Department of Revenue
Washington State
Form 84 0001a

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

Only for sales in a single location code on or after April 1, 2024.
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 Charles F. Allen, Jr. Successor Trustee
of the Allen Living Trust dated Mar 17, 2004
Mailing address 1324 Kensington WAY
City/state/zip Richland WA 99352
Phone (including area code) _____

2 Buyer/Grantee
Name Bridge Street Inn, LLC
Mailing address 601 3rd Street, #426
City/state/zip Clarkston WA 99403
Phone (including area code) 5095526917

3 Send all property tax correspondence to: ☒ Same as Buyer/Grantee
Name Bridge Street Inn, LLC
Mailing address 601 3rd Street, #426
City/state/zip Clarkston WA 99403 5095526917

List all real and personal property tax parcel account numbers	Personal property?	Assessed value(s)
10043300100020000	☐	102,400.00
	☐	
	☐	

4 Street address of property 1218 15th Street, Clarkston, WA
This property is located in Asotin Unincorp *(for unincorporated locations please select your county)* X
☐ 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).

-The South 85 feet of the East 146 feet of Lot 1 in Block "TT" of Vineland according to the official plat thereof, filed in Book A of Plats at Page(s) 36 1 2, records of Asotin County, Washington, measurements being from the centerline of adjacent streets. EXCEPTING therefrom any portion lying within 15th Street.

5 Land use code 11 Household, single family units
Enter any additional codes _____
(see back of last page for instructions)

Was the seller receiving a property tax exemption or deferral under 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.

Deputy assessor signature _____ Date _____

(2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY)
NEW OWNER(S): To continue special valuation as historic property, sign (3) below. If the new owner(s) 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

Signature _____ Signature _____
Print name _____ Print name _____

7 List all personal property (tangible and intangible) included in selling price.

If claiming an exemption, enter exemption code and reason for exemption. *See dor.wa.gov/REET for exemption codes*
WAC number (section/subsection) _____
Reason for exemption

Type of document Statutory Warranty Deed (SWD)
Date of document 06/27/24

Gross selling price	158,000.00
*Personal property (deduct)	0.00
Exemption claimed (deduct)	0.00
Taxable selling price	158,000.00
Excise tax: state	
Less than $525,000.01 at 1.1%	1,738.00
From $525,000.01 to $1,525,000 at 1.28%	0.00
From $1,525,000.01 to $3,025,000 at 2.75%	0.00
Above $3,025,000 at 3%	0.00
Agricultural and timberland at 1.28%	0.00
Total excise tax: state	1,738.00
Local	395.00
*Delinquent interest: state	0.00
Local	0.00
*Delinquent penalty	0.00
Subtotal	2,133.00
*State technology fee	5.00
Affidavit processing fee	0.00
Total due	2,138.00

0200

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 _____
Name (print) Charles F. Allen, Jr. Successor Trustee
Date & city of signing 6·27·24, Clarkston, WA

Signature of grantee or agent _____
Name (print) Bridge Street Inn, LLC
Date & city of signing 6·28·24, 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.

REV 84 0001a ((02/21/24)

THIS SPACE TREASURER'S USE ONLY COUNTY TREASURER

DATE 06/28/2024 - RECEIPT No. 56917 - Alliance Title - Clarkston

Print on legal size paper

ALLEN LIVING TRUST

Article One

Trust Creation

Section 1. Parties to My Trust

My Trust Agreement, dated MAR 17 2004, is made between CHARLES F. ALLEN, SR., the Trustor, and the following Initial Trustee:

CHARLES F. ALLEN, SR.

Section 2. Name of My Trust

My Trust may be referred to as the:

ALLEN LIVING TRUST, dated MAR 17 2004.

The formal name of my Trust and the designation to be used for the transfer of title to the name of my Trust is:

CHARLES F. ALLEN, SR., Trustee, or his successors in trust, under the ALLEN LIVING TRUST, dated MAR 17 2004 and any amendments thereto.

Section 3. Revocable Living Trust

My Trust is a revocable trust.

Section 4. Trustor as Trustee

Unless otherwise provided in my Trust Agreement, when I am serving as Trustee under my Trust, I may conduct business and act on behalf of my Trust without the consent of any other Trustee.

Section 5. My Family

Unless specifically provided otherwise in subsequent provisions of my Trust Agreement, all references to "my children", subject to the exclusion of any child under any subsequent provision

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Article Three

Appointment of Trustees

Section 1. Definition of Trustee

All uses of the word "Trustee" in my Trust Agreement shall be deemed a reference to the person or entity then serving as Trustee and shall include alternate or Successor Trustees or Co-Trustees (if multiple trustees are serving), unless the context requires otherwise.

Section 2. Resignation of a Trustee

Any Trustee may resign at any time without court approval by giving written notice to me if I am living and competent. If I am not then living and competent, written notice shall be given to my next Successor Trustee; or if there is no next Successor Trustee, to the beneficiaries then entitled to receive income or principal distributions under my Trust Agreement or their respective Personal Representatives, or if any of such beneficiaries then be a minor, to the persons having the care or custody of any such minor. Such resignation shall be effective upon the appointment of a Successor Trustee.

Section 3. Removal of a Trustee

Any Trustee may be removed under my Trust Agreement as follows:

a. While I Am Alive and Competent

While I am alive and competent, I may add a Trustee, or remove or replace any other Trustee appointed under my Trust Agreement at any time without cause.

b. Removal by Others

Upon my death or incapacity, any Trustee may be removed at any time for cause by a majority vote of the beneficiaries then entitled to receive income or principal distributions under my Trust Agreement, or their Personal Representatives.

c. Notice to Removed Trustee

Written notice of removal under my Trust Agreement shall be effective immediately when signed by the person or persons authorized to make the removal and delivered to my Trustee personally or three business days after mailing by certified mail, return receipt requested. The written notice removing a

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Trustee shall identify the Successor Trustee appointed pursuant to the other provisions of this Article.

d. Transfer of Trust Property

The Trustee so removed shall promptly transfer and deliver to the Successor Trustee all property of my Trust under the removed Trustee's possession and control.

Section 4. Designated Successor Trustees

Subject to the provisions of Section 3 of this Article, whenever a Trustee is removed, dies, resigns, becomes incapacitated, or is otherwise unable or unwilling to serve, the vacant Trustee position shall be filled as follows:

a. Vacancy in Position of Trustee While I Am Alive and Competent

I may serve as the only Trustee or I may name any number of Trustees to serve with me. If any of these other Trustees subsequently fails or ceases to serve as a Trustee for any reason, I may or may not appoint another to fill the vacancy.

b. Incapacity Trustees of CHARLES F. ALLEN, SR.

If CHARLES F. ALLEN, SR. becomes incapacitated while serving as an Initial Trustee, he shall be replaced by the following Incapacity Trustee(s) to serve in the priority listed until the list has been exhausted. Unless otherwise specified, if Co-Incapacity Trustees are serving, the next following named Successor Incapacity Trustee(s) shall serve only after all of the Co-Incapacity Trustees initially fail or thereafter cease to act as Trustees:

(1) WILLIAM E. ALLEN
(2) CHARLES F. ALLEN, JR.
(3) THERESE M. KNOX

c. Death Trustees of CHARLES F. ALLEN, SR.

Upon the death of CHARLES F. ALLEN, SR., he or his Incapacity Trustee, if either is then serving as Trustee, shall be replaced by the following Death Trustee(s) to serve in the priority listed until the list has been exhausted. Unless otherwise specified, if Co-Death Trustees are serving, the next following named Successor Death Trustee(s) shall serve only after all of the Co-Death Trustees initially fail or thereafter cease to act as Trustees:

(1) WILLIAM E. ALLEN
(2) CHARLES F. ALLEN, JR.
(3) THERESE M. KNOX

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STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

1028601 (I.D. TAG NO.) — 136-2022-030545 (STATE FILE NUMBER)

TO BE COMPLETED BY FUNERAL FACILITY

Legal Name: First: William; Middle: Edgell; Last: Allen; Suffix:				Death Date: September 21, 2022
Sex: Male	Age: 71 years	Social Security Number:		County of Death: Wasco
Birthdate: November 05, 1950	Birthplace: Anaconda, Montana			Was Decedent Ever in U.S. Armed Forces?: Yes
Residence: 19451 N 270th Lane			City/Town: Buckeye	
Residence County: Maricopa	State or Foreign Country: Arizona		Zip Code + 4: 85396	Inside City Limits?: Yes
Marital Status at Time of Death: Married	Spouse's Name Prior to First Marriage: Colene Rodney			
Father's Name: Charles Allen		Mother's Name Prior to First Marriage: Phyllis Havemann		
Informant's Name: Colene Allen	Telephone Number: Not Available	Relationship to Decedent: Spouse	Mailing Address: 19451 N 270th Lane, Buckeye, AZ 85396	
Place of Death: Other - Heritage Landing	Facility Name:			
Location of Death: 45°37'57.6"N 120°54'47.5"W	City/Town or Location of Death: The Dalles		State: Oregon	Zip Code + 4: 97058
Method of Disposition: Cremation	Place of Disposition: Columbia Gorge Cremation		Location (City/Town and State): Hood River, Oregon	
Name and Complete Address of Funeral Facility: Anderson's Tribute Center - Celilo Chapel 204 E 4th Street, The Dalles, Oregon 97058				
Date of Disposition: September 24, 2022	Funeral Director's Signature: Addison J Redmond	Electronically Signed	OR License Number: CO-4012	
Registrar's Signature: Jennifer A. Woodward		Date Received: September 24, 2022	Local File Number:	
Amendment:				

TO BE COMPLETED BY MEDICAL CERTIFIER

Was case referred to Medical Examiner?: Yes	Autopsy?: No	Were autopsy findings available to complete the cause of death?:		Time of Death: 1503
CAUSE OF DEATH: IMMEDIATE CAUSE ↓ a. drowning				Approximate Interval: Onset to Death: minutes
Due to (or as a consequence of) ↓ b.				
Due to (or as a consequence of) ↓ c.				
Due to (or as a consequence of) ↓ d.				
Other significant conditions contributing to death:				
Manner of Death: Accident	If Female: Not Applicable		Did tobacco use contribute to death?: No	
Date of Injury: September 21, 2022	Time of Injury: 1503	Place of Injury: River		Injury at Work?: Unknown
Location of Injury: 45°37'57.6"N 120°54'47.5"W, The Dalles, Oregon 97031				
Describe how injury occurred: found in columbia river by fisherperson			If transportation injury, specify:	
Name and Address of Certifier: Christopher Van Tilburg 1700 E 19th Street, The Dalles, Oregon 97058				
Name and Title of Attending Physician if Other than Certifier:			Date Signed: September 24, 2022	
Medical Certifier: Christopher Van Tilburg	Electronically Signed	Title of Certifier: M.D., M.E.	License Number: MD20269	
Amendment:				

20220929190

45-2CC (01/06)

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED: September 26, 2022

Jennifer A. Woodward
JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT DINTAGLIO STATE SEAL AND BORDER

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2024-018396
DATE ISSUED: 05/30/2024
FEE NUMBER:

FIRST AND MIDDLE NAME(S): CHARLES F.
LAST NAME(S): ALLEN

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: APRIL 09, 2024
HOUR OF DEATH: 08:40 AM
SEX: MALE AGE: 96 YEARS
SOCIAL SECURITY NUMBER:

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

BIRTH DATE: JUNE 13, 1927
BIRTHPLACE: IDAHO FALLS, ID

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: ENGINEER - ELECTRICAL
INDUSTRY: CONSTRUCTION - ELECTRICAL
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE
US ARMED FORCES: YES

INFORMANT: CHARLES ALLEN JR
RELATIONSHIP: SON
ADDRESS: 11201 N EL MIRAGE RD #1116 EL MIRAGE, AZ 85335

CAUSE OF DEATH:
A: RESPIRATORY FAILURE
INTERVAL: 3 DAYS
B: CHRONIC KIDNEY DISEASE
INTERVAL: 5 YEARS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: 1242 11TH STREET ROOM 106
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 1242 11TH STREET ROOM 106
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: YES COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 4 MONTHS

FATHER: WILLIAM ALLEN
MOTHER: LOUISE MARTIN

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

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: APRIL 18, 2024

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

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: NOT APPLICABLE

CERTIFIER NAME: BRANDON L WHITLOCK, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 17121 E 8TH AVE
CITY, STATE, ZIP: SPOKANE VALLEY, WASHINGTON 99016
DATE SIGNED: APRIL 12, 2024

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MAURINE NICHOLSON
DATE RECEIVED: APRIL 17, 2024

DOH 422-132 (6/18)

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