCHUTTE, Individually

By: Rosemarie Schutte  
ROSEMARIE SCHUTTE, Co-Trustee

STATE OF WASHINGTON        )  
  : ss  
County of Asotin             )

I certify that I know or have satisfactory evidence that Rosemarie Schutte is the person who appeared before me, and said person signed this instrument, on oath stated that she was authorized to execute the instrument and acknowledged it both individually and as Co-Trustee of the Restated and Amended Rimmelspacher Revocable Living Trust Dated June 14, 1999, to be both her free and voluntary act and the free and voluntary act and deed of said entity, for the uses and purposes mentioned in the instrument.

Dated this 10<sup>th</sup> day of January, 2022.

Notary Public  
State of Washington  
**JOSHUA D. GOSSNER**  
MY COMMISSION EXPIRES  
JUNE 9, 2023

Joshua D. Gossner  
Notary Public for Washington  
Residing at Clarkston  
My appointment expires June 9, 2023

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Dated this 10 day of January, 2022.

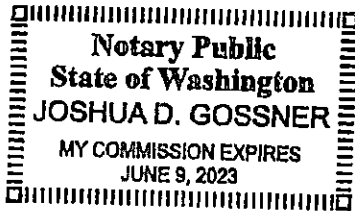
RESTATED AND AMENDED  
RIMMELSPACHER REVOCABLE LIVING  
TRUST DATED JUNE 14, 1999

Katherine J. Carlson By: Katherine J. Carlson  
KATHERINE J. CARLSON, Individually KATHERINE J. CARLSON, Co-Trustee

STATE OF WASHINGTON )  
 ) : ss  
County of Asotin )

I certify that I know or have satisfactory evidence that Katherine J. Carlson is the person who appeared before me, and said person signed this instrument, on oath stated that she was authorized to execute the instrument and acknowledged it both individually and as Co-Trustee of the Restated and Amended Rimmelspacher Revocable Living Trust Dated June 14, 1999, to be both her free and voluntary act and the free and voluntary act and deed of said entity, for the uses and purposes mentioned in the instrument.

Dated this 10<sup>th</sup> day of January, 2022.



Joshua D. Gossner  
Notary Public for Washington  
Residing at Clarkston  
My appointment expires June 9, 2023

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