



REAL ESTATE EXCISE TAX AFFIDAVIT
CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED (See back of last page for instructions)

Check box if partial sale of property If multiple owners, list percentage of ownership next to name.

Form section 1 and 2: Seller/Grantor and Buyer/Grantee information including names, addresses, and phone numbers.

Form section 3: Property tax correspondence and parcel information including name, address, parcel numbers, and assessed value.

Form section 4: Street address of property and location details including county and city information.

Form section 5: Land use code selection and exemption information.

Form section 6: Designation of property type and continuation of use information.

Form section 7: Assessor and owner signatures, including deputy assessor and owner signature lines.

Form section 7 (continued): Personal property included in selling price and tax calculation table.

Form section 8: Certification of truth and correctness by grantor and grantee agents.

Perjury: Perjury is a class C felony which is punishable by imprisonment in the state correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars (\$5,000.00), or by both imprisonment and fine (RCW 9A.20.020 (1C)).

Handwritten initials 'EAT' in the bottom left corner.

EXHIBIT "A"

593721

The East 16 feet of Lot 12 and all of Lot 13 of Westwind Village, according to the official plat thereof, recorded June 1, 2004 as Instrument No. 276632 Official Records of Asotin County, Washington. Together with an undivided 1/16th interest in the common areas of Westwind Village as disclosed by Westwind Village PUD Covenants and Homeowners Association Agreement recorded June 1, 2004 as Instrument No. 276631 and amended by Westwind Village Homeowners' Association Letter of Intent recorded May 15, 2009 as Instrument No. 312671 official records of Asotin County, Washington.

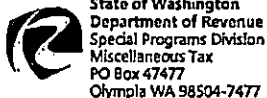
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Return Address
Joyce Cram
1927 Joseph Drive
Moraga, CA 94556

Please print or type information

Document Title(s) (or transactions contained therein): 1. Affidavit (Lack of Probate) 2. 3. 4.
Grantor(s) (Last name first, then first name and initials): 1. McIntire, Jean K. 2. 3. 4. <input type="checkbox"/> Additional names on page __ of document.
Grantee(s) (Last name first, then first name and initials): 1. To The Public 2. 3. 4. <input type="checkbox"/> Additional names on page __ of document.
Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.) <input type="checkbox"/> Additional legal is on page __ of document.
Reference Number(s) of Documents assigned or released: <input type="checkbox"/> Additional numbers on page __ of document.
Assessor's Property Tax Parcel/Account Number <input type="checkbox"/> Property Tax Parcel ID is not yet assigned <input type="checkbox"/> Additional parcel numbers on page __ of document
The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

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AFFIDAVIT (LACK OF PROBATE)

John Johnson, Joyce Cram, and Summer Rieser, being first duly sworn, deposes and says:
The undersigned affiant is the rightful heir to the real property described below, and is child/children siblings
(relationship to decedent) of Jean K. McIntire (decedent), who died on (date)
October 21, 2021, at
Lewiston Nez Perce Idaho
City County State

*** A CERTIFIED COPY OF THE DEATH CERTIFICATE MUST BE PRESENTED. PLEASE NOTE: A copy may be used for recording at the discretion of the county.

REGARDING DISPOSITION OF REAL PROPERTY:

Attach the full legal description of the property with county and parcel number being transferred which is located at a commonly recognized address of:
Street
City State Zip Code

- Decedent left no Last Will and Testament and/or Community Property Agreement; OR Decedent left a Community Property Agreement in favor of surviving spouse (A COPY OF WHICH IS ATTACHED for review), or has been recorded under County recording number; OR
Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked (A COPY OF WHICH IS ATTACHED for review)

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

John Johnson, son
John N Johnson 73, brother,
Full name, age, relationship, address
1427 E. Hucker Ave, Anaheim, CA 92805
Joyce Cram, daughter sister, 72
Full name, age, relationship, address
1927 Joseph Dr, Moraga, CA 94556
Full name, age, relationship, address
Summer Rieser, daughter sister, 72
Full name, age, relationship, address
1927 Joseph Dr, Moraga, CA 94556
Full name, age, relationship, address

(Continued on next page)

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Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: February 3, 2022

John Johnson

Affiant's full name

714-300-4899

Telephone number

1427 E. Hukes Ave.

Anaheim

Street

CA
State

92805

Zip Code

John Johnson

Signature

2/3/2022

Date

State of California

County of Orange

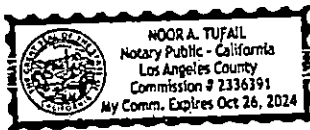
I know or have satisfactory evidence that John Johnson

(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 02/03/2022

(SEAL OR STAMP)



Noor A. Tufail

Signature of Notary Public

Residing at: 18944 Vival Ave Apt 80

Cerritos CA 90703

Notary Public in and for the State of California

My appointment expires: Oct 26, 2024

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Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: February 3, 2022
Joyce Cram

Affiant's full name
[Signature]
Telephone number 925 376 0412
1927 Joseph Drive
Street
Moraga CA 94556
City State Zip Code

[Signature] 2/3/2022
Signature Date

State of California County of Alameda
I know or have satisfactory evidence that Joyce Cram
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 2/3/2022
(SEAL OR STAMP)

[Signature]
Signature of Notary Public
Residing at: 5391 Meyers Ave Fremont CA 95503
Notary Public in and for the State of California
My appointment expires: 08/16/2022



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Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: February 3, 2022

Summer Rieser

Affiant's full name

925-376-0472
Telephons number

1927 Joseph Dr. Street

Moraga City CA 94556
State Zip Code

Summer Rieser
Signature

2/3/2022
Date

State of California County of Humboldt

I know or have satisfactory evidence that Summer Rieser (name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 2/3/2022

Katherine L. Manion
Signature of Notary Public

(SEAL OR STAMP)

Residing at: 5391 Meyer Ave Eureka, CA 95503

Notary Public in and for the State of California

My appointment expires: 08/16/2022



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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

CERTIFICATE OF DEATH

Date Filed NOVEMBER 02, 2021

State File No. 2021-14476

DECEDENT - LEGAL NAME JEAN KARLEEN MCINTIRE			
SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 70 YEARS	DATE OF BIRTH AUGUST 23, 1951
BIRTHPLACE LYNWOOD, CALIFORNIA		PLACE OF RESIDENCE CLARKSTON, WASHINGTON	
MARRITAL STATUS AT TIME OF DEATH WIDOWED		NAME OF SURVIVING SPOUSE (if wife, maiden name)	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME KARL BARR JOHNSON		BIRTHPLACE IOWA	
MOTHER - MAIDEN NAME JOY WORTHINGTON		BIRTHPLACE OKLAHOMA	
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE JAMIE M. CLONINGER	
NAME AND ADDRESS OF FUNERAL FACILITY MALCOM'S BROWER-WANN-FUNERAL HOME, LEWISTON, IDAHO			
DATE OF DEATH OCT 21, 2021	TIME OF DEATH 7:01 P.M.	CITY/TOWN OR LOCATION OF DEATH LEWISTON, IDAHO	COUNTY OF DEATH NEZ PERCE
CAUSE OF DEATH (specifying cause last) PNEUMONIA			Approximate Interval Between Cause and Death 4 DAYS
DUE TO (or as a consequence of): CPD WITH EXACERBATION			4 DAYS
DUE TO (or as a consequence of): ACUTE ON CHRONIC SYSTOLIC HEART FAILURE WITH ISCHEMIA			2 YEARS
DUE TO (or as a consequence of): PANCYTOPENIA WITH CHRONIC LYMPHOCYTIC LEUKEMIA			11 YEARS
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not bearing in the underlying cause given above CLL SINCE 2010, IMMUNOSUPPRESSION, BACK PAIN FROM CLL			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF PHYSICIAN JANE F. FORE, M.D.	TITLE PHYSICIAN	
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	CAUSAL AGENT
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			



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: **NOVEMBER 03, 2021**

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

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James B. G. Little
JAMES B. AYDELOTTE
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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