

Department of Revenue Revenue

vevenne, 🤛	Only for sales in a single location code on or after March 1, 2023.
Washington State	This affidavit will not be accepted unless all areas on all pages are fully and accurately completed
Form 84 0001a	This form is your receipt when stamped by cashier. Please type or print.

☐ Check box if partial sale, inc	licate %' sold.				
		2 Buyer/Grantee			
		Name <u>John and Dondi Hilderbrand</u>		<u> </u>	
Mailing address 2794 9th Ave			0704 04-4		
City/state/zip Clarkston Wa 99	 403		Mailing address 2784 9th Ave		· ·
Phone (including area code) 50			City/state/zip Clarkston Wa 99403		
THORE (HICHORINE BLES CODE)			Phone (including area code) 509-751-7148		
3 Send all property tax corresp Name <u>Dondi Hilderbrand</u>	ondence to: 🗹 Same as Buy	er/Grantee	List all real and personal property tax parcel account numbers	Personal property?	Assessed value(s)
John Hilderbrand	<u> </u>		1-270-01-011-0000	- 片	\$ 326,033,00
Mailing address 2784 9th Ave			1-270-01-012-0000	- 片	\$ 393,533.00
Mailing address 2704 9111 Ave City/state/zip Clarkston Wa 99403				. Ц	\$ 0.00
4 Street address of property 2					
This property is located in Asc	otin County		unincorporated locations please select you		
			r parcel, are part of a boundary line adjustn	nent or parc	els being merged.
			neet to each page of the affidavit).		
Lot 12 Block 1 Scenic Hills Add	ition- Book E of Plats Pg 74	records of Asc	itin Co. WA. Subject to Covenants, condition	ns,restrictio	ns and Easements
of records. Lot 11 Block 1 Sc	enic Hills Addition- Book E o	f Plats Pg 74 r	ecords of Asotin Co. WA. Subject to Coven	nants, condit	ions,restrictions
			enic Hills Addition- Book E of PlatsPg 74 re		
_					
Select land use coo	de(s) [[7 List all personal property (tangible and price.	i intangible)	included in selling
Enter any additional codes					
(see back of last page for instru	•	_1			
Was the seller receiving a prope under RCW 84.36, 84.37, or 84.	erty tax exemption or determary and exemption or determined and e	al	If claiming an exemption, list WAC number	er and reaso	n for exemption
citizen or disabled person, hom	eowner with limited income	e)? 🗆 Yes 🗷 No	WAC number (section/subsection) 49	6-6(A-	109(2)(b
Is this property predominately use	ed for timber (as classified		Reason for exemption		
under RCW 84.34 and 84.33) or ag RCW 84.34.020) and will continue			BOUNDARY LINE	ADJU	STAENT
the transfer involves multiple parc	els with different classifications	, □Yes ☑No			
complete the predominate use cal	culator (see instructions)		_	_	
6 Is this property designated a		_{3?} □Yes ☑No	Type of document STATERAL V	WARRA	NOTY DEED
Is this property classified as cur and agricultural, or timber) land	rent use (open space, farm	☐ Yes ☑ No	<i>-</i> - 12 − 1	2-3	
Is this property receiving specia	·	163 FT 146	Gross selling	orice	0.00
property per RCW 84.26?	, valuation as historical	🗆 Yes 🗷 No			2.00
If any answers are yes, complet	e as instructed below.		Exemption claimed (dec		
(1) NOTICE OF CONTINUANCE	FOREST LAND OR CURRENT	•	Taxable selling		
NEW OWNER(S): To continue the or classification as current use					
timber) land, you must sign on			Excise tax: stat		0.00
determine if the land transferre	ed continues to qualify and w	vill indicate	Less than \$525,000.01 at 1		
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		From \$525,000.01 to \$1,525,000 at 1.		0.00	
compensating or additional tax	es will be due and payable b	compensating or additional taxes will be due and payable by the seller		.75%	
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				0.00	
			Above \$3,025,000 a	it 3%	
information.	act your local county assess		Above \$3,025,000 a Agricultural and timberland at 1.		0.00
	act your local county assess	or for more		28%	0.00
information.	·	or for more	Agricultural and timberland at 1. Total excise tax:	28%	0.00
information. This land:	☐ does not qualify	or for more	Agricultural and timberland at 1. Total excise tax: s	28% state .ocal	0.00
information. This land:	□ does not qualify Date	or for more	Agricultural and timberland at 1. Total excise tax: 9 0.0025 *Delinquent interest: 9	28% state .ocal	0.00 0.00 0.00 0.00
information. This land: ☐ does continuance. Deputy assessor signature (2) NOTICE OF COMPLIANCE (H	□ does not qualify Date IISTORIC PROPERTY)	or for more for	Agricultural and timberland at 1. Total excise tax: 9 0.0025 *Delinquent interest: 9	28%	0.00 0.00 0.00 0.00 0.00
information. This land:	Date IISTORIC PROPERTY) Decial valuation as historic property wish to continue, all	or for more for roperty, sign	Agricultural and timberland at 1. Total excise tax: 9 0.0025 *Delinquent interest: 9 *Delinquent per	28%	0.00 0.00 0.00 0.00 0.00
information. This land:	Date IISTORIC PROPERTY) Decial valuation as historic property wish to continue, all 26, shall be due and payable	or for more for roperty, sign	Agricultural and timberland at 1. Total excise tax: \$ 0.0025 1. *Delinquent interest: \$ *Delinquent per Sub- Sub- *Delinquent at 1.	28% ————————————————————————————————————	0.00 0.00 0.00 0.00 0.00 0.00
information. This land:	Date IISTORIC PROPERTY) Decial valuation as historic property wish to continue, all 26, shall be due and payable	or for more for roperty, sign	Agricultural and timberland at 1. Total excise tax: \$ 0.0025 *Delinquent interest: \$ *Delinquent per Sub *State technology	28%	0.00 0.00 0.00 0.00 0.00 0.00 0.00 5.00
information. This land:	Date IISTORIC PROPERTY) Decial valuation as historic property wish to continue, all 26, shall be due and payable to the continue of the conti	or for more for roperty, sign	Agricultural and timberland at 1. Total excise tax: \$ 0.0025 *Delinquent interest: \$ *Delinquent per Sub *State technology Affidavit processing	28%	0.00 0.00 0.00 0.00 0.00 0.00 0.00 5.00
information. This land:	Date IISTORIC PROPERTY) Decial valuation as historic property wish to continue, all 26, shall be due and payable	or for more for roperty, sign	Agricultural and timberland at 1. Total excise tax: \$ 0.0025 1. *Delinquent interest: \$ *Delinquent per Sub *State technology Affidavit processing	28%	0.00 0.00 0.00 0.00 0.00 0.00 5,00 5.00
information. This land:	Date IISTORIC PROPERTY) Decial valuation as historic property wish to continue, all 26, shall be due and payable to the continue of the conti	or for more for roperty, sign	Agricultural and timberland at 1. Total excise tax: \$ 0.0025 *Delinquent interest: \$ *Delinquent per Sub *State technology Affidavit processing	28%	0.00 0.00 0.00 0.00 0.00 0.00 5.00 5.00
information. This land:	Date IISTORIC PROPERTY) Decial valuation as historic property wish to continue, all 26, shall be due and payable to the continue of the conti	or for more for roperty, sign I additional tax e by the seller	Agricultural and timberland at 1. Total excise tax: \$ 0.0025 *Delinquent interest: \$ *Delinquent per Sub *State technology Affidavit processing Total A MINIMUM OF \$10.00 IS DUE *SEE INSTRUC	28%	0.00 0.00 0.00 0.00 0.00 0.00 0.00 5.00 5.00 10.00
information. This land:	Date Date IISTORIC PROPERTY) Decial valuation as historic property wish to continue, all size, shall be due and payable to the property of t	or for more for roperty, sign I additional tax e by the seller	Agricultural and timberland at 1. Total excise tax: 9 0.0025 *Delinquent interest: 9 *Delinquent per Sub *State technology Affidavit processing Total A MINIMUM OF \$10.00 IS DUE *SEE INSTRUCE	28%	0.00 0.00 0.00 0.00 0.00 0.00 5,00 5.00
information. This land: □ does continuance. Deputy assessor signature (2) NOTICE OF COMPLIANCE (HAW OWNER(S): To continue so calculated pursuant to RCW 84 or transferor at the time of sale (3) NEW (Signature) Print name 8 I CERTIFY UNDER PENALTY (Signature of grantor or age:	Date IISTORIC PROPERTY) Decial valuation as historic property wish to continue, all 1.26, shall be due and payable to the continue of the con	for for more for	Agricultural and timberland at 1. Total excise tax: 9 0.0025 *Delinquent interest: 9 *Delinquent per Sub *State technology Affidavit processing Total A MINIMUM OF \$10.00 IS DUE *SEE INSTRUC	zask	0.00 0.00 0.00 0.00 0.00 0.00 5.00 5.00
information. This land:	Date IISTORIC PROPERTY) Decial valuation as historic property wish to continue, all 26, shall be due and payable. DWNER(S) SIGNATURE Signature Print name OF RERIURY THAT THE FORE	for for more for	Agricultural and timberland at 1. Total excise tax: \$ 0.0025 *Delinquent interest: \$ *Delinquent per Sub: *State technology Affidavit processing Total A MINIMUM OF \$10.00 IS DUE *SEE INSTRUCT Offignature of grantee or agent Name (print)	zask	0.00 0.00 0.00 0.00 0.00 0.00 5.00 5.00

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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.

REV 84 0001a (02/28/23)

J. HLYGLBRAND

THIS SPACE TREASURER'S USE ONLY

COUNTY TREASURER

#56335

Durable Power of Attorney for Finances for

	Sandra Kay Schultz
	[My Name]
1.	Agent. I choose Dondi Hilderbrand as my Agent with full authority to manage my finances.
2.	Alternate. If Dondi Hilderbrand is unable or unwilling to act, I choose Russell Schultz as my Agent with full authority to manage my finances.
3.	My Rights. I keep the right to make financial decisions for myself as long as I am capable.
4.	Durable. My Agent can use this power of attorney document to manage my finances even if I become sick or injured and cannot make decisions for myself. This power of attorney document shall not be affected by my disability.
5.	Start Date. This power of attorney document is effective: (check one) ☑ Immediately. ☐ Only if my medical provider signs a letter saying I cannot make decisions for myself.
6.	End Date. This power of attorney document will end if I revoke it or when I die. If my spouse or domestic partner is my Agent, this power of attorney document will end if either of us files for divorce in court.
7.	Revocation. I revoke any power of attorney for finances documents I have signed in the past. I understand that I may revoke this power of attorney document at any time by giving written notice of revocation to my Agent.
8.	Powers. My Agent shall have full power and authority to do anything as fully and effectively

Durable Power of Attorney for Finances – Page 1 of 3 ©Seattle University School of Law Clinical Program & Northwest Justice Project

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as I could do myself, including, but not limited to, the power to make deposits to, and payments from, any account in my name in any financial institution, to open and remove items from any safe deposit box in my name, to sell, exchange or transfer title to stocks, bonds or other securities, and to sell, convey or encumber any real or personal property. My agent shall also have the following special powers: (check all that apply)

create, amend, revoke, or terminate a living trust
make gifts of my money or property
create or change my rights of survivorship
☑ create or change my beneficiary designation(s)
delegate some authority granted in this document to someone else
$oxedsymbol{oxed}$ waive my right to be the beneficiary of an annuity or retirement plan
$oxedsymbol{oxed}$ create, amend, revoke, or terminate my community property agreement
lacktriangle tell a trustee to make distributions from a trust just as I could
No Power to Agree to Binding Pre-Dispute Arbitration. I recognize that some long-term-car providers will ask me or my Agent to sign a binding pre-dispute arbitration agreement. These agreements limit my right to sue the provider before any injury or dispute occurs. I think these agreements are unfair and unacceptable. Therefore, my agent does not have the power to agree to pre-dispute binding arbitration or any other process involving my person or property that limits my right to a jury, to sue for money, or to join a class action
Accounting. My Agent shall keep accurate records of my finances and show these records to me at my request.
Nomination of Guardian. I nominate my Agent as the guardian of my estate for

consideration by the court if guardianship proceedings become necessary.

Russell Schultz

Dondi Hilderbrand



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10.

arbitration or any other process involving my person or property that limits my right to a jury, to sue for money, or to join a class action.

- 11. Accounting. My Agent shall keep accurate records of my financial affairs and show these records to me at my request.
- 12. Nomination of Guardian. I nominate my Agent as the guardian of my person for consideration by the court if guardianship proceedings become necessary.
- 13. HIPAA Release. I authorize my healthcare providers to release all information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to my Agent.

My Signature Kac	J Dec 26,2020 Date
Witness 1	Witness 2
Signature	Signature
•	
Name / /	Name .
28/2 9th Sur Clarkston	10/2 27349th HUE Claris 701, WA 19403 Address 99403
Address 9	99403 Address 99403
Notarization (Optional)	
State of Washington	
County of Asetin	
	evidence that <u>Sandra Kay Schutt</u> , is the person, and acknowledged that the signing was done freely and voluntarily ument.
SUBSCRIBED and SWORN to before me	· ·

Durable Power of Attorney for Health Care – Page 2 of 2
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Form Made Fillable by eForms

COMMISSION EXPIRES

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Durable Power of Attorney for Health Care for

	Sandra Kay Schultz	
	-	[My Name]
•	Agent. I choose Dondi Hilderbrand health care.	as my Agent with full authority to manage m
•	Alternate. If Dondi Hilderbrand Russell Schultz	is unable or unwilling to act, I chooseas my Agent with full authority to manage my health care.

- 3. My Rights. I keep the right to make health care decisions for myself as long as I am capable.
- Durable. My Agent can still use this power of attorney document to manage my affairs even if I 4. become sick or injured and cannot make decisions for myself. This power of attorney shall not be affected by my disability.
- 5. Start Date. This power of attorney document is effective on the day I sign it in front of a notary public.
- 6. End Date. This power of attorney document will end if I revoke it or when I die. If my spouse or domestic partner is my Agent, this power of attorney document will end if either of us files for divorce in court.
- 7. Revocation. I revoke any other power of attorney for health care documents I have signed in the past. I understand that I may revoke this power of attorney document at any time by giving written notice of revocation to my Agent.
- Powers. My Agent shall have full power and authority to do anything as fully and effectively as I 8. could do myself, including the power to make health care decisions and give informed consent to my health care, refuse and withdraw consent to my health care, employ and discharge my health care providers, apply for and consent to my admission to a medical, nursing, residential or other similar facility that is not a mental health treatment facility, serve as my personal representative for all purposes under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, as amended, and to visit me at any hospital or other medical facility where I reside or receive treatment
- 9. Mental Health Treatment. My Agent is not authorized to arrange for my commitment to or placement in a mental health treatment facility. My Agent is not authorized to consent to electroconvulsive therapy, psychosurgery, or other psychiatric or mental health procedures that restrict physical freedom of movement.
- 10. No Power to Agree to Binding Pre-Dispute Arbitration. I recognize that some long-term-care providers will ask me or my Agent to sign a binding pre-dispute arbitration agreement. These agreements limit my right to sue the provider before any injury or dispute occurs. I think these agreements are unfair and unacceptable. Therefore, my agent does not have the power to agree to pre-dispute binding

Durable Power of Attorney for Health Care - Page 1 of 2

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•	care providers to release all information governed by Accountability Act of 1996 (HIPAA) to my Agent.
My Signature Yay Sc.	12-26-2020 Date
Notarization (optional, but recommended)	
State of Washington County of Asothe	
I certify that I know or have satisfactory evidence who appeared before me, signed above, and ackr for the purposes mentioned in this instrument.	that <u>Sandra Kay Schultz</u> is the person lowledged that the signing was done freely and voluntarily
SUBSCRIBED and SWORN to before me on	c 26, 2020.
NOTARY PUBLIC COMMISSION EXPIRES FEB. 1, 2023 OF WASHING	SIGNATURE OF NOTARY Kathum G Brown PRINT NAME OF NOTARY NOTARY PUBLIC for the State of Washington. My commission expires Feb 23 2020
Witness 1 Signature Witness 1 Signature	Witness 2 Signature
Name	Name
28/2 945 Air Clarkstn with Address agy 03	2784 9th Ac Clarkston WA Address 99403

Durable Power of Attorney for Finances - Page 3 of 3 ©Seattle University School of Law Clinical Program & Northwest Justice Project

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by

Durable Power of Attorney for Finances for

	Robert William Schultz
	[My Name]
1.	Agent. I choose Dondi Hilderbrandas my Agent with full authority to manage my finances.
2.	Alternate. If Dondi Hilderbrand is unable or unwilling to act, I choose Russell Schultz as my Agent with full authority to manage my finances.
3.	My Rights. I keep the right to make financial decisions for myself as long as I am capable.
4.	Durable. My Agent can use this power of attorney document to manage my finances even if I become sick or injured and cannot make decisions for myself. This power of attorney document shall not be affected by my disability.
5.	Start Date. This power of attorney document is effective: (check one)
	✓ Immediately.
	\square Only if my medical provider signs a letter saying I cannot make decisions for myself.
6.	End Date. This power of attorney document will end if I revoke it or when I die. If my spouse or domestic partner is my Agent, this power of attorney document will end if either of us files for divorce in court.
7.	Revocation. I revoke any power of attorney for finances documents I have signed in the past. I understand that I may revoke this power of attorney document at any time by giving written notice of revocation to my Agent.

Powers. My Agent shall have full power and authority to do anything as fully and effectively

Durable Power of Attorney for Finances – Page 1 of 3

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as I could do myself, including, but not limited to, the power to make deposits to, and payments from, any account in my name in any financial institution, to open and remove items from any safe deposit box in my name, to sell, exchange or transfer title to stocks, bonds or other securities, and to sell, convey or encumber any real or personal property. My agent shall also have the following special powers: (check all that apply)

create, amend, revoke, or terminate a living trust		
☑ make gifts of my money or property		
☑ create or change my rights of survivorship		
create or change my beneficiary designation(s)		
delegate some authority granted in this document to someone else		
waive my right to be the beneficiary of an annuity or retirement plan		
create, amend, revoke, or terminate my community property agreement		
tell a trustee to make distributions from a trust just as I could		
No Power to Agree to Binding Pre-Dispute Arbitration. I recognize that some long-term-care providers will ask me or my Agent to sign a binding pre-dispute arbitration agreement. These agreements limit my right to sue the provider before any injury or dispute occurs. I think these agreements are unfair and unacceptable. Therefore, my agent does not have the power to agree to pre-dispute binding arbitration or any other process involving my person or property that limits my right to a jury, to sue for money, or to join a class action. Accounting. My Agent shall keep accurate records of my finances and show these records to me at my request. Nomination of Guardian. I nominate my Agent as the guardian of my estate for		
consideration by the court if guardianship proceedings become necessary. Dondi Hilderbrand		
Russell Schultz		

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11.

	thcare providers to release all information governed by ad Accountability Act of 1996 (HIPAA) to my Agent.		
Johnt Villiam Jakult My Signature	12-26-20 Date		
Notarization (optional, but recommended)			
State of Washington County of Asotin			
I certify that I know or have satisfactory evidence that Robert Luillian Schultz, is the person who appeared before me, signed above, and acknowledged that the signing was done freely and voluntarily for the purposes mentioned in this instrument.			
SUBSCRIBED and SWORN to before me on	Dec 26, 20 20.		
NOTARY PUBLIC COMMISSION EXPIRES FEB. 1, 2023	SIGNATURE OF NOTARY Kathryn G Brown PRINT NAME OF NOTARY NOTARY PUBLIC for the State of Washington. My commission expires Feb. 1, 20,23		
Witness 1 Minda Thomatac Signature	Witness 2 Signature		
Name	Name		
2812 9th Live. Clarkston, with	1784 9th the Clarkston WA Address		

Durable Power of Attorney for Health Care for

	Robert William Schultz	
		[My Name]
1.	Agent. I choose Dondi Hilderbrand health care.	as my Agent with full authority to manage my
2.	Alternate. If Dondi Hilderbrand Russell Schultz	is unable or unwilling to act, I choose as my Agent with full authority to manage my health care.
		

- 3. My Rights. I keep the right to make health care decisions for myself as long as I am capable.
- 4. Durable. My Agent can still use this power of attorney document to manage my affairs even if I become sick or injured and cannot make decisions for myself. This power of attorney shall not be affected by my disability.
- 5. Start Date. This power of attorney document is effective on the day I sign it in front of a notary public.
- 6. End Date. This power of attorney document will end if I revoke it or when I die. If my spouse or domestic partner is my Agent, this power of attorney document will end if either of us files for divorce in court.
- 7. Revocation. I revoke any other power of attorney for health care documents I have signed in the past. I understand that I may revoke this power of attorney document at any time by giving written notice of revocation to my Agent.
- 8. Powers. My Agent shall have full power and authority to do anything as fully and effectively as I could do myself, including the power to make health care decisions and give informed consent to my health care, refuse and withdraw consent to my health care, employ and discharge my health care providers, apply for and consent to my admission to a medical, nursing, residential or other similar facility that is not a mental health treatment facility, serve as my personal representative for all purposes under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, as amended, and to visit me at any hospital or other medical facility where I reside or receive treatment
- 9. Mental Health Treatment. My Agent is not authorized to arrange for my commitment to or placement in a mental health treatment facility. My Agent is not authorized to consent to electroconvulsive therapy, psychosurgery, or other psychiatric or mental health procedures that restrict physical freedom of movement.
- 10. No Power to Agree to Binding Pre-Dispute Arbitration. I recognize that some long-term-care providers will ask me or my Agent to sign a binding pre-dispute arbitration agreement. These agreements limit my right to sue the provider before any injury or dispute occurs. I think these agreements are unfair and unacceptable. Therefore, my agent does not have the power to agree to pre-dispute binding

Durable Power of Attorney for Health Care — Page 1 of 2

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arbitration or any other process involving my person or property that limits my right to a jury, to sue for money, or to join a class action.

- 11. Accounting. My Agent shall keep accurate records of my financial affairs and show these records to me at my request.
- 12. Nomination of Guardian. I nominate my Agent as the guardian of my person for consideration by the court if guardianship proceedings become necessary.
- 13. HIPAA Release. I authorize my healthcare providers to release all information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to my Agent.

nealth insurance Portability and Accor	untability Act of 1996 (HIPAA) to my Agent.	
Ny Signature My Signature	12-26-20 Date	
Witness 1 Inda Al-bruur too Signature	Witness 2. Signature	
Name	Name	
2812 9th Am Clarkston, WA Address 99403	2784 9Th AUR Clarics FON. WA Address 99403	
Notarization (Optional)		
State of Washington County of Ascho		
I certify that I know or have satisfactory evidence that Robert William Sciultz is the person who appeared before me, signed above, and acknowledged that the signing was done freely and voluntarily for the purposes mentioned in this instrument.		
SUBSCRIBED and SWORN to before me on	Dec 26 2020	
NOTARY PUBLIC COMMISSION EXPIRES FEB. 1, 2023	SIGNATURE OF NOTARY Kathy C Brown PRINT NAME OF NOTARY NOTARY PUBLIC for the State of Washington. My commission expires F-1 01, 2023.	

Durable Power of Attorney for Health Care – Page 2 of 2

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