



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 sections 1-3: Seller/Grantor and Buyer/Grantee information, including names, addresses, and tax correspondence details.

Section 4: Street address of property, location details (Asotin County), and legal description.

Section 5: Select Land Use Code(s) and exemption questions.

Section 6: Questions regarding forest land, current use, and special valuation.

Section 7: Notice of Continuance (Forest Land or Current Use) and continuation questions.

Section 8: Notice of Compliance (Historic Property) and owner signature area.

Section 7: List all personal property included in selling price.

Section 7: Exemption details including WAC number and reason for exemption.

Table with 2 columns: Description and Amount. Includes Gross Selling Price, Exemption Claimed, Taxable Selling Price, Excise Tax (State and Local), Delinquent Interest, Delinquent Penalty, State Technology Fee, and Affidavit Processing Fee.

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

Section 8: I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. Includes signature lines for Grantor and Grantee.

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 notes: FATCO 71954, AS

PAID JUN 16 2014 ASOTIN COUNTY TREASURER

Handwritten number: 2757.9

EXHIBIT 'A'

LEGAL DESCRIPTION:

PARCEL I:

THAT PART OF LOTS 61 AND 62 OF W.J. CLEMAN'S ADDITION TO THE TOWN OF ASOTIN, ASOTIN COUNTY, WASHINGTON, MORE PARTICULARLY DESCRIBED AS FOLLOWS: COMMENCING AT THE MONUMENT AT THE SOUTHEAST CORNER OF LOT 44 OF SAID ADDITION, SAID POINT BEING ON THE CENTERLINE OF CLEMAN'S ADDITION ROAD; THENCE N.45 DEGREES 01' E., ALONG SAID CENTERLINE FOR A DISTANCE OF 130 FEET TO A MONUMENT; THENCE N. 30 DEGREES 28' E. ALONG SAID CENTERLINE FOR A DISTANCE OF 374.26 FEET; THENCE N. 45 DEGREES 47' W. FOR A DISTANCE OF 248.9 FEET TO THE TRUE PLACE OF BEGINNING, SAID POINT BEING A POINT OF CURVE; THENCE AROUND A CURVE TO THE RIGHT WITH A RADIUS OF 980.0 FEET FOR A DISTANCE OF 225.21 FEET; THENCE N. 32 DEGREES 37' W., FOR A DISTANCE OF 40.62 FEET; THENCE SOUTH 1 DEGREES 29' E., FOR A DISTANCE OF 162.18 FEET; THENCE S. 25 DEGREES 20' W., FOR A DISTANCE OF 132.70 FEET; THENCE S. 3 DEGREES 30'E., FOR A DISTANCE OF 115.0 FEET; THENCE N. 48 DEGREES 01 E., FOR A DISTANCE OF 281.81 FEET TO THE TRUE PLACE OF BEGINNING. EXCEPTING THEREFROM ANY PORTION LYING WITHIN THAT CERTAIN PARCEL OF LAND CONVEYED TO THE STATE OF WASHINGTON BY DEED RECORDED IN BOOK 45 OF DEEDS, PAGE 638, RECORDS OF ASOTIN COUNTY, WASHINGTON.

PARCEL II:

TOGETHER WITH AN EASEMENT FOR INGRESS, EGRESS AND UTILITIES LYING 15.0 FEET ON EACH SIDE OF THE FOLLOWING DESCRIBED CENTERLINE: COMMENCING AT THE MOST NORTHERLY CORNER OF THE ABOVE DESCRIBED TRACT; THENCE N. 57 DEGREES 23' E., A DISTANCE OF 15.0 FEET TO THE TRUE PLACE OF BEGINNING; THENCE S. 32 DEGREES 37' E., A DISTANCE OF 40.62 FEET TO A POINT OF CURVE; THENCE AROUND A CURVE TO THE LEFT WITH A RADIUS OF 965.0 FEET FOR A DISTANCE OF 221.76 FEET; THENCE S. 45 DEGREES 47'E. A DISTANCE OF 245.23 FEET TO A POINT ON THE CENTERLINE OF CLEMANS ROAD, SAID POINT BEING THE TERMINUS OF THE ABOVE DESCRIBED CENTERLINE.

47573

AFFIDAVIT  
(LACK OF PROBATE)

Lynn Weissenfels, being first duly sworn, deposes and says:  
The undersigned affiant is the son (relationship to decedent) of  
Ira Weissenfels (decedent), who died on May 4, 2012  
at St Joseph Medical Center (City), Clarkston (County), Idaho (State),  
then being a resident of Clarkston (City), Clarkston (County), Idaho (State). WA

\*\*\* A COUNTY CERTIFIED COPY OF THE DEATH CERTIFICATE MUST BE ATTACHED  
Said certified copy MAY BE RECORDED at the time of closing.

REGARDING DISPOSITION OF REAL PROPERTY:

- 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 HERETO ATTACHED FOR REVIEW*), or has been recorded under recording number \_\_\_\_\_ in  King or  Pierce County; OR
- Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked (*A COPY OF WHICH IS HERETO ATTACHED*); OR
- Decedent left a Last Will and Testament, which was Probated in \_\_\_\_\_ (County), State of \_\_\_\_\_, under Superior Court Cause Number \_\_\_\_\_.

"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 reverse side of this page if necessary)

<u>Lynn Weissenfels</u>	<u>75</u>	<u>son</u>	<u>7622 Manastash Rd, Ellensburg Washington</u>
<small>Full name</small>	<small>age</small>	<small>relationship</small>	<small>address</small>
_____	_____	_____	_____
<small>Full name</small>	<small>age</small>	<small>relationship</small>	<small>address</small>
_____	_____	_____	_____
<small>Full name</small>	<small>age</small>	<small>relationship</small>	<small>address</small>
_____	_____	_____	_____
<small>Full name</small>	<small>age</small>	<small>relationship</small>	<small>address</small>
_____	_____	_____	_____

(Continued on next page)

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AFFIDAVIT (LACK OF PROBATE)  
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**REGARDING POTENTIAL LIENS AGAINST THE ESTATE OF THE DECEDENT:**

Affiant declares that all debts of the decedent and/or marital community, including but not limited to all of decedent's medical, funeral and burial expenses, as well as all applicable succession and/or inheritance taxes, have been fully paid, except as follows:

none  
\_\_\_\_\_  
\_\_\_\_\_

Affiant further declares that the decedent:

- HAS (OR)
- HAS NOT received assistance from the State of Washington for subsistence or medical care (Medicaid/Welfare) in the past

Affiant further declares that the total amount of all community property of the decedent was approximately \$ 450,000 and the value of all separate property of the decedent was approximately \$ 0.

THIS AFFIDAVIT is made solely to induce First American Title Insurance Company, hereinafter called "Company", to insure title to real property covered by the Company's order number as set forth above, in which decedent held an interest at the time of his/her death. Affiant urges Company to issue its policy of title insurance in full reliance upon the herein representations.

Dated: 6/16/2014   
Affiant

Affiant's full name Lynn Ray Weissert

Telephone number 509 925 5421 address 7622 Manastash Rd,  
509 899 4110 Ellensburg, WA  
98926

(Continued on next page)

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AFFIDAVIT (LACK OF PROBATE)  
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State of Washington  
County of Asotin JSS

I know or have satisfactory evidence that Lynn Wessenfels 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: 6-16-14

By: Tonja Hatcher  
Notary Public

I reside at Asotin, WA

My appointment expires on 7-29-17

Notary Seal



TONJA HATCHER  
NOTARY PUBLIC WASHINGTON  
Residing at Asotin, WA  
My Comm Expires JULY 29, 2017

47573

**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**

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE  
RAISED SEAL, SHALL BE USED AS PRIMARY EVIDENCE OF THIS DEATH UNDER §§24-119 AND §24-274, IDAHO CODE

<b>DECEDENT</b>	* 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) <b>IRA A WEISSENFELS</b>		2. SEX <b>MALE</b>	3. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>
	4a. AGE-Last Birthday <b>100</b> (Years)		4b. UNDER 1 YEAR Months: _____ Days: _____	4c. UNDER 1 DAY Hours: _____ Minutes: _____
TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN	5. DATE OF BIRTH (Mo/Day/Yr) <b>11/07/1911</b>		6. BIRTHPLACE (City and State, Territory, or Foreign Country) <b>ASOTIN, WASHINGTON</b>	
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY <b>WASHINGTON</b>		7b. COUNTY <b>ASOTIN</b>	7c. CITY OR TOWN <b>CLARKSTON</b>
FOR INSTRUCTIONS SEE HANDBOOKS	7d. STREET AND NUMBER <b>3006 CLEMANS ROAD</b>		7e. APT. NO. <b>99403</b>	7f. ZIP CODE <b>99403</b>
	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)	
<b>PARENTS</b>	10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11a. FATHER'S NAME (First, Middle, Last, Suffix) <b>WILLIAM P WEISSENFELS</b>	
	11b. BIRTHPLACE (State, Territory, or Foreign Country) <b>WISCONSIN</b>		12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) <b>BARBARA KIESECKER</b>	
<b>INFORMANT</b>	13a. INFORMANT'S NAME (Type or print) <b>LYNN WEISSENFELS</b>		13b. RELATIONSHIP TO DECEDENT <b>SON</b>	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>7622 MANASTASH ROAD ELLENSBURG, WA 98926</b>
	14. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify) _____		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) <b>VINELAND CEMETERY CLARKSTON, WASHINGTON 99403</b>	
<b>DISPOSITION</b>	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY <b>MERCHANT FUNERAL HOME 1000 SEVENTH STREET CLARKSTON, WASHINGTON 99403</b>		17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <b>ELECTRONICALLY FILED: DONALD F. BROWN</b>	
	17b. LICENSE NUMBER (Of licensee) <b>M0570</b>		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>PLACE OF DEATH</b>	19a. IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify) _____			
	20. FACILITY NAME (If not facility, give street and number) <b>ST JOSEPH REGIONAL MEDICAL CTR</b>		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE <b>LEWISTON, ID 83501</b>	
<b>DATE OF DEATH</b>	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) <b>May 4, 2012</b>		24. TIME OF DEATH (24hr) <b>04:10</b>	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) <b>May 4, 2012</b>
	26. TIME PRONOUNCED DEAD (24hr) <b>04:10</b>		22. COUNTY OF DEATH <b>NEZ PERCE</b>	
<b>CAUSE OF DEATH</b>	27. CAUSE OF DEATH			
	PART I. 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. Enter only one cause on a line: <b>IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. SUDDEN CARDIAC ARRHYTHMIA</b> DUE TO (or as a consequence of): <b>MINUTES</b>			
<b>ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)</b>	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I: <b>CONGESTIVE HEART FAILURE- ADVANCED AGE</b>			
	29. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		30. IF FEMALE (Aged 10-54): <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"/> Unknown if pregnant within the past year	
<b>CERTIFIER</b>	32. DATE OF INJURY (Mo/Day/Yr) (Spell month) <b>April 28, 2012</b>		33. TIME OF INJURY (24hr) <b>01:00</b>	34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) <b>HOME</b>
	35. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		36. LOCATION OF INJURY: State <b>WASHINGTON</b> City/Town or County <b>CLARKSTON HEIGHTS, ASOTIN</b> Zip Code <b>99403</b> Street and Number or Location <b>3006 CLEMANS ROAD</b> Apartment Number _____	
<b>REGISTRAR</b>	37. 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 <b>DECEASED TRIPPED AND FELL TO THE FLOOR</b>			
	38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____		38b. WHAT SAFETY DEVICES(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	
<b>CERTIFIER</b>	39a. CERTIFIER (Check only one, based on official capacity for this certificate) <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE PROFESSIONAL NURSE - To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated		39b. LICENSE NUMBER	
	<input checked="" type="checkbox"/> CORONER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature and Title of Certifier <b>ELECTRONICALLY SIGNED: GARY L. GILLIAM</b>		39c. DATE SIGNED <b>5 / 8 / 2012</b> MM DD YYYY	
<b>REGISTRAR</b>	39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) <b>GARY L. GILLIAM, PO BOX 896 LEWISTON, ID 83501</b>		40b. DATE SIGNED <b>5 / 8 / 2012</b> MM DD YYYY	
	40a. REGISTRAR'S SIGNATURE <i>James B. Gyllette</i>		40b. DATE SIGNED <b>5 / 8 / 2012</b> MM DD YYYY	

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: May 9, 2012

*James B. Gyllette*  
JAMES B. AYDELOTTE  
STATE REGISTRAR  
**47573**

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

PRNCO (Rev) 07/10



NO ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**STATE OF WASHINGTON  
DEPARTMENT OF HEALTH**

OFFICE ONLY

**STATE OF WASHINGTON DEPARTMENT OF HEALTH  
VITAL RECORDS**

**CERTIFICATE OF DEATH**

98  
LOCAL FILE NUMBER

DECEASED	1 NAME—FIRST, MIDDLE, LAST <b>ALDINE E. WEISSENFELS</b>			2 SEX <b>F</b>	3 DEATH DATE (Mo. Day Yr.) <b>8-2-1990</b>		146 STATE FILE NUMBER		
	4 AGE LAST BIRTH-DAY (Yrs) <b>74</b>	5 UNDER 1 YEAR MOS DAYS	6 UNDER 1 DAY HOURS MINS	7 BIRTHDATE (Mo. Day, Yr.) <b>7-3-1916</b>	8 BIRTH STATE (if not in USA give country) <b>WASHINGTON</b>	9 CITIZEN OF WHAT COUNTRY? <b>USA</b>	10 COUNTY OF DEATH <b>ASOTIN</b>		
DECEASED	11 CITY, TOWN OR LOCATION OF DEATH <b>CLARKSTON</b>			12 PLACE OF DEATH — <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 <input checked="" type="checkbox"/> HOME 2 <input type="checkbox"/> IN TRANSPORT 3 <input type="checkbox"/> EMERG. RM/OUT PTN 4 <input type="checkbox"/> HOSP 5 <input type="checkbox"/> NUR HOME 6 <input type="checkbox"/> OTHER PLACE <b>3006 CLEMANS RD. CLARKSTON, WASHINGTON</b>			13 SMOKING IN LAST 15 YEARS? (Yes/No) <b>NO</b>		
	14 MARITAL STATUS — Married Never Married Widowed <b>MARRIED</b>		15 SURVIVING SPOUSE (if wife, give maiden name) <b>IRA WEISSENFELS</b>		16 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) <b>NO</b>	17 SOCIAL SECURITY NO <b>[REDACTED]</b>	18 HIGH SCHOOL GRADUATE? <b>YES</b>		
DECEASED	19 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Salesperson</b>		20 KIND OF BUSINESS OR INDUSTRY <b>Retail Music</b>		21 Was Decedent of Hispanic Origin or descent? (Ancestry) (Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.) 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		22 RACE (White, Black, Asian or Pacific Islander, Am Ind, Hispanic, etc.) (Specify) <b>WHITE</b>		
	23 RESIDENCE - NUMBER AND STREET <b>3006 CLEMANS RD.</b>			24 CITY/TOWN OR LOCATION <b>CLARKSTON</b>	25 INSIDE CITY LIMITS? (Yes/No) <b>NO</b>	26 COUNTY <b>ASOTIN</b>	27 STATE <b>WASHINGTON</b>	28 ZIP CODE <b>99403</b>	
DECEASED	29 FATHER'S NAME—FIRST, MIDDLE, LAST <b>ROY NMI FLOCH</b>			30 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME <b>CLARA NMI GOTTS</b>					
	31 INFORMANT—NAME <b>IRA WEISSENFELS</b>			32 MAILING ADDRESS STREET OR RFD NO CITY OR TOWN STATE ZIP <b>3006 CLEMANS RD. CLARKSTON, WASHINGTON 99403</b>					
DECEASED	33 BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>BURIAL</b>		34 DATE (Mo. Day, Yr.) <b>8-6-90</b>	35 CEMETERY/CREMATORY—NAME <b>VINELAND CEMETERY</b>		36 LOCATION—CITY/TOWN, STATE <b>CLARKSTON, WASHINGTON</b>			
	37 FUNERAL DIRECTOR SIGNATURE <b>X Marie Brown</b>		38 NAME OF FACILITY <b>MERCHANT FUNERAL HOME</b>		39 ADDRESS OF FACILITY <b>PO BX 107 CLRK, WASH.</b>				
CERTIFIER	TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER				
	40 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED  SIGNATURE AND TITLE <b>X Barbara K Dawson</b>				41 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED  SIGNATURE AND TITLE <b>X</b>				
	42 DATE SIGNED (Mo. Day, Yr.) <b>8-3-90</b>		43 HOUR OF DEATH (24 Hrs.) <b>1400</b>		44 DATE SIGNED (Mo. Day, Yr.)		45 HOUR OF DEATH (24 Hrs.)		
	46 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				47 PRONOUNCED DEAD (Mo. Day, Yr.)		48 HOUR PRONOUNCED DEAD (24 Hrs.)		
49 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>DR. BARBARA DAVIS 222 SOUTHWAY LEWISTON, IDAHO 83501</b>									
CAUSE OF DEATH	50 PART I. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.								
	IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST		(A) <b>Metastatic Transitional Cell Carcinoma</b>	DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH <b>15 months</b>			
			(B)	DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH			
		(C)	DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH				
51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE <b>NONE</b>					52 AUTOPSY? (Yes, No) <b>NO</b>		53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) <b>NO</b>		
54 ACC. SUICIDE, HO UNDET OR PENDING INVEST (Specify)		55 INJURY DATE (Mo. Day, Yr.)	56 HOUR OF INJURY (24 Hrs.)	57 DESCRIBE HOW INJURY OCCURRED					
58 INJURY AT WORK? (Yes/No)		59 PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)		60 LOCATION—STREET OR RFD NO., CITY/TOWN, STATE					
61 REGISTRAR SIGNATURE <b>X</b>						62 DATE RECEIVED (Mo. Day, Yr.) <b>AUG 6 1990</b>			

DOH 110-008 (Rev. 8/89) (formerly DSHS 9-150)

This is to certify that the foregoing is a true copy (photographic) of a record temporarily on file with the Asotin County Health District, Clarkston, Washington.

Seal

*Galen A. Rogers, M.D.*  
**Galen A. Rogers, M.D.**  
Health Officer

AUG 6 1990

47573 DOH 01-003 (7/89)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH VITAL RECORDS. CERTIFIED COPIES MUST HAVE THE ORIGINAL SEAL.

DEAN ARNOLD  
ATTORNEY AT LAW  
P.O. BOX 208 517 SYCAMORE  
CLARKSTON WASHINGTON

LAST WILL AND TESTAMENT  
of  
IRA WEISSENFELS

KNOW ALL MEN BY THESE PRESENTS:

That I, IRA WEISSENFELS, residing at 616 13th Street in Clarkston, Asotin County, Washington, of the age of 57 years, being of sound and disposing mind and memory, mindful of the uncertainty of life and not acting under the duress, menace, fraud or undue influence of any person or persons whomsoever, do make, publish and declare this my Last Will and Testament in the manner following, to-wit:

FIRST: I direct that my body be decently buried in a manner commensurate with my station in life and the circumstances of my estate, and that the cost thereof, together with all of my just debts and claims against my estate, be paid by my Executrix hereinafter named with all practical speed.

SECOND: All the rest, residue and remainder of my estate, whether real, personal or mixed and wheresoever situate I give, devise and bequeath to my wife, ALDINE WEISSENFELS, provided she survive me. In the event my wife should predecease me or we should die in or as the result of a common accident, then said residue shall go to our only child, namely: LYNN WEISSENFELS.

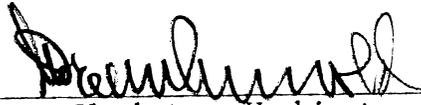
LASTLY: I hereby revoke all former Wills by me made, and I nominate, constitute and appoint my wife, ALDINE WEISSENFELS, as Executrix of this My Last Will and Testament, to act without bond and without intervention of any Court except such as may be expressly required by law.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal this 11<sup>th</sup> day of March, 1969.

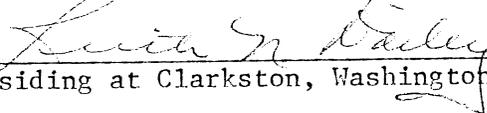
*Ira Weissenfels* (SEAL)

47573

The foregoing instrument, consisting of two pages of which this is the last, was on the 11<sup>th</sup> day of March, 1969, signed, sealed and published by the testator, IRA WEISSENFELS, at Clarkston, Washington, as and declared to be his Last Will and Testament and who subscribed his name thereto in our presence, who at his request, in his presence and in the presence of each other have subscribed our names as witnesses thereto.



Residing at Clarkston, Washington



Residing at Clarkston, Washington

47573