

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.

| | | | |
|---------------------------------------|--|---|--|
| 1 SELLER GRANTOR | Name <u>Carol A. Smith, an unmarried woman who acquired title as a</u> | 2 BUYER GRANTEE | Name <u>Carol A. Smith, an unmarried woman</u> |
| | <u>married woman, spouse of Steven C. Smith, deceased; individually and</u> | | |
| | Mailing Address <u>1103 21st Avenue</u> | | Mailing Address <u>1103 21st Avenue</u> |
| | City/State/Zip <u>Clarkston, WA 99403</u> | | City/State/Zip <u>Clarkston, WA 99403</u> |
| | Phone No. (including area code) _____ | | 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>1715000060000</u> <input type="checkbox"/> | List assessed value(s) <u>141,900</u> |
| 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 21st Avenue Clarkston, WA 99403

This property is located in Asotin 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 more space is needed, you may attach a separate sheet to each page of the affidavit)
Lot 6 of Delmar Addition, according to the official plat thereof, records of Asotin County, Washington.

5 Select Land Use Code(s):
11 - Household, single family units
enter any additional codes: _____
(See back of last page for instructions)

| | | |
|--|--------------------------|-------------------------------------|
| | YES | NO |
| 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"/> | <input checked="" type="checkbox"/> |

| | | |
|---|--------------------------|-------------------------------------|
| | YES | NO |
| Is this property designated as forest land per chapter 84.33 RCW? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Is this property receiving special valuation as historical property per chapter 84.26 RCW? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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 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) 458-61A-215
Reason for exemption _____

to clear title only - to remove any presumptive interest of deceased spouse and remove deceased owner from title in absence of probate proceedings

Type of Document Quit Claim Deed
Date of Document 8/21/14

| | |
|-----------------------------|----------------|
| Gross Selling Price | \$ _____ |
| *Personal Property (deduct) | \$ _____ |
| Exemption Claimed (deduct) | \$ _____ |
| Taxable Selling Price | \$ _____ 0.00 |
| Excise Tax : State | \$ _____ 0.00 |
| <u>0.0025</u> Local | \$ _____ 0.00 |
| *Delinquent Interest: State | \$ _____ |
| Local | \$ _____ |
| *Delinquent Penalty | \$ _____ |
| Subtotal | \$ _____ 0.00 |
| *State Technology Fee | \$ _____ 5.00 |
| *Affidavit Processing Fee | \$ _____ 5.00 |
| Total Due | \$ _____ 10.00 |

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>Carol A. Smith</u> | Signature of Grantee or Grantee's Agent <u>Carol A. Smith</u> |
| Name (print) <u>Carol A. Smith</u> | Name (print) <u>Carol A. Smith</u> |
| Date & city of signing: <u>8/21/14 Clarkston</u> | Date & city of signing: <u>8/21/14 Clarkston</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)).

AFTER RECORDING MAIL TO:

Name _____

Address _____

City/State _____

Document Title(s): (or transactions contained therein)

1. *Death Certificate*
- 2.
- 3.
- 4.

Reference Number(s) of Documents assigned or released:

Additional numbers on page _____ of document

Grantor(s): (Last name first, then first name and initials)

1. *Johnson, Helen*
- 2.
- 3.
- 4.

5. Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)

- 1.
- 2.
- 3.
- 4.

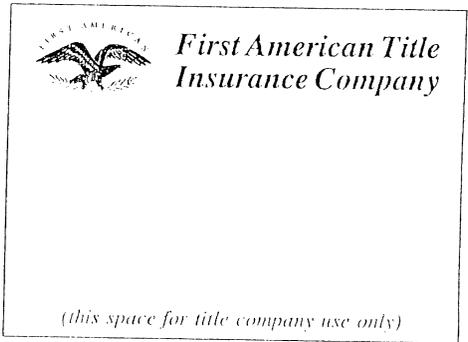
5. Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s):

NOTE: *The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.*



47770

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-013177

DATE ISSUED: 06/12/2014

FEE NUMBER: 0000190245

GIVEN NAMES: HELEN
LAST NAME: JOHNSON

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: JUNE 10, 2014
HOUR OF DEATH: 11:00 A.M.
SEX: FEMALE
AGE: 96 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: AUGUST 29, 1917
BIRTHPLACE: JAMESTOWN, STUTSMAN CNTY, NORTH DAKOTA

MARITAL STATUS: WIDOWED
SPOUSE:

OCCUPATION: TEACHER
INDUSTRY: PUBLIC SCHOOLS
EDUCATION: MASTER'S DEGREE
US ARMED FORCES? NO

INFORMANT: CAROL SMITH
RELATIONSHIP: DAUGHTER
ADDRESS: 1103 21ST AVE, CLARKSTON, WA, 99403

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1103 21ST AVE
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 1103 21ST AVE
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
INSIDE CITY LIMITS? NO
COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 3 YEARS

FATHER: ALBERT READ
MOTHER: UNKNOWN

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY [LEWIS
CITY, STATE: LEWISTON, ID
DISPOSITION DATE: JUNE 16, 2014

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES LLC
ADDRESS: P.O. BOX 107
CITY, STATE, ZIP: CLARKSTON WA 99403
FUNERAL DIRECTOR: GERALD E. BARTLOW

CAUSE OF DEATH:

- A. CEREBROVASCULAR ACCIDENT
INTERVAL: 3 DAYS
- B. ATRIAL FIBRILLATION
INTERVAL: 10 YEARS
- C.
INTERVAL:
- D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

HYPERTENSION, HISTORY OF PREVIOUS THROMBOEMBOLIC DISEASE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL
AUTOPSY: NO

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: ELIZABETH N. BLACK, MD
TITLE: PHYSICIAN

CERTIFIER
ADDRESS: 1271 HIGHLAND AVE STE B
CITY, STATE, ZIP: CLARKSTON WA 99403
DATE SIGNED: JUNE 10, 2014

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE



CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
BRADY WOODBURY
DATE RECEIVED: JUNE 12, 2014

47770

DOH 01-003 (12/11)



**AFFIDAVIT
Lack of Probate**

State of Washington

County of Asotin

Carol A. Smith, being first duly sworn, deposes and says:

1. The undersigned affiant is the daughter of Helen R. Johnson, who died 6/10, 2014, at Clarkston State of Washington, then being a legal resident of Clarkston Asotin Washington.
(relationship to decedent) (decedent) (date of death) (year) (city) (county) (state)

AFFIANT MUST PROVIDE A DEATH CERTIFICATE OF DECEDENT

2. Check the appropriate box below:

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.

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:

Richard Johnson 72 brother Clarkston, WA
(full name) (age) (relationship) (residence)

HEIRS AT LAW (continued)

| | | | |
|----------------------|-----------|----------------|---------------|
| <u>Emily Johnson</u> | <u>71</u> | <u>Sister</u> | <u>Oregon</u> |
| (full name) | (age) | (relationship) | (residence) |
| _____ | _____ | _____ | _____ |
| (full name) | (age) | (relationship) | (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:

N/A

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 \$ 80,000.00. The value of all separate property of the decedent was approximately \$ 30,000.00.
7. Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction:

THIS AFFIDAVIT IS MADE TO INDUCE *FIRST AMERICAN TITLE INSURANCE COMPANY* (THE COMPANY) TO ISSUE ITS POLICIES OF TITLE INSURANCE ON REAL PROPERTY PASSING TO THE AFFIANT(S) IN RELIANCE UPON THE REPRESENTATIONS SET FORTH ABOVE. AFFIANT AGREES TO INDEMNIFY AND HOLD THE COMPANY HARMLESS FROM LOSS OR DAMAGE WHICH IT MAY SUFFER AS A RESULT OF SAID RELIANCE.

Carol A. Smith
Affiant's Full Name

8/21/14
Date

Affiant's Full Name

Date

STATE OF WASHINGTON, }
COUNTY OF Asotin } ss.

On this day personally appeared before me Carol A. Smith to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the use and purposes therein mentioned.

GIVEN under my hand and official seal this 21 day of August, 2014



LINDSAY L. KELLER
NOTARY PUBLIC WASHINGTON
Residing at Clarkston, WA
My Comm Expires April 23, 2015

Lindsay L. Keller
Notary Public in and for the State of
Washington, residing at Clarkston
My appointment expires 4/23/15

Last Will and Testament

of

HELEN RENA JOHNSON

I, HELEN RENA JOHNSON, presently residing at Orofino, Idaho, being of sound and disposing mind and memory do hereby make, publish and declare this to be my Will.

FIRST: I hereby revoke all former Wills and Codicils heretofore made by me.

SECOND: I am the widow of Byron W. Johnson. Byron Johnson and I have three (3) natural adult children who are now living as follows:

Richard B. Johnson
Emily Bogle Johnson and
Carol A. Smith

THIRD: I direct that my Personal Representative pay and discharge all of my just debts, including the expenses of my last illness, funeral and administration expenses as soon as shall be practicable. I further direct that any and all federal, state, foreign or other estate, transfer, inheritance, succession, legacy and similar taxes, including interest and penalties thereon, if any, imposed, upon or with respect to any property required to be included in my gross estate under the provisions of any such tax law, and whether passing hereunder or by any Codicil hereto or otherwise, or upon or with respect to any person with respect to any such property, shall be paid out of my residuary estate as an expense of administration and shall not be equitably prorated or charged against the gifts provided herein.

FOURTH: Pursuant to the provisions of I.C. §15-2-513, or as it is hereafter amended (or by virtue of its successor), I intend to dispose of various items of tangible personal property (but not money, evidences of indebtedness, documents of title, securities, or property used in trade or business) by a separate written instrument or instruments which will be in my

Last Will and Testamentary Trust of
Helen Rena Johnson

HRJ
Initials

handwriting or signed by me which I will prepare and may alter from time to time, which will identify certain items of my tangible personal property and the name of the person to whom it is my will that each item of property be given. This instrument or these instruments, if any there be, will be left by me with my will. If I have executed a separate statement or list of tangible property to this Will, it is my intention that it be incorporated herein pursuant to Section 15-2-513, Idaho Code.

FIFTH: I hereby give, devise and bequeath my estate as follows:

(A) I give, devise bequeath my U.S. Bank checking and savings account to my daughter, Carol A. Smith.

(B) I hereby give, devise and bequeath my U.S.B. investment account to Richard B. Johnson, Carol A. Smith, Sojourn Breneiser and Olivia Engel, share and share alike.

(C) Should Richard B. Johnson predecease me then his share shall not fail but be distributed to Carol A. Smith. Should Carol A. Smith predecease me then her share shall not fail but be distributed to Russ Ford or Carolyn Ford, IN TRUST, for the benefit of Katie Smith. Should Sojourn Breneiser predecease me then his share shall not fail but be distributed to Olivia Engell. Should Olivia Engell predecease me then her share shall be distributed to Carol A Smith.

(D) I am intentionally not providing for my daughter, Emily Bogle Johnson, nor any of my four grandchildren as I have made gifts to all of them during my lifetime.

SIXTH: If, at the time of my death Olivia Engell is under the age of twenty-five (25) years, I hereby give, devise and bequeath her share of my estate to JIM MOTT or DIANA MOTT and OLIVIA ENGEL, IN TRUST, for the benefit of OLIVIA ENGELL to and for the purposes hereinafter specified, to-wit:

- A. The trust corpus is to include the share of my estate belonging to Olivia.
- B. The trust corpus and/or accumulated trust income shall be invested and distributed adhering to sound principles of finance.
- C. The trust shall be administered to provide Olivia with health insurance, full coverage automobile insurance, for educational purposes and at Jim Mott and Diana Mott's

Last Will and Testamentary Trust of
Helen Rena Johnson


Initials

discretion. I direct that Olivia's signature and either Diana Mott or Jim Mott's signature shall be needed to bind the trust, to make investment decisions for said trust, and to transfer funds from said trust.

- D. Said trust shall terminate when Olivia reaches the age of twenty-five (25) years and all trust corpus and accumulated trust income shall be dispersed to Olivia in full without restriction.
- E. I direct that the trust corpus or accumulated trust income is not to be encumbered in anyway whatsoever by the beneficiary without the express, written consent of the Trustee.
- F. I direct that the Trustee is expressly empowered and authorized to administer this trust in accordance with the laws of the State of Idaho, and that the Trustee is authorized to serve without bond.

SEVENTH: In the event that any of the beneficiaries under this Will shall die with me in a common accident or disaster, or under such circumstances as make it impossible or difficult to determine which of us died first or in the event that any such beneficiary shall die within five (5) days of my death, regardless of the circumstances, it shall be conclusively presumed that such beneficiary shall have predeceased me and deemed not to have survived me.

EIGHTH: I nominate, constitute and appoint Carol A. Smith as the Personal Representative of this Will. In the event of her death or resignation or failure or refusal to act in said capacity, I nominate, constitute and appoint Floyd Johnson as the Personal Representative of this Will.

NINTH: If any devisee, legatee, or beneficiary under this Will or any of the trusts created hereunder or any legal heir of mine or person claiming under any of them, shall contest this Will or the Trusts created hereunder, or attack or seek to impair or invalidate any of their respective provisions, or conspire with or voluntarily assist anyone attempting to do any of these things, in that event I specifically disinherit each such person and all interests

Last Will and Testamentary Trust of
Helen Rena Johnson


Initials

given under this Will or under the trusts created hereunder to that person shall be forfeited and shall augment proportionately the shares of my estate going under this Will or under the trusts created hereunder to, or in trust for, such of my devisees, legatees, and beneficiaries as shall not have participated in such acts or proceedings.

My Personal Representative is specifically authorized to defend at the expense of my estate, any contest or attack made upon this Will and the trusts created hereunder or any provision hereof.

For purposes of this Article, a request to a court of competent jurisdiction for instructions or interpretation shall not be deemed to be a contest or attack on any provision.

TENTH: I direct that no bond, security or other undertaking shall be imposed upon or required, at any time or in any jurisdiction, of any individual named herein for the faithful performance of his or her duties.

ELEVENTH: If any provision of this will herein shall be invalid, the will shall not fail but shall continue and be administered as if such provision did not appear herein.

TWELFTH: All decrees of adoption and decrees of divorce at any time rendered by courts of record shall be considered valid for all purposes of this will and codicils to this will.

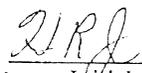
“Issue” means all persons who are descended from the person referred to for purposes of intestate succession as determined under the laws of Idaho as those laws exist on the date of my death.

Other principles of Construction. Words in any gender shall be deemed to include the other gender; the singular shall be deemed to include the plural and vice versa; the word “give” shall also mean devise and bequeath but shall not mean appoint.

The laws of Idaho shall govern all questions as to the validity and construction of this will.

IN WITNESS WHEREOF I HAVE signed this Will consisting of 5 pages.

Last Will and Testamentary Trust of
Helen Rena Johnson


Initials

I, Helen Rena Johnson, the Testatrix, sign my name to this instrument this 23 day of June, 2009, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my last Will; that I sign it willingly (or willingly direct another to sign for me); that I execute it as my free and voluntary act for the purposes therein expressed, and that I am eighteen (18) years of age or older, of sound mind, and under no constraint or undue influence.

Helen Rena Johnson
HELEN RENA JOHNSON

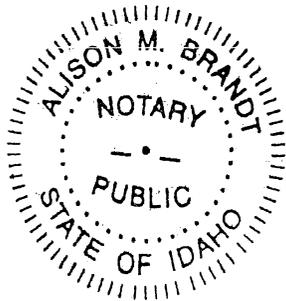
STATE OF IDAHO)
) ss.
County of Clearwater)

We, Pamela Wagner and Judith M. Brandt the witnesses, respectively, whose names are signed to the attached or foregoing instrument, being duly sworn, do hereby declare to the undersigned authority that the testatrix signed and executed this instrument as her Last Will and Testament; that she signed willingly and that she executed it as her free and voluntary act for the purposes therein expressed; and that each of the witnesses, in the presence and hearing of the testatrix signed the Will as witness and that to the best of our knowledge the testator was at that time an adult of sound mind and under no constraint or undue influence.

Pamela Wagner
Witness

Judith M. Brandt
Witness

SUBSCRIBED AND SWORN to and acknowledged before me by HELEN RENA JOHNSON, the testatrix, and subscribed and sworn to before me by Pamela Wagner and Judith M. Brandt, the witnesses, this 23rd day of June, 2009.



Alison M. Brandt
Notary Public for the State of Idaho.
Residing at: Orofino
Commission Expires: 2-26-2010

Last Will and Testamentary Trust of
Helen Rena Johnson

HRJ
Initials

FIRST CODICIL TO THE LAST WILL AND TESTAMENT

OF

HELEN RENA JOHNSON

KNOW ALL MEN BY THESE PRESENTS:

That I, HELEN RENA JOHNSON, being of lawful age and of sound and disposing mind and memory, and in possession of all my faculties, do hereby make, publish and declare the following as a Codicil to my Last Will and Testament heretofore executed by me and bearing the date of 23rd day of June, 2009.

FIRST: Paragraph FIFTH, Subsections (B) and (C) should be modified as follows:

FIFTH: I hereby give, devise and bequeath my estate as follows:

- (B) I hereby give, devise and bequeath my U.S.B. investment account to Richard B. Johnson and Olivia Engell, share and share alike.
- (C) Should Richard B. Johnson predecease me then his share shall not fail but be distributed to Olivia Engell. Should Olivia Engell predecease me then her share shall not fail but be distributed to Richard B. Johnson.

SECOND: A Subsection (E) to Paragraph FIFTH should be added as follows:

FIFTH:

- (E) I hereby give, devise and bequeath my mobile home residence and real property located/to be located at 1103 21st Avenue, Clarkston, Washington to Carol A. Smith.

Except as modified by this Codicil, I hereby ratify and confirm my said Last Will and Testament dated June 23, 2009.

IN TESTIMONY WHEREOF, I have signed and sealed these presents this 10th day of July 2010, and do publish and declare the same as and for a Codicil to my Last Will and Testament dated June 23, 2009.

PAGE -1- OF 2 OF THE FIRST CODICIL TO THE
LAST WILL AND TESTAMENT OF HELEN RENA JOHNSON


Helen Rena Johnson

LAW OFFICES OF
CLARK AND FEENEY
LEWISTON, IDAHO 83501

47770

Helen Rena Johnson
Helen Rena Johnson

Signed, sealed, published and declared by Helen Rena Johnson, the above named testatrix, on the date thereof, as and for a First Codicil to her Last Will and Testament dated June 23, 2009, in the presence of us, who were present at the same time, and who thereupon at her request and in her presence, and in the presence of each other have hereunto subscribed our names as witnesses.

Stephanie Waltari
Residing at: Clarkston WA
Shannon Gallina
Residing at: Clarkston WA

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

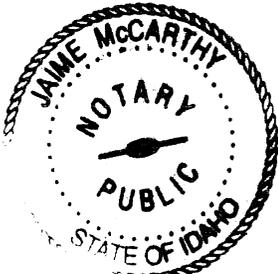
WE, HELEN RENA JOHNSON, Stephanie Waltari and Shannon Gallina, the testatrix, and the witnesses, respectively, whose names are signed to the foregoing instrument, being first duly sworn, do hereby declare to the undersigned authority that the testatrix signed and executed the instrument as a First Codicil to her Last Will and Testament and that she has signed willingly, and that she executed it as her free and voluntary act for the purposes therein expressed; and that each of the witnesses, in the presence and hearing of the testatrix signed the will as witness, and that to the best of their knowledge the testatrix was at that time an adult, of sound mind and under no constraint or undue influence.

Helen Rena Johnson
Helen Rena Johnson

Stephanie Waltari
Witness

Shannon Gallina
Witness

SUBSCRIBED AND SWORN to before me by HELEN RENA JOHNSON, the testatrix, and subscribed and sworn to before me by Stephanie Waltari and Shannon Gallina, witnesses, this 16th day of July, 2010.



Jaime McCarthy
Notary Public in and for the State of Idaho
Residing at:
My commission expires: 3-20-16

PAGE -2- OF 2 OF THE FIRST CODICIL TO THE
LAST WILL AND TESTAMENT OF HELEN RENA JOHNSON

Helen Rena Johnson
Helen Rena Johnson

LAW OFFICES OF
CLARK AND FEENEY
LEWISTON, IDAHO 83501

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