

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.

Check box if partial sale, indicate % _____ sold.

List percentage of ownership acquired next to each name.

1 Seller/Grantor

Name Dana G. Falk, Successor Trustee of the Julia Pretko Revocable Trust, dated July 19, 2021

Mailing address 4434 Los Pinos

City/state/zip Rancho Santa Fe, CA 92067

Phone (including area code) _____

2 Buyer/Grantee

Name Brian Michael Huffman and Taylor B. Huffman, H&W

Mailing address 1200 6th Street

City/state/zip Clarkston, WA 99403

Phone (including area code) _____

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)
1-058-00-001-0000-0000	<input type="checkbox"/>	\$ 108,300.00
_____	<input type="checkbox"/>	\$ 0.00
_____	<input type="checkbox"/>	\$ 0.00

4 Street address of property 1200 6th Street, Clarkston, WA 99403

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):

Lot 1 of Central Addition to Clarkston, according to the official plat thereof, filed in Book B of Plats at Page(s) 91, records of Asotin County, Washington.

5 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 its 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 84.337? Yes No

Is this property classified as current use (open space, farm and agricultural), or timber land per RCW 84.347? 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 _____

8 I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT
Signature of grantor or agent Dana G. Falk Signature of grantee or agent B. Huffman
Name (print) Dana G. Falk, Successor Trustee Name (print) Brian Michael Huffman or Taylor B. Huffman
Date & city of signing 1/10/23, Rancho Santa Fe, CA Date & city of signing 1/17/23, Clarkston

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.

JULIA PRETKO REVOCABLE TRUST

This Trust Agreement is hereby made effective this 19th day of July, 2021, between Julia J. Pretko, also known as JoAnn Pretko, of Lewiston, Idaho, herein referred to as Trustor, and Julia J. Pretko, of Lewiston, Nez Perce County, State of Idaho, herein referred to as Trustee.

IDENTIFICATION OF FAMILY

I declare that I was the spouse of Francis T. Pretko, who is deceased. Two (2) children were born as issue of our marriage, namely:

- Ann M. Shoemaker, who is deceased and left one surviving issue, Samara Shoemaker
- Dana G. Falk of Rancho Santa Fe, California

In consideration of the mutual covenants and promises set forth herein, Trustor and Trustee agree as follows:

ARTICLE I

TRANSFER IN TRUST

Trustor transfers and delivers to Trustee the property described in Exhibit A, attached hereto and made a part hereof by this reference. The receipt of such property is hereby acknowledged by Trustee. Such property and all property hereafter subject to this trust shall constitute the trust estate, and shall be held, managed, administered, and distributed by Trustee as hereinafter provided.

JULIA PRETKO REVOCABLE TRUST -- 1

Creason, Moore, Dokken & Geidl, PLLC
P.O. Drawer 835, Lewiston ID 83501
(208)743-1516; Fax(208)746-2231

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and shall be binding upon the trust, the beneficiaries of the trust and all persons transacting any matter with the trust. The Co-Trustees may appoint a Managing Trustee to administer the day-to-day affairs of the trust.

C. **Trustee's Signature.**

1. **Co-Trustees.** Where two or more Co-Trustees are serving as the Trustee hereunder, the signature of any one such Co-Trustee shall be sufficient to implement any action of the Trustee taken pursuant to Paragraph B. herein, or to perform and/or implement any other duty of the Trustee under the trust.

2. **Bank or Brokerage Accounts.** The Trustee shall have the authority to open such accounts with financial institutions (as defined in the various Chapters of Title 26 of the Idaho Code) or with securities broker-dealers (as defined in Idaho Code § 30-1402) as the Trustee deems necessary to further the purposes of the Trust. Where more than one Co-Trustee is serving as Trustee, the signature of any one such Co-Trustee shall be sufficient to implement any action of the Trustee taken under Paragraph B. herein.

D. **Loans.** The Trustee is empowered to make loans to any primary or contingent beneficiary, including himself or herself as a Trustee/beneficiary, so long as the loan is reasonable in the circumstances, adequately supported by collateral, and intended to benefit the trust as a commercially reasonable investment.

E. **Use of Assets.** The Trustee is hereby authorized to permit any trust beneficiary, including himself or herself as a Trustee/beneficiary, to use any asset held by the trust for any reasonable purpose without obtaining rent or compensation therefor.

F. **Authority to Sell Real Property or Assets.** The Trustee may elect to sell any real property, or other asset, included in the trust, provided that the sale price and other terms of sale are economically reasonable. Sales of assets to related parties, including the Trustee, shall not be deemed a conflict of interest, provided that the Trustee shall obtain approval of the Court to purchase any assets from the Trust.

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ARTICLE X
COMPENSATION OF TRUSTEE

The Trustee herein shall be compensated at a reasonable rate to be negotiated upon and determined by separate agreement between the Trustor and the Trustee. If no separate agreement is made or is found, then the Trustee shall be compensated at a reasonable rate. However, for so long as the Trustor acts as Trustee, no compensation shall be provided. A Trustee's failure to submit fees and costs to the trust for reimbursement within sixty (60) days following the end of any calendar year shall be deemed a waiver of the Trustee's right to reimbursement for that year.

ARTICLE XI
SUCCESSOR TRUSTEES

The Trustor may appoint any person to serve as a Co-Trustee with her. Such Co-Trustee shall continue to serve until excused by the Trustor or until the death, resignation or incapacity of the Trustor. Upon the death, incapacity or resignation of the Trustor, then Dana G. Falk shall be the successor trustee upon acceptance of the terms of this trust, with the same duties and powers as are imposed and conferred by this agreement on Trustee hereunder. Upon the death, incapacity or resignation of Dana G. Falk, then Gary White shall be the alternate successor trustee, upon acceptance of the terms of this trust, with the same duties and powers as are imposed and conferred by the agreement on Trustee herein. If at any time a trustee currently serving becomes aware that no successor trustee has been named or is available to serve, then the trustee may name a successor trustee in writing, who may qualify as trustee of this trust by acceptance of the terms of this trust upon the acting trustee's death, resignation, or incapacity to act, with the same duties and powers as are imposed and conferred by this agreement on trustees hereunder. If no successor trustee has been named, a court of competent jurisdiction shall appoint a successor trustee. The incapacity of any trustee may be demonstrated by a sworn affidavit of a physician who, upon examination, determines that the trustee lacks the capacity to carry out the duties and responsibilities of the trust.

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A trustee refusing to submit to a medical examination or refusing to permit the results of such examination to be delivered to the remaining Co-Trustees or beneficiaries for the purpose of determining incapacity shall be deemed to have resigned as trustee.

ARTICLE XII

BOND AND LIABILITY OF TRUSTEE

No bond shall be required of any person named in this instrument as Trustee, or of any person appointed as Trustee in the manner specified herein, for the faithful performance of his or her duties as Trustee. Furthermore, any Trustee named or appointed hereunder shall be liable only for his or her willful breach of the trust and not for any good faith error in judgment. A corporate Trustee acting hereunder shall be liable or responsible only to the degree required by the laws of the state of Idaho wherein it is authorized to act as Trustee. In any contract or agreement made by Trustee on behalf of the trust estate, such Trustee may, and is hereby authorized to, stipulate and provide against personal liability on such contracts, to provide that the rights created under such contract or contracts shall belong to the trust estate and that the obligations under and by virtue of such contract or contracts shall be obligations of the trust estate only.

ARTICLE XIII

ACCOUNTING

The Trustee shall prepare or cause to be prepared on an annual basis, a statement of assets and liabilities of the trust and a statement of receipts and disbursements for the prior year. The Trustee shall make the financial statements available to the Trustor hereunder as well as to any other income beneficiary of this trust. Additionally, the Trustee shall prepare or cause to be prepared such annual tax returns for the Trustor and/or for this trust as may be considered necessary or appropriate under any federal or state income tax rules or regulations. Upon the death of the last surviving Trustor, the Trustee shall make all financial statements and/or tax returns available to the remaining beneficiaries of the trust and shall provide a final accounting of the trust to such

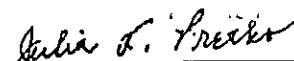
attorneys to make full disclosure of my estate plan and business to my successor trustee and (c) authorize such attorneys to accept employment by my successor trustee if offered.

**ARTICLE XVII
OTHER MATTERS**

The use of article captions and headings within this trust are for convenience only and shall not be used to define or construe any of the provisions hereof. The term "issue" as used herein shall mean issue per stirpes, and shall include those born or legally adopted either before or after the execution of this trust or after my death. The term "child" or "children" shall also mean per stirpes and shall also include any child or children born or legally adopted either before or after the execution of this trust or after my death. The term "minor" as used herein shall mean any person who has not attained the age of twenty-one (21) years. The use of masculine references herein shall include the feminine, and the feminine shall include the masculine; the use of singular and plural shall be interchangeable. "Per stirpes" means by the roots or by the stock and as used herein means that assets would be proportionally divided among beneficiaries according to their ancestor's share.

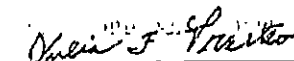
IN WITNESS WHEREOF, Trustor and Trustee have executed this agreement to be effective the day, month and year first above written.

TRUSTOR



Julia J. Pretko

TRUSTEE



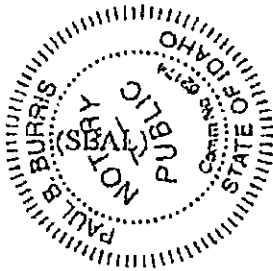
Julia J. Pretko


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STATE OF IDAHO)
 : ss.
County of Nez Perce)

On this 19th day of July, 2021, before me, the undersigned, a notary public in and for said state, personally appeared Julia J. Pretko, an unmarried person, known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed the same.

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




Notary Public in and for said State,
residing at or employed in Lewiston.
My Commission Expires: Sept 4 2025

JULIA PRETKO REVOCABLE TRUST -- 20

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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

THIS IS A COPY OF REG 200-001-01, OBTAINED BY THE STATE REGISTER WITH THE DEPARTMENT OF HEALTH AND WELFARE. ALL INFORMATION MUST BE PRESENTED IN ACCORDANCE WITH THE DEPARTMENT OF HEALTH AND WELFARE. LOCAL REG. NO.

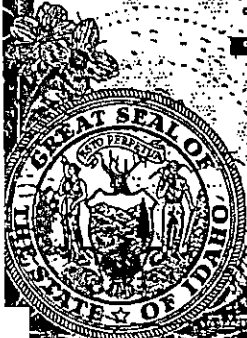
DECEDENT	* 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) JULIA JOANN PRETKO AKA JOANN PRETKO		2. SEX FEMALE	3. SOCIAL SECURITY NUMBER [REDACTED]
TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. FOR INSTRUCTIONS SEE HANDBOOKS.	4a. AGE Last Birthday: <input type="checkbox"/> UNDER 1 YEAR, <input type="checkbox"/> UNDER 1 DAY, <input type="checkbox"/> DATE OF BIRTH (Mo/Day/Yr) 82 (Months) 10 (Days) 10/19/1929		6. BIRTHPLACE (City and State, Territory, or Foreign Country) PORTLAND, OREGON	
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY NEZ PERCE	
	7c. CITY OR TOWN LEWISTON		7d. APT. NO. 7e. ZIP CODE 1815 OLD ORCHARD COURT 83501	
MORTICIAN: Complete Within 6 Days of Death	8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input checked="" 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)	
	10. EVER IN U.S. ARMED SERVICES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11a. BIRTHPLACE (State, Territory, or Foreign Country) UNKNOWN	
PARENTS	11c. FATHER'S NAME (First, Middle, Last, Suffix) WILLIAM FLETCHER		11b. BIRTHPLACE (State, Territory, or Foreign Country) UNKNOWN	
	11d. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) LENA UNKNOWN		11e. BIRTHPLACE (State, Territory, or Foreign Country) UNKNOWN	
INFORMANT	12a. INFORMANT'S NAME (Type or print) DANA G. FALK		12b. RELATIONSHIP TO DECEDENT DAUGHTER	
	12c. MAILING ADDRESS (Street and Number, City, State, Zip Code) P.O. BOX 924 RANCHO SANTA FE, CA 92087			
DISPOSITION	14. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify)		15. PLACE OF DISPOSITION (Name and address of facility, cemetery, or place) NORMAL HILL CEMETERY 1122 7TH STREET LEWISTON, IDAHO 83501	
	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY NALCOM'S BROWER-WANN FUNERAL HOME 1711 18TH STREET LEWISTON, IDAHO 83501			
PLACE OF DEATH	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: JASON M. HARWICK		17b. LICENSE NUMBER (If license) ND602	
	17c. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: JASON M. HARWICK		17d. LICENSE NUMBER (If license) ND602	
DATE OF DEATH	18a. IF DEATH OCCURRED IN A HOSPITAL		18b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL	
	19. DATE OF DEATH (Mo/Day/Yr) (Spell month) November 17, 2021		20. TIME OF DEATH 08:30	
CAUSE OF DEATH	21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE LEWISTON, ID 83501		22. COUNTY OF DEATH NEZ PERCE	
	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) November 17, 2021		24. TIME OF DEATH 08:30	
CAUSE OF DEATH	25. CAUSE OF DEATH (Immediate cause of death) METASTATIC BREAST CANCER		26. APPROXIMATE TIME INTERVAL 3 MONTHS	
	27. UNDERLYING CAUSE (Final disease or injury that initiated the events resulting in death) METASTATIC BREAST CANCER			
CAUSE OF DEATH	28. SEQUENTIAL CAUSES (If any, leading to the cause based on line 27. Enter the UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death)) DUE TO (or as a consequence of)			
	29. PARTIAL CAUSE (If any, leading to the cause based on line 27. Enter the UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death)) DUE TO (or as a consequence of)			
CAUSE OF DEATH	30. PARTIAL CAUSE (If any, leading to the cause based on line 27. Enter the UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death)) DUE TO (or as a consequence of)			
	31. PARTIAL CAUSE (If any, leading to the cause based on line 27. Enter the UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death)) DUE TO (or as a consequence of)			
CAUSE OF DEATH	32. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		33. IF FEMALE (Aged 15-54) <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 43 days of death <input type="checkbox"/> Unknown (if pregnant within the past year)	
	34. DATE OF INJURY (Mo/Day/Yr) (Spell month) 11/17/2021		35. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, hotel, etc.) 1815 OLD ORCHARD COURT, LEWISTON, ID 83501	
CAUSE OF DEATH	36. LOCATION OF INJURY: Street and Number or Location 1815 OLD ORCHARD COURT, LEWISTON, ID 83501		37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined	
	38. 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. TRANSPORTATION: WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		39. WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY? <input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown	
CERTIFIER	39a. CERTIFIER (Check only one, based on official capacity for this certificate) <input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE <input type="checkbox"/> CORONER		39b. LICENSE NUMBER M-09634	
	39c. DATE SIGNED 11/22/2021			
REGISTRAR	40a. REGISTRAR'S SIGNATURE JAMES B. AYDELOTTE		40b. DATE SIGNED 11/22/2021	
	40c. NAME, ADDRESS, AND ZIP CODE OF REGISTRAR (Type or print) ELEAZAR L. BLACK, 3271 HIGHLAND AVE STE B CLARKSTON, WA 98403			

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: **NOV 23 2021**

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

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR



RECEIVED
APR 15 1989



STATE OF IDAHO County of Lewis

This copy of a death certificate was issued by the District Health Department on behalf of the Bureau of Vital Records and Statistics.

Robert Hudson
Local Vital Statistics Registration Officer

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