

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

Only for sales in a single location code on or after January 1, 2023.

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.

	2 Buyer/Grantee	
1 Seller/Grantor Name Brigette Harris	Name Kenneth Ross	
SOCIASOCIOCIOCHOCICOPORISSICIOCACAMENTACX	Ashley Ross	
Malling address 1343 Poplar Street	Malling address 1343 YOURY St.	
city/state/zip Clarkston, WA 99403	City/state/zip Clay (57-bb, WA 99	403
Phone (including area code)	Phone (including area code)	
		Assessed
3 Send all property tax correspondence to: Same as Buyer/Grantee	Ust all real and personal property tax Personal parcel account numbers property?	
Name Kenneth Ross Ashley Ross	10042202900010000	144,600.00
Malling address	<u></u>	
City/state/zip		
4 Street address of property 1343 Poplar Street, Clarkston, WA 99403	3	
This property is located in <u>Asotin</u> <u>Unincorp</u>	(for unincorporated locations please select your	county) X
Check box if any of the listed parcels are being segregated from anot Legal description of property (if you need more space, attach a separate	ner parcer, are part or a boundary line adjustment or par sheet to each page of the afidavit).	ceis benig meigeo.
		oads ———
-The North half of Lot 29 in Block G G of Vineland, reserving therefrom all according to the offical plat thereof, Official Records of Asotin County, W	rmat portion lying within the legal boundaries of County Re ashington	
5 Land use code11Household_single_family units	7 List all personal property (tangible and intangible)	included in selling
Enter any additional codes	price.	
(see back of last page for instructions)	<del></del>	
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)?	If claiming an exemption, list WAC number and reas	on for exemption
under RCW 84.36, 84.37, or 84.38 (nonprofit org., senior citizen or disabled person, homeowner with limited income)?   Yes   Yes	No WAC number (section/subsection)	on for exemption.
Is this property predominately used for timber (as classified	Reason for exemption	
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)	No.	
6 Is this property designated as forest land per RCW 84.33? ☐ Yes ☒ N	Type of document <u>Statutory Warranty Deed (SWD)</u> Date of document <u>D4W123</u>	
to this property classified as current use lopen space, farm	18 - "	
	Gross seiting price	
and agricultural, or timber) land per RCW 84.34?		
Is this property receiving special valuation as historical	*Personal property (deduct)	0.00
Is this property receiving special valuation as historical property per RCW 84.26?	*Personal property (deduct) No Exemption claimed (deduct)	0.00
If any answers are yes, complete as instructed below.	Personal property (deduct) No Exemption claimed (deduct) Taxable selling price	0.00 0.00
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To ask about the availability of this pertilicated many alternate warrant of the special operators of the special operato



# LACK OF PROBATE AFFIDAVIT STATE OF WASHINGTON FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, OR JOINT TENANCY PROPERTY

Title Insurance Commitment No: 633143

STATE OF Washington	)	SS:
COUNTY OF Asotin	)	33.
(herein, "Affiant"), being firs	t duly swo	orn, on oath deposes and says:
That Affiant is (check one):		
the lawful surviving s	pouse of	the Decedent
Surviving child of the	Deceden	nt .
Registered domestic		
		in that certain instrument creating a joint tenancy with a right of
		certain deed recorded on [mm/dd/yyyy], under
Recording No		, inCounty, Washington,
other (identify:)		(herein "Decedent"), who died on
All with respect to the estate	of GAL	(herein "Decedent"), who died on
10/14/1/21 in the Co	nunty of	ASTATION State of VIII , then being a
resident of the City of	lour's	State of County of Also five_, State of
99403 WA. (A a	py of the	e death certificate is attached hereto.)
decedent, including but not adopted child (if decedent l	limited to eft no sur of deced a at law if	w identified each and all of the heirs at law and next of kin of o children, adopted children, the issue of any predeceased child or rviving children, then Affiant has listed below all of the surviving dent), spouse, registered domestic partner, and including all parties of the decedent had not been married or a registered domestic
That the heirs at la attaching a list if necessary		ext of kin of the decedent are (list all parties, using the reverse side or
I ACY OF PROBATE AFFIDAVIT - SI	ATE OF WA	SHINGTON (5/08) PAGE 1 OF 4

Nam	ne & relationship Brigette Harris Daughter	<del>_</del>
Add	ress: 1343 Poplar Street, Clarkston, WA 49403 (FWD)	<del></del>
Nan	ne & relationship	<del></del>
Add	ress:	<del></del>
	ne & relationship	<del></del>
	ress:	
	ne & relationship	_ <u>_</u>
Auu	1633.	
	That among items of real property owned by the Decedent at the time of death was real estate l	
_	H3674 County, Washington, and described in the above referenced Title Insurance	
Con	nmitment.	
As t	to the Decedent, said real estate was [check one]	
	Community property	
	☐ Separate property	
	☐ Joint tenancy property	
1.	That on the date the real property was purchased the Decedent was:  married to Wary B. Babina  unmarried, not a registered domestic partner	
	unmarried, a registered domestic partner of	
2.	That on the date of death the Decedent was  A married to Mary B. Babino.	
	unmarried, not a registered domestic partner	
	unmarried, a registered domestic partner of	
3.	That the decedent left a Will, a copy of which is attached hereto.  That the decedent left no Will.  That the decedent executed a Community Property Agreement. It was recorded under County recording number	·
4,	That the decedent's estate is not being probated.	
LAC	k of Probate Affidavit – State of Washington (5/08) mainity property, Separate Property, Joint Tenancy Property)	PAGE 2 OF 4

	That the decedent's estate is subject to probate proceedings in	County, State
5.	That the estate of the decedent is exempt from State and/or Federal success taxes.  That State and/or Federal succession or inheritance taxes in the amount of have been paid. Copies of the release/discharge are atta.  That State and/or Federal succession or inheritance taxes are due, but have	sion or inheritance
5.	☐ That the decedent has not received assistance from the State of Washington ☐ That the decedent has received assistance from the State of Washington for ☐ That the State of Washington has been fully reimbursed for assistance for	r medical care.
tin the joi or by De ine	at, with respect to the property, if any, owned by the Decedent in joint tenancy we see from the time of the execution of the instrument by which the joint tenancy we Decedent, each of the joint tenants recognized that the above described joint tenant int tenancy, and that the interest of no one or more of said joint tenants has ever be otherwise separated from the interest of the other joint tenant(s), either voluntarily especific act or by operation of law; and that said joint tenancy continued in full freedent with respect to the interest of the Decedent and, if there are two or more cluding the Affiant, the joint tenancy continues with respect to the interests of mants.	ras created to the death of ancy property was held in en conveyed, encumbered or involuntarily, whether force until the death of the re surviving joint tenants
of an	That Affiant knows of the Affiant's own knowledge, and so states, that each sainst the estate of said Decedent (including, but not limited to: all the debts of decedent's last illness, funeral and burial; promissory notes; installment contracted federal succession taxes upon Decedent's estate, if applicable) have been paid use reverse side or attach a list if necessary):	cedent; all of the expense s and mortgages; and state in full, except as follow

PAGE 3 OF 4

That the value of the Decedent's estate at date of death, including all real and personal property, was
approximately \$
Decedent and Decedent's surviving spouse, if any, of approximately \$, and
including the value of Decedent's separate property, if any, of approximately \$
and including the full value of .all other property, if any, held by the Decedent in joint tenancy of
approximately \$
This affidavit is made to induce
Company) to insure real property covered by the Company's order number set forth above, in which Decedent
held an interest at the time of the Decedent's death. Affiant urges the Company to issue its policy of title
insurance in full reliance upon the representations set forth herein. The Affiant, for the Affiant and for the
Affiant's heirs, executors and administrators, covenants to indemnify said Company or any other person,
including a purchaser of said real estate, for any loss arising from reliance on any misstatement of fact herein.
DATED: (10ril 18 ,20 23_
B. Carriellana (1)
(Signature)
Brigette Harris
(Print br type Affiant's full name)  5/12-730-103810
(Full address and telephone number)
1343 Poplar St. Clariston WA 99403 (FWD)
SUBSCRIBED and SWORN TO before me this 18th day of 1011 2023
Notary Public in and for the State of
Washington, residing at Lewiston, 10
/ (O NOTARY S)
VOLUC SO
The sea of
WASH

### CERTIFICATE OF DEATH

LÁST NÁME(Š) BABINO

COUNTY OF DEATH: ASOTIN .. DATE OF DEATH: OCTOBER 14, 2021 HOUR OF DEATH: 07:00 AM

SOCIAL SECURITY NUMBER

HISPANIC ORIGIN NO NOT SPANISH/HISPANIC/LATINO RACE WHITE

BIRTH DATE: JUNE 24, 1947 BIRTHPLACE BEAR CREEK, WILL MARITAL STATUS: WIDOWED

SURVIVING SPOUSE NOT APPLICABLE
OCCUPATION: MEATCUTTER
INDUSTRY- GROCERY EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED US ARMED FORCES: NO.

INFORMANT: BRIGETTE A HARRIS RELATIONSHIP: DAUGHTER ADDRESS: 1343 POPLAR STREET - CLARKSTON, WASHINGTON 99403 CAUSE OF DEATH

CAUSE OF DEATH A: CORONARY ARTERY DISEASE MIERVAL, YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC OBSTRUCTIVE LUNG.

HOUR OF INJURY INJURY AT WORK, PLACE OF INJURY:

LOCATION OF INJURY

DESCRIBE HOW INJURY OCCURRED.

PLACE OF DEATH: DECEDENT'S HOME FACILITY OR ADDRESS: 1343 POPLAR STREET CITY, STATE, ZP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 1343 POPLAR STREET
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: YES;
COUNTY. - COUNTY: ASOTIN TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: VICTOR C BABINO MOTHER: ERIA E GATES

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

CITY STATE: LEWISTON, IDAHO
DISPOSITION DATE: OCTOBER 14, 2021

ADDRESS: PO. BOX 107 CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403 FUNERAL DIRECTOR: RICHARD LASSITER

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES

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

CERTIFIER NAME: CHERYL'A. LOETSCHER, ARNP CERTIFIER ADDRESS: 1522 17TH STREET CITY, STATE, ZIP: LEWISTON, IDAHO 83501 DATE SIGNED: OCTOBER 14, 2021

CASE REFERRED TO ME/CORONER: NO FILE NUMBER: NOT APPLICABLE ATTENDING PHYSICIAN: CHERYL LOETSCHER, ARNP

LOCAL DEPUTY REGISTRARE MAURINE LA NICHOLSON DATE RECEIVED: OCTOBER 14, 2021

	The Makington Case Department of			fidavit for			Apil to: Center for H P.O. Box 478	314
	#Health_				lete in ink and o		360-236-430	
				STATE OFF	CE USE ONLY	TO ME	Affidavit N	lumber
State	File Number	- 1	e <del>o</del> Number		Initials	Date		
्य	· The Market Land	2.12	Required In	ormation must n	natch current Info	ornation on record		Translation (Alexander
	Record Type:	Birth	☐ De	ath N	larriage	Dissolution (I		
6	1. Name on Record:	A 10 4 40 -		Last		2. Date of Event:  MM/DD/YYYY	3. Place o	r County)
밑	First 4. Father/Parent Full Bir	Middle	uco A for Marris	Last	5. Mother/Parent F	uil Birth Name (Spous		
Required	4. Famen Parent Fou bir	Middle	USE A TOT MATTE	Last/Maiden	First	Middle		ıst/Maiden
9	6. Name of Person Rec		tion:	Relationship		Guardian	☐ Informant	☐ Hospital
				Person on Re	ecord: Parent(s)	☐ Funeral Director	Other (specify)	
1	etum Mailing Address:				City		State	Zip
	O Box or Street Address				City Email Address:		Qftq.6	<u>~~</u>
<i>i</i> '	phone Number:							
6.3	Use the section	below for	requesting a	y changes on th	e record. The re	cord is incorrect o	r Incomplete as	follows
		e record nov				The true	fact ls:	
8.					9.	··		
10.		-			11.			
12.					13.			
14.					15.			
_	l declare unde	r penalty o	f perjury und	er the laws of the	State of Washin	gton that the forgo	olng is true and	correct
16a.	. Signature:		· ·		16b. Signature of 2	parent (if required)	•	
Prin	ted name:		ţ.	Date:	Printed name:			Date:
			INSTRUC	TIONS - go to wwy	v.doh.wa.gov for mo	e information		
	Di uired documentary proof	iver's license	, Social Secur	ity card or hospital	decorative birth c	ertificate cannot be u	ised as proof imentary proof incl	ude:
Keq	uired documentary prodi Birth/Marriage/Divorce re	cord • M	filitary record (D	D-214) •	School transcripts	Social Seci	unty numiaent kej	pont
•	Certificate of Naturalizati		lospital/medical	record •	Passport	<ul> <li>Green/Peπ</li> </ul>	manent Resident c	ard (I-551)
172	h Certificates Only a parent(s), legal gu	andian (if the	child is under 18	i), or the named ind	ividual (if 18 or older	) may change the birth	n certificate	
2. ]	The proof(s) must mate Mary Ann Doe	h the asserted	i fact(s). For ex	ample, if the affidavi	t says the name sno	uld be Mary Ann Doe,	the proof must sh	ow the name to be
]3. I	Documentary proof must	be five or mo:	re years old or e	stablished within fiv	e years of birth Adult (18 years or	aldos)		
Chil	<u>d under 18</u> If legal guardian(s), incl	ide certified o	ourt order oravi	no cuardianship	<ul> <li>Only the adult</li> </ul>	can change his or her	birth certificate	•
-	Up to age one, last name	e can be chai	nged once to eit	ter parents' name o		iddle name is missing,	, three pleces of do	ocumentary proof are
_	certificate (can be any o	ombination of Mer is require	' the first, made d to chance the	last names)*	required  If the first, mide	die and/or last name is	s misspelled, or da	te of birth is incorrect,
:	No proof is required to o	hange the firs	t or middle nam	e°	two pieces of o	iocumentary proof ere	required	
•	To correct parent's information to correct the sex of the	mation, one de child, one do	cumentary produced and a	of its required. I from a medical	<ul> <li>To correct pare is required</li> </ul>	ent's birth date, place o	or parut, or maine, or	ne occumentary proci
1	* * * * * * * * * * * * * * * * * * * *				•		non money to decrease	ad authorit a doubt
1	To change any part of the certificate with request.							
	This affida	vit cannot b	e used to add a	father to a birth c	ertificato (uso pate	mity acknowledgmer	nt form DOH 422-	032)
1.	th Certificates Only the informant, the information. Proof is recorregistered domestic informant is requesting	quired to make partner, paren	a changae if roo	poeted by a family r	nomber nat listed as	tha informant on the C	seruncate itamin it	nembers are spouse
2.	The medical information	n (cause of de	ath) may be ch	anged only by the c	ertifying physician or	the coroner/medical e	xaminer.	
la i	rriage/Dissolution (Divo Personal facts (minor spo To change the date or pla	rce) Certifica	ites	or place of high or p	esidence) may be ch	anned by the person v	with one piece of d	locumentary proof
2.	to change the date or pla	ace or marriag	e or dissolution	ure unicient (mama	HOLOL MELK OF MIDIT	Leisseinnen innst en	-KDD	422-034 January 2015

CERTIFIED

OCT 15 2021

Dr. Daniel Kaminsky
Health District Officer
Garfield County Health District

56001



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

## LACK OF PROBATE AFFIDAVIT STATE OF WASHINGTON FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, OR JOINT TENANCY PROPERTY

Title Insurance Commitment No: 633143

STATE OF Washington	)	SS:
COUNTY OF Asotin	)	
(herein, "Affiant"), being first o	luly swor	rn, on oath deposes and says:
That Affiant is (check one):		
the lawful surviving spe	ouse of th	he Decedent
Surviving child of the I	Decedent	
Registered domestic pa	rtner of th	the Decedent
One of the joint tenants	named in	in that certain instrument creating a joint tenancy with a right of
		certain deed recorded on[mm/dd/yyyy], under
		, inCounty, Washington,
Other (identify:)		
All with respect to the estate of	· Mai	ry B. Babino (herein "Decedent"), who died on
1.100/17 in the Cour	nty of A	Nez Perce , State of ID , then being a ton , County of ASOHIN , State of
resident of the City of	arkst	ton County of ASOTIN, State of
		death certificate is attached hereto.)
, (A cop.	y or the c	ueath ter inicate is atmented heretos,
decedent, including but not list adopted child (if decedent left parents, brothers and sisters of	mited to the no survi of decedent of law if the	v identified each and all of the heirs at law and next of kin of children, adopted children, the issue of any predeceased child or riving children, then Affiant has listed below all of the surviving ent), spouse, registered domestic partner, and including all parties the decedent had not been married or a registered domestic
That the heirs at law attaching a list if necessary):	and next	ct of kin of the decedent are (list all parties, using the reverse side
L. OK OF PRODUCT ATTRACT CTAR	re of Wash	PAGE 1 OF 4

Name & relationship Brighte Harris Daughter Address: 1343 Poplar St. Clariston, WA 99403 (FWD) Name & relationship Address: Name & relationship Address: Name & relationship Address:
That among items of real property owned by the Decedent at the time of death was real estate located in County, Washington, and described in the above referenced Title Insurance
Commitment.
As to the Decedent, said real estate was [check one]
☑ Community property
Separate property
☐ Joint tenancy property
CHECK ALL BOXES WHICH APPLY IN EACH SECTION:  1. That on the date the real property was purchased the Decedent was:
M married to GAYN A. Babino.
unmarried, not a registered domestic partner
unmarried, a registered domestic partner of
2. That on the date of death the Decedent was
Married to Gary A. Babing.
unmarried, not a registered domestic partner
unmarried, a registered domestic partner of
<ul> <li>That the decedent left a Will, a copy of which is attached hereto.</li> <li>That the decedent left no Will.</li> <li>That the decedent executed a Community Property Agreement. It was recorded under</li></ul>
4.  That the decedent's estate is not being probated.

56001

PAGE 2 OF 4

	☐ That the decedent's estate is subject to probate proceedings in	County, State
	of, under Probate No	
5.	That the estate of the decedent is exempt from State and/or Federal succession taxes.	n or inheritance
	That State and/or Federal succession or inheritance taxes in the amount of	
	have been paid. Copies of the release/discharge are attach.	ed hereto.
	That State and/or Federal succession or inheritance taxes are due, but have n	ot been paid.
5.	That the decedent has not received assistance from the State of Washington for That the decedent has received assistance from the State of Washington for That the State of Washington has been fully reimbursed for assistance for me	nedicai care.
Tha	at, with respect to the property, if any, owned by the Decedent in joint tenancy as	
tim	es from the time of the execution of the instrument by which the joint tenancy was	created to the death of
	Decedent, each of the joint tenants recognized that the above described joint tenants	
ioit	nt tenancy, and that the interest of no one or more of said joint tenants has ever been	conveyed, encumbered
05.0	otherwise separated from the interest of the other joint tenant(s), either voluntarily of	involuntarily, whether
hir	specific act or by operation of law; and that said joint tenancy continued in full for	e until the death of the
Dy.	cedent with respect to the interest of the Decedent and, if there are two or more	surviving joint tenants,
De	luding the Affiant, the joint tenancy continues with respect to the interests of t	he said surviving joint
ten	ants.	
	That Affiant knows of the Affiant's own knowledge, and so states, that each an	d all of the obligations
aga	ainst the estate of said Decedent (including, but not limited to: all the debts of deced	ent, an or the expense
of :	Decedent's last illness, funeral and burial; promissory notes; installment contracts a	nd mortgages; and state
and	i federal succession taxes upon Decedent's estate, if applicable) have been paid in	full, except as follows
(us	e reverse side or attach a list if necessary):	
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	•	
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PAGE 3 OF 4
. 54001

That the value of the Decedent's estate at date of death, including all real and personal property, was
approximately \$  \text{00}, \text{00}  \text{, including the value of community property of }
Decedent and Decedent's surviving spouse, if any, of approximately \$ 190,000, and
including the value of Decedent's separate property, if any, of approximately \$
and including the full value of .all other property, if any, held by the Decedent in joint tenancy of
approximately \$
approximately s
This affidavit is made to induce
held an interest at the time of the Decedent's death. Affiant urges the Company to issue its policy of title
insurance in full reliance upon the representations set forth herein. The Affiant, for the Affiant and for th
Affiant's heirs, executors and administrators, covenants to indemnify said Company or any other person
including a purchaser of said real estate, for any loss arising from reliance on any misstatement of fact herein.
DATED: <u>april 18</u> 20.23
Bright Harris
Ricata Harris
(Print or type Affiant's full name)
503-739-6386
(Full address and telephone number) 1343 Poplar St Clarkston, WA 99403 (FND)
SUBSCRIBED and SWORN TO before me this 18th day of April , 20 23
Notary Public in and for the State of North Machineton residing at 1 (2015) 10
Washington, residing at Lewiston, 10  NOTARY PUBLIC WASHING
VASI

PAGE 4 OF 4

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STATE OF IDAHO

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County of Lewiston .

-/ N

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