



PLEASE TYPE OR PRINT

REAL ESTATE EXCISE TAX AFFIDAVIT

CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

This form is your receipt when stamped by cashier.

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 (3114 Clemans Road, Clarkston WA 99403) and legal description (Asotin County).

Section 5: Select Land Use Code(s) (11 - Household, single family units) and exemption checkboxes.

Section 6: Property classification checkboxes (forest land, current use, historical property).

(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...

This land [] does [] does not qualify for continuance.

(2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY) NEW OWNER(S): To continue special valuation as historic property, sign (3) below.

(3) OWNER(S) SIGNATURE and PRINT NAME fields.

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

Exemption information: WAC No. (Section/Subsection) 458-61A-215, Reason for exemption: removing deceased spouse name.

Type of Document: lack of probate and death certificate; Date of Document: June 02, 2016.

Table with 2 columns: Description and Amount. Rows include Gross Selling Price, Personal Property (deduct), Exemption Claimed (deduct), Taxable Selling Price, Excise Tax (State and Local), Delinquent Interest, Delinquent Penalty, Subtotal, State Technology Fee, and Affidavit Processing Fee. Total Due is \$10.00.

8 I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signature of Grantor or Grantor's Agent: Jennifer S. Weiland; Name (print): Jennifer S. Weiland; Date & city of signing: 06/02/2016 Clarkston.

Signature of Grantee or Grantee's Agent: Jennifer S. Weiland; Name (print): Jennifer S. Weiland; Date & city of signing: 06/02/2016 Clarkston.

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)).

Bottom section containing stamps: REV 84 0001e (4/18/08), ASOTIN COUNTY TREASURER PAID JUN 02 2016, ASOTIN COUNTY TREASURER PAID JUN 06 2016, and COUNTY TREASURER 49369.

EXHIBIT "A"

That part of Lots 34 and 36 and the vacated portion of Pearcy Street in W. J. Cleman's Addition to the Town of Asotin, Asotin County, Washington, more particularly described as follows: Commencing at the Southeast corner of said Lot 34, said point being on the centerline of the County Road; thence N.11°20'E. along said centerline a distance of 397.50 feet; thence S.89°55'W. a distance of 164.40 feet to the true place of beginning; thence continue S.89°55'W. a distance of 327.18 feet; thence S.11°20'W. a distance of 176.0 feet; thence N.89°55'E. a distance of 252.16 feet; thence S.11°20'W. a distance of 50.4 feet; thence N.89°55'E. a distance of 90.42 feet; thence N.7°28'E. a distance of 223.87 feet to the true place of beginning.

AND

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That part of Lot 34 of W. J. CLEMAN'S ADDITION to the Town of Asotin according to plat recorded in Book B of Plats, page 73, in Asotin County, Washington, more particularly described as follows:

Beginning at the Southeast corner of said Lot 34, said point being on the centerline of the County road; thence North 11°20' East along said centerline a distance of 81.5 feet; thence South 89°55' West a distance of 100 feet; thence North 11°20' East a distance of 89.60 feet; thence South 89°55' West a distance of 139.42 feet; thence North 11°20' East a distance of 50.4 feet; thence South 89°55' West a distance of 252.16 feet; thence South 11°20' West a distance of 50.0 feet; thence South 89°55' West a distance of 0.91 feet; thence South 3°55' West a distance of 168.52 feet to a point on the South line of said Lot 34; thence North 89°55' East along said South line a distance of 470.3 feet to the place of beginning;

AND

That part of Lot 34 of W. J. Clemans Addition to the Town of Asotin, Asotin County, Washington, more particularly described as follows: Commencing the Southeast corner of said Lot 34, said point being on the centerline of Clemans Road: thence N.11°20'E. along said centerline a distance of 81.50 feet to the true place of beginning; thence continue N.11°20'E. along said centerline a distance of 30.00 feet; thence S.89°55'W., 100.00 feet; thence S.11°20'W., 30.00 feet; thence N.89°55'E., 100.00 feet to the true place of beginning.

EXCEPT

That part of Lot 34 of W. J. Clemans Additon to the Town of Asotin, Asotin County, Washington, more particularly described as follows: Commencing at the Southeast corner of said Lot 34, said point being on the centerline of Clemans Road: thence N.11°20'E. along said centerline a distance of 111.50 feet; thence S.89°55'W., 100.00 feet to the true place of beginning; thence continue S.89°55'W., 44.94 feet; thence N.7°28'E., 58.94 feet; thence N.89°55'E., 49.00 feet; thence S.11°20'W., 59.60 feet to the true place of beginning.

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Return Address
Jennifer S. Weiland
3114 Clemans Rd
Clarkston, WA 99403

Please print or type information

Document Title(s) (or transactions contained therein): 1. Lack of Probate Affidavit and Death Certificate 2. 3. 4.
Grantor(s) (Last name first, then first name and initials): 1. Weiland, Jr., Richard J., deceased 2. 3. 4. <input type="checkbox"/> Additional names on page ___ of document.
Grantee(s) (Last name first, then first name and initials): 1. Weiland, Jennifer S. 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.) See Attached Exhibit A <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 1-042-00-036-0003-0000, 1-042-00-034-0006-0000 <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.

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LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)
FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, OR JOINT TENANCY PROPERTY

STATE OF Washington)
COUNTY OF Asotin)

SS:

The undersigned, Jennifer S. Weiland, executes this affidavit relating to the estate of Richard J. Weiland, Jr. (herein "Decedent"), who died on 02/20/2015, in the County of Spokane, State of Washington, then being a resident of the City of Clarkston, County of Asotin, State of Washington.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

That the undersigned is (check one):

- the lawful surviving spouse of the Decedent
- Surviving child of the Decedent
- Registered domestic partner of the Decedent
- One of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on _____ [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington,
- other (identify): _____

That the undersigned has listed below all of the heirs at law and next of kin of Decedent, including but not limited to:

1. spouse or registered domestic partner; **and**
2. children, adopted children, the issue of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving parents, brothers and sisters of decedent); **and**
3. *all parties who would have been heirs at law if the decedent had not been married or a registered domestic partner on the date of death:*

That the heirs at law and next of kin of the decedent are (list all parties, using the reverse side or attaching a list if necessary):

Name & relationship Jennifer S. Weiland Spouse
 Address: 3114 Clemans Rd. Clarkston WA 99403
 Name & relationship Angela Weiland Niece
 Address: 3817 Lake View Dr. Lewiston, ID 83501
 Name & relationship _____
 Address: _____
 Name & relationship _____
 Address: _____
 Name & relationship _____
 Address: _____

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That immediately prior to the date of death the Decedent was an owner of the real estate described in the above referenced Title Insurance Commitment (herein the "Real Estate"), and that the Decedent's ownership interest 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 Estate was purchased the Decedent was:
 - married to Jennifer S. Weiland
 - unmarried, not a registered domestic partner
 - unmarried, a registered domestic partner of _____
2. That on the date of death the Decedent was:
 - married to Jennifer S. Weiland
 - unmarried, not a registered domestic partner
 - unmarried, a registered domestic partner of _____
3. That the decedent left a Will,
 That the decedent left no Will.
 That the decedent executed a Community Property Agreement. It was recorded under _____
County recording number _____
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.

(This paragraph applies only if the Real Estate referred to above was owned by the Decedent in joint tenancy):
That at all times from the date on which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the Real Estate was held in joint tenancy, and that the interest of no one or more of the joint tenants has ever been independently 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 the joint tenancy continued in full force until the death of the Decedent and, if there are two or

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more surviving joint tenants, including the undersigned, the joint tenancy continues in effect as to the interests of the surviving joint tenants.

That the undersigned knows of his/her own knowledge, and so states, that each and all of the obligations against the estate of the 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): N/A

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ 962,600, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ 525,200, and including the value of Decedent's separate property, if any, of approximately \$ 0, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ N/A.

The undersigned, for himself/herself and for the undersigned's heirs, executors and administrators, indemnifies the Company or any other person, including a purchaser of the Real Estate, for any loss arising from reliance on any misstatement of fact herein.

DATED: June 02, 20 16

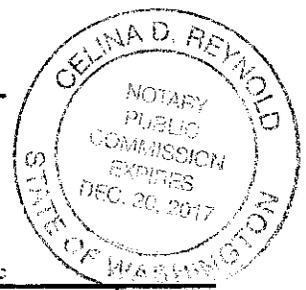
Jennifer S. Weiland
(Signature)

Jennifer S. Weiland
(Print or type full name)

3114 Clemans Rd Clarkston, WA. 99403
(Full address and telephone number)

SUBSCRIBED and SWORN TO before me this 22 day of June, 20 16

Notary Public in and for the State of Washington, residing at Lewisston, ID



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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-005623

LOCAL FILE NUMBER: 0811

DATE ISSUED: 02/27/2015

FEE NUMBER: 0000243369

GIVEN NAMES: RICHARD JOHN
LAST NAME: WEILAND

SUFFIX: JR

COUNTY OF DEATH: SPOKANE
DATE OF DEATH: FEBRUARY 20, 2015
HOUR OF DEATH: 09:48 P.M.
SEX: MALE
AGE: 67 YEARS

SOCIAL SECURITY NUMBER: ██████████

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: MAY 06, 1947
BIRTHPLACE: SPOKANE, SPOKANE CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: JENNIFER S ROBERTSON

OCCUPATION: DOCTOR/ PHYSICIAN
INDUSTRY: HEALTH CARE
EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE
US ARMED FORCES? NO

INFORMANT: JENNIFER WEILAND
RELATIONSHIP: WIFE
ADDRESS: 3114 CLEMENS ROAD, CLARKSTON WA, 99403

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: PROVIDENCE SACRED HEART MEDICAL CENTER
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99204

RESIDENCE STREET: 3114 CLEMENS ROAD
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
INSIDE CITY LIMITS? NO

COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 30 YEARS

FATHER: RICHARD JOHN WEILAND SR
MOTHER: ELIZABETH VERA MONTAG

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY
CITY, STATE: LEWISTON, ID
DISPOSITION DATE: FEBRUARY 26, 2015

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES LLC
ADDRESS: PO. BOX 107
CITY, STATE, ZIP: CLARKSTON WA 99403
FUNERAL DIRECTOR: RICHARD LASSITER

CAUSE OF DEATH:
A. HYPOTENSION AND RESPIRATORY FAILURE
INTERVAL: 24 HOURS
B. RESTRICTIVE CARDIOMYOPATHY
INTERVAL: 6 MONTHS

C. INTERVAL:

D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: WILLIAM BENNETT MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 122 W. 7TH, STE. #310
CITY, STATE, ZIP: SPOKANE WA 99204
DATE SIGNED: FEBRUARY 25, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

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

ITEM(S) AMENDED: NONE

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



LOCAL DEPUTY REGISTRAR:
PAULA MAXWELL
DATE RECEIVED: FEBRUARY 26, 2015

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DOH 01-903 (1/14)

Affidavit for Correction

Mail to: **Center for Health Statistics**
P.O. Box 47614
Olympia, WA 98504-7814
360-235-4300
www.dnh.wa.gov

Original document. Complete in ink and do not alter.

PERSON INFORMATION

1. Name: _____ Sex: _____ Affidavit Number: _____

2. Date of Event: _____

3. Place of Event: _____

Death

Marriage

Dissolution

4. Mother/Parent Full Birth Name: _____

5. The error on the certificate is described as follows:

The true fact is:

Printed

Stamped

Inkament

Telephone Number: _____

I, _____, being duly sworn, depose and say that the foregoing is true and correct.

Signature: _____ Address: _____

What documents should I submit with my affidavit? **Submit the proof submitted with the affidavit.**

What documents should I submit with my affidavit? **Submit the following as documentary proof:**

Birth Certificate (front and back) **Birth Certificate (front and back)**

Marriage License (front and back) **Marriage License (front and back)**

Divorce Decree (front and back) **Divorce Decree (front and back)**

Alien Registration (front and back) **Alien Registration (front and back)**

Can I change the birth certificate? **Yes, you can change the birth certificate.**

Can I change the name on the affidavit? **Yes, you can change the name on the affidavit. If the name is Mary Ann Doe, then the proof must show the name Mary Ann Doe.**

Can I change the date of birth on the affidavit? **Yes, you can change the date of birth on the affidavit.**

Can I change the place of birth on the affidavit? **Yes, you can change the place of birth on the affidavit.**

Can I change the sex on the affidavit? **Yes, you can change the sex on the affidavit.**

Can I change the mother's name on the affidavit? **Yes, you can change the mother's name on the affidavit.**

Can I change the father's name on the affidavit? **Yes, you can change the father's name on the affidavit.**

Can I change the date of birth on the affidavit? **Yes, you can change the date of birth on the affidavit. If the date of birth is misspelled, or date of birth is incorrect, two pieces of documentary proof are required. To correct parent's birth date, place of birth, or name, one documentary proof is required. Proof must be live (or name) years old or have been established within five years of birth.**

Can I change the name on the affidavit? **Yes, you can change the name on the affidavit. If the name is misspelled, or name is incorrect, two pieces of documentary proof are required. To correct parent's birth date, place of birth, or name, one documentary proof is required. Proof must be live (or name) years old or have been established within five years of birth.**



Lawrence M. Garges, M.D.
Lawrence M. Garges, M.D.
Health Officer

FEB 27 2015
AA00243394
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Last Will and Testament

OF
RICHARD J. WEILAND, JR.

IN THE NAME OF GOD, AMEN:

I, RICHARD J. WEILAND, JR. 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.

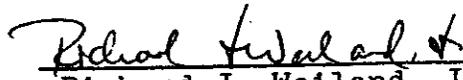
FIRST: I state I am a married man. My wife's name is Jennifer S. Weiland. I have one child the issue of this marriage, namely, Angela Marie Weiland.

SECOND: I direct all my just debts, 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, Jennifer S. Weiland, subject only to the condition that she be living at the time of my death.

FOURTH: In the event my wife, Jennifer S. Weiland, 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 the rest, residue, and remainder of my estate to my daughter, Angela Marie Weiland.

LAST WILL & TESTAMENT -1-


Richard J. Weiland, Jr.

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FIFTH: Provided, in the event my daughter is less than the age of thirty-two (32) years, I direct her share shall be placed in trust, to be used for her health, education, and welfare.

I direct the residue of said trust shall be distributed as follows:

1) Upon reaching the age of twenty-three (23) years or upon graduation from an accredited college, whichever occurs first, she shall be entitled to one-third (1/3) of the residue of her trust, plus accrued interest;

2) Upon reaching the age of twenty-eight (28) years she shall be entitled to one-half (1/2) of the residue of her trust, plus accrued interest;

3) Upon reaching the age of thirty-two (32) years the entire balance of her trust shall be distributed.

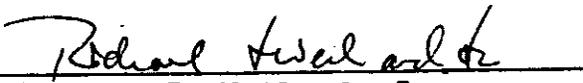
In the event my daughter shall predecease me leaving issue, I direct her share of my estate shall go to her issue to share and share alike.

In the event my daughter shall predecease me leaving no issue, I direct her share of my estate shall go to the American Diabetic Association.

SIXTH: I name, designate, and appoint Richard Weiland, Sr. and Betty Weiland, or either one of them, of Pomeroy, Washington, as trustee of the above trust for Angela Marie Weiland. Said trust shall be governed by the laws of the State of Washington as they now exist or as they are hereafter amended.

SEVENTH: With regard to the trust described herein, I direct 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

LAST WILL & TESTAMENT -2-


Richard J. Weiland, Jr.

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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 disposition of his or her interest in the trust estate or the income produced thereby.

EIGHTH: In the event my wife shall have predeceased me, and my daughter shall be less than the age of majority, then in that event I name, designate, and appoint Richard Weiland, Sr. and Betty Weiland, or either one of them, as guardians for said minor child.

NINTH: I hereby name, designate, and appoint my wife, Jennifer S. Weiland, 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, Jennifer S. Weiland, 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 Richard J. Weiland, Sr. and Betty Weiland, or either one of them, as executors 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 hereunto set my hand and seal this 25th day of October, 1988, at Clarkston, Washington.

Richard J. Weiland, Jr. (Seal)
Richard J. Weiland, Jr.

The foregoing instrument, consisting of four (4) typewritten pages, including this page containing the attestation clause, was on the 25th day of October, 1988, signed, sealed, and published by RICHARD J. WEILAND, JR. as, and declared by him to be his Last Will and Testament, in the pre-

