



REAL ESTATE EXCISE TAX AFFIDAVIT
 CHAPTER 82.45 RCW -- CHAPTER 458-61A WAC
 (See back of last page for instructions)

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

Check box if partial sale of property

If multiple owners, list percentage of ownership next to name.

SELLER GRANTOR	1 Name <u>Darlene Wilkinson, PR</u>	BUYER GRANTEE	2 Name <u>Rodney Hubley</u>
	Estate of Janine M. Schnider		Mailing Address <u>13987 Hogue Hollow Rd.</u>
	Mailing Address <u>611 16th Ave</u>		City/State/Zip <u>Walla, WA 98389</u>
	City/State/Zip <u>Clarkston WA 99403</u>		Phone No. (including area code)
3 Send all property tax correspondence to: <input checked="" type="checkbox"/> Same as Buyer/Grantee		List all real and personal property tax parcel account numbers - check box if personal property	
Name <u>Rodney Hubley</u>		10472100900000000 <input type="checkbox"/>	
Mailing Address _____		_____ <input type="checkbox"/>	
City/State/Zip _____		_____ <input type="checkbox"/>	
Phone No. (including area code) _____		_____ <input type="checkbox"/>	

4 Street address of property: 1103 3rd Street, Asotin, WA
 This property is located in unincorporated Asotin County OR within city of Asotin(city)
 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.
 Lots 6, 7, 8 and 9 in Block 21 of Schank and Reed's First Addition to the Town of Asotin, according to the official plat thereof, filed in Book A of Plats at Page(s) 5, records of Asotin County, Washington. Together with that portion of the vacated Hays Street, lying adjacent to said Lot 9, as vacated by Ordinance # 93, recorded December 1, 2004, as Instrument No. 280356, which attaches by operation of law.

5 Select Land Use Code(s):
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 chapters 84.36, 84.37, or 84.38 RCW (nonprofit organization, senior citizen, or disabled person, homeowner with limited income)?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
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Is this property designated as forest land per chapter 84.33 RCW?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Is this property receiving special valuation as historical property per chapter 84.26 RCW?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> 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 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 RCW 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 _____ 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) does not wish to continue, all additional tax calculated pursuant to chapter 84.26 RCW, shall be due and payable by the seller or transferor at the time of sale.

(3) OWNER(S) SIGNATURE

 PRINT NAME

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

If claiming an exemption, list WAC number and reason for exemption:
 WAC No. (Section/Subsection) _____
 Reason for exemption _____

Type of Document	<u>Personal Representative's Deed (PRD)</u>	
Date of Document	<u>09/18/22</u>	
Gross Selling Price \$	<u>440,000.00</u>	
* Personal Property (deduct) \$	<u>0.00</u>	
Exemption Claimed (deduct) \$	<u>0.00</u>	
Taxable Selling Price \$	<u>440,000.00</u>	
Excise Tax : State \$	<u>4,840.00</u>	
Local \$	<u>3,300.00</u>	
* Delinquent Interest: State \$	<u>0.00</u>	
Local \$	<u>0.00</u>	
* Delinquent Penalty \$	<u>0.00</u>	
Subtotal \$	<u>8,140.00</u>	
* State Technology Fee \$	<u>5.00</u>	<u>5.00</u>
* Affidavit Processing Fee \$	<u>0.00</u>	
Total Due \$	<u>8,145.00</u>	

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 Grantor's Agent <u>Darlene Wilkinson PR</u>	Signature of Grantee or Grantee's Agent <u>Rodney Hubley</u>
Name (print) <u>Darlene Wilkinson, PR</u>	Name (print) <u>Rodney Hubley</u>
Date & city of signing: <u>9-16-22 Clarkston</u>	Date & city of signing: <u>9-16-22 Clarkston, WA</u>

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)).



State of Washington
 Department of Revenue
 Special Programs Division
 Miscellaneous Tax
 PO Box 47477
 Olympia WA 98504-7477

AFFIDAVIT (LACK OF PROBATE)

Darlene Wilkinson, being first duly sworn, deposes and says:
 The undersigned affiant is the rightful heir to the real property described below, and is daughter
 (relationship to decedent) of Del Roy B. Schneider (decedent), who died on (date)
April 23, 2020, at
Lewiston Wash. Perce ID
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: 1103 3rd Street
Asotin WA 99402
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)

Darlene Wilkinson, daughter, 16205 P.R. to Janine Schneider, deceased
~~Box~~ 116th Ave, Clarkston, WA 99403
 Full name, age, relationship, address

 Full name, age, relationship, address

 Full name, age, relationship, address

 Full name, age, relationship, address

(Continued on next page)

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 9-16-2022

Darlene Rae Wilkinson
Affiant's full name

209-305-2733
Telephone number

611 16th Avenue

Clarkston
City

Street

WA
State

99403

Zip Code

Darlene Wilkinson, PTE
Signature

9-16-2022
Date

State of WA

County of Asotin

I know or have satisfactory evidence that Darlene Wilkinson
(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: 9/16/2022

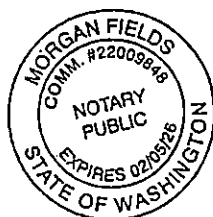
(SEAL OR STAMP)

[Signature]
Signature of Notary Public

Residing at: Lewiston, ID

Notary Public in and for the State of WA

My appointment expires: 2/5/2026



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JAMES B. AYDELOTT
STATE REGISTRAR

DATE ISSUED: APR 28 2020

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
STATE OF IDAHO

DECEASED
 NAME: DELROY B SCHUBER SR
 SEX: MALE
 RACE: WHITE
 BIRTH DATE: 12/15/1924
 BIRTH PLACE: COTTONWOOD, IDAHO
 CITY: ASOTIN
 COUNTY: ASOTIN
 STREET: 1100 3RD STREET
 ZIP: 83402

RESIDENT
 NAME: MICHAEL G MEZA
 ADDRESS: 1090 W PARK PLACE COBURG, OREGON 97119
 CITY: COBURG, OREGON

REGISTRAR'S SIGNATURE
 JAMES B. AYDELOTT

DATE OF DEATH
 APRIL 23, 2020

PLACE OF DEATH
 HOME

CAUSE OF DEATH
 ADVANCED HEALTH CARE OF LEVISTON
 LEVISTON, IDAHO

DEATH OCCURRED AT A HOSPITAL
 YES NO

PLACE OF DEATH (IF NOT A HOSPITAL)
 HOME

DEATH CERTIFICATE
 I, the undersigned, being a duly qualified Registrar of the State of Idaho, do hereby certify that the above is a true and correct copy of the original record on file in the Bureau of Vital Records and Health Statistics, State of Idaho.

REGISTRATION
 THIS CERTIFICATE IS VALID FOR ALL PURPOSES AND IS NOT SUBJECT TO ANY OTHER LAWS OR REGULATIONS.

CHANGES
 THIS CERTIFICATE IS VALID FOR ALL PURPOSES AND IS NOT SUBJECT TO ANY OTHER LAWS OR REGULATIONS.

FOR USE BY
 THIS CERTIFICATE IS VALID FOR ALL PURPOSES AND IS NOT SUBJECT TO ANY OTHER LAWS OR REGULATIONS.

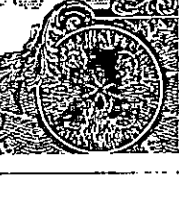
CAUSE OF DEATH
 THIS CERTIFICATE IS VALID FOR ALL PURPOSES AND IS NOT SUBJECT TO ANY OTHER LAWS OR REGULATIONS.

DATE OF DEATH
 THIS CERTIFICATE IS VALID FOR ALL PURPOSES AND IS NOT SUBJECT TO ANY OTHER LAWS OR REGULATIONS.

PLACE OF DEATH
 THIS CERTIFICATE IS VALID FOR ALL PURPOSES AND IS NOT SUBJECT TO ANY OTHER LAWS OR REGULATIONS.

RESIDENT
 THIS CERTIFICATE IS VALID FOR ALL PURPOSES AND IS NOT SUBJECT TO ANY OTHER LAWS OR REGULATIONS.

REGISTRAR
 THIS CERTIFICATE IS VALID FOR ALL PURPOSES AND IS NOT SUBJECT TO ANY OTHER LAWS OR REGULATIONS.



STATE OF IDAHO
CERTIFICATE OF VITAL RECORD

FILED

2022 MAR 21 AM 11:22
MCKENZIE A. CAMPBELL
COUNTY CLERK
ASOTIN COUNTY, WA

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SUPERIOR COURT, STATE OF WASHINGTON, COUNTY OF ASOTIN

IN THE MATTER OF THE ESTATE OF)	Case No. 22-4-00010-02
)	
JANINE M. SCHNIDER,)	AMENDED LETTERS
)	TESTAMENTARY WITH
Deceased.)	NONINTERVENTION POWERS

STATE OF WASHINGTON)
) ss
County of Asotin)

WHEREAS, a copy of the last Will and Testament of JANINE M. SCHNIDER, deceased, was, on the 11th day of February, 2022, duly exhibited, proven, and recorded in our said Superior Court; and,

WHEREAS, Darlene Wilkinson and Kyle R. Schnider are the persons nominated as Personal Representatives in said Will; and,

WHEREAS, Darlene Wilkinson and Kyle R. Schnider have petitioned this court to be appointed Personal Representatives thereof; and,

WHEREAS, this court has entered an order granting nonintervention powers to the Personal Representatives,

NOW, THEREFORE, know all men by these presents, that we do hereby authorize said

AMENDED LETTERS
TESTAMENTARY WITH
NONINTERVENTION POWERS

BLEWETT MUSHLITZ HALLY, LLP
710 16TH AVENUE
P.O. Box 1990
LEWISTON, ID 83501
FAX (208) 418-6682
TELEPHONE (208) 418-6678

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Darlene Wilkinson and/or Kyle R. Schnider to execute the terms of the Will with nonintervention powers according to law.

WITNESS, Brooke J. Burns, Judge of our Superior Court, and the seal of said Court Hereto affixed this 21st day of March, 2022.

Manola Beain
Clerk of the Superior Court



STATE OF WASHINGTON)
County of Asotin) ss

I, _____, County Clerk of the County of Asotin, State of Washington, do hereby certify that the within and foregoing is a full, true, and correct copy of the *Letters Testamentary With Nonintervention Powers* and of the whole thereof, as the same are now on file and of record in the above-entitled cause in my office and custody. Said Letters have never been revoked and are still in Full Force and Effect.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Superior Court this ____ day of March, 2022.

County Clerk & Ex-Officio Clerk of
The Superior Court

By: _____
Deputy

555.42