



REAL ESTATE EXCISE TAX AFFIDAVIT

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

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 sections 1 and 2: Seller/Grantor (Maxie C. Boyer) and Buyer/Grantee (Jody R. Paris, Melinda A. Paris) with mailing addresses and phone numbers.

Form section 3: Property details including street address (1530 Hillcrest Way - Clarkston, WA 99403), location type (unincorporated), and legal description reference.

Form section 5: Land Use Code(s) (11 Household, single family units) and exemption questions.

Form section 6: Property classification questions regarding forest land, current use, and special valuation.

(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...

DEPUTY ASSESSOR DATE

(2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY) NEW OWNER(S): To continue special valuation as historic property...

(3) OWNER(S) SIGNATURE PRINT NAME

Form section 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 Statutory Warranty Deed (SWD) Date of Document 06/08/15

Table with 2 columns: Description and Amount. Rows include Gross Selling Price (\$160,000.00), Exemption Claimed (\$0.00), Taxable Selling Price (\$160,000.00), Excise Tax (State \$2,048.00, Local \$400.00), and Total Due (\$2,453.00).

A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX *SEE INSTRUCTIONS

Form section 8: I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. Includes signatures and names of Grantor's Agent (Maxie C. Boyer) and Grantee's Agent (Jody R. Paris).

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)).

REV 84 0001a (6/26/14) THIS SPACE - TREASURER'S USE ONLY COUNTY TREASURER

ATEC CK # 11758 (Handwritten initials)

PAID JUN 11 2015 ASOTIN COUNTY TREASURER

48189 48489

Return Address
Alliance Title & Escrow
735 5th St.
Clarkston, WA 99403

Please print or type information

Document Title(s) (or transactions contained therein): 1. Death Certificate 2. 3. 4.
Grantor(s) (Last name first, then first name and initials): 1. Robert L. Boyer 2. 3. 4. <input type="checkbox"/> Additional names on page ___ of document.
Grantee(s) (Last name first, then first name and initials): 1. 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 1-041-19-013-0003-0000 <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.

48489

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Washington State Certificate of Death

State File Number: *Copy*

1. Legal Name (include AKA's if any): Robert L. Boyer		2. Death Date Aug. 30, 2012	
3. Sex (M/F) Male	4a. Age - Last Birthday 87	4b. Under 1 Year Months: 8 Days: 7	4c. Under 1 Day Hours: 5 Minutes: 38
5. Social Security Number 539-16-7038	6. County of Death Asotin		
7. Birthdate Jan. 28, 1925	8a. Birthplace (City, Town, or County) Council Grove	8b. (State or Foreign Country) Kanas	9. Decedent's Education 4 Years of College
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No		11. Decedent's Race(s) White	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 1530 Hillcrest Way		13b. City or Town Clarkston	
13c. Residence: County Asotin	13d. Tribal Reservation Name (if applicable) N/A	13e. State or Foreign Country Washington	13f. Zip Code + 4 99403
14. Estimated length of time at residence. 46 Years		15. Marital Status at Time of Death Married	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Maxie C. Oakley
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Owner		18. Kind of Business/Industry (Do not use Company Name) Furniture Store	
19. Father's Name (First, Middle, Last, Suffix) William Boyer		20. Mother's Name Before First Marriage (First, Middle, Last) Mary Platz	
21. Informant's Name Maxie Boyer	22. Relationship to Decedent Wife	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1530 Hillcrest Wy. Clarkston, Wa. 99403	
24. Place of Death, if Death Occurred in a Hospital: Long Term Care Facility			
25. Facility Name (If not a facility, give number & street or location) Clarkston Care Center		26a. City, Town, or Location of Death Clarkston	26b. State Wa.
27. Zip Code 99403		28. Method of Disposition Removal/Cremation	
29. Place of Final Disposition (Name of cemetery, crematory, other place) Mt. View Crematory		30. Location-City/Town, and State Lewiston, Idaho	
31. Name and Complete Address of Funeral Facility Merchant Funeral Home, 1000-7th Street, Clarkston, Wa. 99403		32. Date of Disposition September 01, 2012	
33. Funeral Director Signature X <i>Wendy Brown</i>			

Part 1 completed by Funeral Director

Part 2 completed by Certifier

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. MYELOCYTOPLASIA				Interval between Onset & Death 4RS
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST				Interval between Onset & Death
35. Other significant conditions contributing to death but not resulting in the underlying cause given above DIABETES MELLITUS				Interval between Onset & Death
36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown
41. Date of Injury (MM/DD/YYYY)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
45. Location of Injury: Number & Street: City or Town: _____ County: _____ State: _____ Zip Code + 4: _____		46. Describe how injury occurred		
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		48a. Certifying Physician - (Type or Print) Dennis G. Mountjoy MD		
48b. Medical Examiner/Coroner		49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Mountjoy, Dennis G. MD, 1271 Highland Ave. Ste. A Clarkston, Wa. 99403		
50. Hour of Death (24hrs) 1520		51. Name and Title of Attending Physician if other than Certifier (Type or Print) August 31, 2012		
52. Date Signed (MM/DD/YYYY)		53. Title of Certifier Medical Doctor		
54. License Number MD31842		55. ME/Coroner File Number		
56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		57. Registrar Signature <i>[Signature]</i>		
58. Date Received (MM/DD/YYYY) AUG 31 2012		59. Amendments		



48489

DOH 0-903 (6/10)



Affidavit for Correction

Center for Health Statistics
P.O. Box 47214
Olympia, WA 98504-7814
(360) 236-4300

This is a legal document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
Use the section below for requesting any changes on the record.				
Record Type: <input type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Dissolution	
1. Name on record:		2. Date of Event:	3. Place of Event: (City or County)	
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)			5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)	
The Record is Incorrect or Incomplete as follows:				
6. The Record now shows:		7. The True fact is:		
8.		9.		
10.		11.		
12.		13.		
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant				Telephone Number:
<input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)				
I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.				
15. Signature:		16. Date:	17. Address:	

All vital records are registered as received.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof: Certificate of Naturalization
Hospital Records
Insurance Records
Marriage/Divorce Records

Medical Record
Military Record (DD-214)
Birth Record
Passport

School Transcripts
Voter's Registration Card (if it bears an effective date)
Alien Registration Card (front and back)
We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

Birth Certificates:

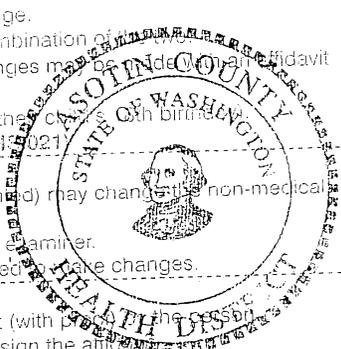
- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of them.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made by affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until the child is 18 years old).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 0021)

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.



DOH/CHS 023a 2/14/11

Lawrence M. Garges, M.D.
Health Officer

SEP 01 2012

VV00159985

48489

That among items of real property owned by the Decedent at the time of death was real estate located in Asotin County, Washington, and described in the above referenced Title Insurance Commitment.

As to the Decedent, said real estate was [check one]

- Community property
- Separate property
- Joint tenancy property

CHECK ALL BOXES WHICH APPLY IN EACH SECTION:

1. That on the date the real property was purchased the Decedent was:
 - married to Maxie C. Bayer.
 - unmarried, not a registered domestic partner
 - unmarried, a registered domestic partner of _____.
2. That on the date of death the Decedent was
 - married to Maxie C. Bayer.
 - unmarried, not a registered domestic partner
 - unmarried, a registered domestic partner of _____.
3. That the decedent left a Will, a copy of which is attached hereto.
 - That the decedent left no Will.
 - That the decedent executed a Community Property Agreement. It was recorded under _____ County recording number _____. (if unrecorded, attach a copy)
4. That the decedent's estate is not being probated.
 - That the decedent's estate is subject to probate proceedings in _____ County, State of _____, under Probate No. _____
5. That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.
 - That State and/or Federal succession or inheritance taxes in the amount of \$ _____ have been paid. Copies of the release/discharge are attached hereto.
 - That State and/or Federal succession or inheritance taxes are due, but have not been paid.
5. That the decedent has not received assistance from the State of Washington for medical care.
 - That the decedent has received assistance from the State of Washington for medical care.
 - That the State of Washington has been fully reimbursed for assistance for medical care.

That, with respect to the property, if any, owned by the Decedent in joint tenancy as described above, at all times from the time of the execution of the instrument by which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the above described joint tenancy property was held in joint tenancy, and that the interest of no one or more of said joint tenants has ever been conveyed, encumbered or otherwise separated from the interest of the other joint tenant(s), either voluntarily or involuntarily, whether by specific act or by operation of law; and that said joint tenancy continued in full force until the death of the

Decedent with respect to the interest of the Decedent and, if there are two or more surviving joint tenants, including the Affiant, the joint tenancy continues with respect to the interests of the said surviving joint tenants.

That Affiant knows of the Affiant's own knowledge, and so states, that each and all of the obligations against the estate of said Decedent (including, but not limited to: all the debts of decedent; all of the expenses of Decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon Decedent's estate, if applicable) have been paid in full, except as follows (use reverse side or attach a list if necessary): _____

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ _____, including the value of community property of Decedent and Decedent's surviving spouse, if any, of approximately \$ _____, and including the value of Decedent's separate property, if any, of approximately \$ _____, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ 500,000.00.

This affidavit is made to induce Alliance TITLE INSURANCE COMPANY (the Company) to insure real property covered by the Company's order number set forth above, in which Decedent held an interest at the time of the Decedent's death. Affiant urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein. The Affiant, for the Affiant and for the Affiant's heirs, executors and administrators, covenants to indemnify said Company or any other person, including a purchaser of said real estate, for any loss arising from reliance on any misstatement of fact herein.

DATED: June 9, 2015

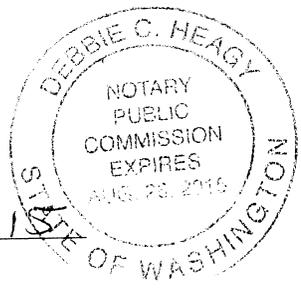
Maxie C. Boyer
(Signature)

Maxie C. Boyer
(Print or type Affiant's full name)

717 D Street
(Full address and telephone number)
Kewiston, ID 83501

SUBSCRIBED and SWORN TO before me this 9th day of June, 2015

Debbie C. Heagy
Notary Public in and for the State of
Washington, residing at Clarkston, WA



48489



**AFFIDAVIT
Lack of Probate**

State of Washington

County of Asotin

Maxie C. Boyer, being first duly sworn, deposes and says:

1. The undersigned affiant is the Wife of Robert L Boyer
(relationship to decedent) (decedent)
Boyer, who died Aug 30, 2012 at Clarkston
(date of death) (year) (city)
State of Washington, then being a legal resident of Clarkston
(city)
Asotin, Washington
(county) (state)

AFFIANT MUST PROVIDE A DEATH CERTIFICATE OF DECEDENT

2. Check the appropriate box below:

n/a. Decedent and surviving spouse executed a Community Property Agreement dated _____, a copy of which is attached hereto.

Decedent left no last Will.

Decedent left a last Will which has neither been probated nor revoked; a copy of which is attached hereto.

n/a. Decedent left a Will which was probated in _____ County, State of _____, A copy of an Order Admitting Will to Probate, Decree of Distribution or equivalent court documentation is attached hereto.

3. The heirs at law of the decedent, including spouse, natural or adopted children, children of any predeceased child, brothers and sisters, and any surviving parents are as follows:

Maxie C. Boyer 83 Wife Clk, WA
(full name) (age) (relationship) (residence)

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HEIRS AT LAW (continued)

<u>Thomas R. Bayer</u> (full name)	<u>56</u> (age)	<u>Son</u> (relationship)	<u>Clk, WA</u> (residence)
<u>James W. Bayer</u> (full name)	<u>59</u> (age)	<u>Son</u> (relationship)	<u>Pullman, WA</u> (residence)
<u>Monty L. Bayer</u> (full name)	<u>62</u> (age)	<u>Son</u> (relationship)	<u>Saratoga, CA</u> (residence)
_____	_____	_____	_____
(full name)	(age)	(relationship)	(residence)

(attach additional page for additional names)

4. All debts of the decedent and/or the marital community, including, but not limited to all expenses due to decedent's last illness, funeral and burial, and all applicable federal and state succession or inheritance taxes have been fully paid, except as follows:

None

5. The decedent [] had [] had never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance.

6. As of the date of death, the value of all community property of the decedent was approximately \$ 400,000. The value of all separate property of the decedent was approximately \$ NA.

7. Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction:

NA

COPY

Last Will and Testament

of

Robert L. Boyer

IN THE NAME OF GOD, AMEN:

I, ROBERT L. BOYER, of Asotin County, Washington, of legal age, being now of sound mind and memory, and not acting under duress, fraud, or undue influence of any person, do declare the following to be my Last Will and Testament, revoking all other wills or codicils made by me at any time.

FIRST: I declare that I am a married man and that my wife's name is MAXIE C. BOYER. I further declare that I have three children born as my issue, namely: MONTY L. BOYER, JAMES W. BOYER and THOMAS R. BOYER.

SECOND: I direct all my just debts and expenses of my last illness and funeral, the costs and charges of the administration of my estate, and any and all estate or inheritance taxes due, be paid as soon as convenient after my death.

THIRD: I hereby give, devise, and bequeath all the rest, residue, and remainder of my estate, both real and personal and both separate and community, it being my intention hereby to include all property owned by me at the time of my death, of whatsoever character and wheresoever located, to my wife, MAXIE C. BOYER, subject only to the condition that she be living at the time of my death.

FOURTH: In the event my wife, MAXIE C. BOYER, shall disclaim any property whatsoever to which she may be entitled under the terms of this, my Last Will and Testament, I direct said property so disclaimed shall be placed in trust.

During the term of said trust, the beneficiary shall be my wife, MAXIE C. BOYER. This trust shall terminate upon her death


Robert L. Boyer

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(509) 758-2501

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and the residue shall be distributed in accordance with paragraph SIXTH herein.

I hereby name and designate as cotrustees of this trust my wife, MAXIE C. BOYER, and my sons, MONTY L. BOYER, JAMES W. BOYER and THOMAS R. BOYER, or any one of them, to serve without bond or other surety. I specifically state that the purpose of designating and appointing the cotrustee(s), **other than MAXIE C. BOYER**, to serve as cotrustee(s) shall be limited to the extent necessary to make any discretionary withdrawals from principal in accordance with the guidelines set forth herein.

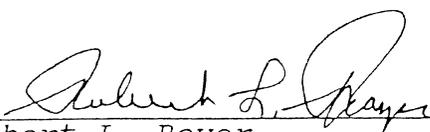
While the beneficiary is still living the trust shall be held, applied, and distributed in the following manner:

A. INCOME PAYMENTS: The cotrustees shall pay to or for the benefit of the beneficiary, MAXIE C. BOYER, for so long as she shall be living, all the net income of the trust in monthly or other convenient installments.

B. PRINCIPAL WITHDRAWALS: At the cotrustees' discretion, they may expend for the beneficiary such sums from the principal as they may deem necessary and advisable for the support, maintenance, and health of the beneficiary, MAXIE C. BOYER, taking into consideration the other assets and income of the beneficiary. Any withdrawals from principal shall be at the discretion of the cotrustee(s) which as defined shall not include MAXIE C. BOYER. MAXIE C. BOYER shall not have the power or discretion to withdraw from principal.

FIFTH: POWERS. The trustee under any trust created under this, my Last Will and Testament, shall have all the rights, powers, and duties given by law on the date hereof, including those set forth in RCW Title 11, or any successor provision thereto, except as modified and increased as hereinafter provided:

A. The trustee may acquire by purchase, by exercise of options, or otherwise, and retain so long as the trustee deems advisable, any kind of realty and personalty, or undivided interests therein, all without diversification as to kind or


Robert L. Boyer

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amount, and whether or not income producing, and may maintain margin accounts with financial institutions.

B. The trustee may sell for cash or on credit (at public or private sale), exchange, grant options to purchase (without regard to statutory restrictions), or otherwise convey or dispose of any real or personal property, upon such terms as the trustee deems advisable and without any notice whatsoever.

C. The trustee may determine, in the trustee's discretion, all matters with respect to what is principal and income, including apportionment and allocation of receipts and expenses between these accounts, and may make adjustments between income and principal for premiums, discounts, depreciation, or depletion (without being required to do so), all without regard to the requirements of any state laws.

D. The trustee need not comply with the obligation to provide an annual accounting under RCW 11.106.020 or any similar law.

E. The trustee shall have full power and authority to purchase assets from any person or entity at fair value, and to loan all or any portion of the trust estate to any person or entity other than creator at an adequate interest rate and with adequate security.

SIXTH: In the event my wife, MAXIE C. BOYER, shall predecease me or die as a result of a common cause or within ninety (90) days of my death, or if we die simultaneously, then in that event I give, devise, and bequeath my estate to my children, MONTY L. BOYER, JAMES W. BOYER and THOMAS R. BOYER, equally to share and share alike.

SEVENTH: In the event any of my children shall predecease me leaving issue, I direct the share of such predeceasing child shall go to his issue, equally to share and share alike. In the event any of my children shall predecease me leaving no issue, I direct the share of such predeceasing child shall go to my surviving children, equally to share and share alike by representation.


Robert L. Boyer

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EIGHTH: With regard to any trust heretofore described, I direct as follows:

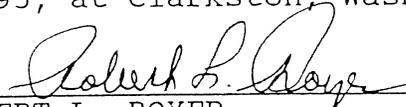
A. That neither the principal nor the income of any trust herein created shall be liable for the debts of any beneficiary, nor shall the same be subject to seizure by any creditor of any beneficiary under the writ of proceedings at law or in equity, nor bankruptcy proceedings, nor other legal process. No beneficiary shall have the power to sell, assign, transfer, encumber, or in any other manner to anticipate the disposition of his or her interest in the trust estate or the income produced thereby; and

B. That said trusts shall be governed by the Washington Principal and Income Act and the Washington State Trust Act.

NINTH: I hereby name, designate, and appoint my wife, MAXIE C. BOYER, as executrix of this, my Last Will and Testament, and I expressly direct that she serve without bond and that she have unrestricted nonintervention powers, except as provided by law.

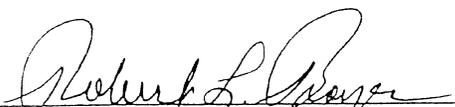
TENTH: In the event my wife, MAXIE C. BOYER, should predecease me, or if after her appointment and qualification, any vacancy in such office should arise, then in that event, I hereby name, designate, and appoint MONTY L. BOYER, JAMES W. BOYER and THOMAS R. BOYER, or any one of them, as executor(s) of this, my Last Will and Testament, and I expressly direct that they serve without bond and that they have unrestricted, nonintervention powers, except as provided by law.

IN WITNESS WHEREOF, I have hereto set my hand and seal this 2nd day of November, 1995, at Clarkston, Washington.



ROBERT L. BOYER

The foregoing instrument, consisting of six typewritten pages, including this page containing the attestation clause, was on the 2nd day of November, 1995, signed, sealed, and published



Robert L. Boyer

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Pike & Gittins
843 SEVENTH STREET
P.O. BOX 191
CLARKSTON, WA 99403
(509) 758-2501

48489

SUBSCRIBED AND SWORN to before me this 2nd day of November, 1995.

Shannon R. Wornington
Notary Public for Washington,
residing at Clarkston
My appointment expires: 8/20/97



Robert L. Boyer
Robert L. Boyer

Pike & Gittins
843 SEVENTH STREET
P.O. BOX 191
CLARKSTON, WA 99403
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