



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

Form section 4: Property address (501 1st Street, Asotin, WA) and location details (unincorporated Asotin County OR within city of Asotin).

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

Form section 6: Continuation and compliance notices, including 'NOTICE OF CONTINUANCE' and 'NOTICE OF COMPLIANCE'.

Form section 7: Signature lines for Deputy Assessor and Owner(s).

Form section 7: Personal property included in selling price and tax calculation table showing Gross Selling Price of \$415,000.00 and Total Due of \$8,429.50.

Form section 8: Signature lines for Grantor or Grantor's Agent (Patrick N. Connell) and Grantee or Grantee's Agent (Gregory E. Egbert).

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) 16323 THIS SPACE - TREASURER'S USE ONLY COUNTY TREASURER

ATEC CK #8424

Handwritten initials 'Yo' in a circle.

PAID

JUL 28 2016

ASOTIN COUNTY

49511

EXHIBIT "A"

310123

Lots 9, 10 and the Westerly half of Lot 8 being that portion of said Lot lying West of a line 15 feet East of and parallel to the West line of said Lot, all in Block 1 of Town of Asotin according to the official plat thereof, filed in Book A of Plats at Page(s) 6, records of Asotin County, Washington.

AND

A tract of land being those portions of the unplatted parts of Government Lots 3 and 4 of Section 16, Township 10 North, Range 46 East of the Willamette Meridian, Asotin County, State of Washington, said tract of land lying North of the North line of Lots 9 and 10 and the Westerly half of Lot 8 being that portion of said Lot lying West of a line 15 feet East of and parallel to the West line of said Lot, all in Block 1 of Town of Asotin according to the official plat thereof, filed in Book A of Plats at Page(s) 6, records of Asotin County, Washington, according to the recorded plat thereof and Southerly of a surveyed line described as follows: Commencing at Lower Granite Project Boundary Monument No. 1532, the coordinates of which are North 386,637.92 and East 2,871,318.34, said monument being located at a point on the Westerly extension of the North line of Block 43 of Schank and Reed's First Addition to the Town of Asotin; thence South 85°31'30.4" East, a distance of 26.48 feet to the True Point of Beginning; thence North 31°43'29.2" East, a distance of 21.86 feet; thence South 87°39'08.0" East, a distance of 263.57 feet; thence South 84°33'34.3" East a distance of 303.34 feet; thence South 84°31'15.4" East a distance of 173.39 feet; thence South 81°08'46.5" East, a distance of 139.61 feet to a point on the Lower Granite Project Boundary at Monument No. 1542-1543, the coordinates of which are North 386,576,847 and East 2,872,232.10 and the point of terminus of the above described line.

AND

All that portion of the unplatted part of Government Lot 4 of Section 16, Township 10 North, Range 46 East of the Willamette Meridian, Asotin County, Washington, lying North of the following described tract: Beginning at the Northeast corner of Lot 10 of Block 1 of the Town of Asotin according to plat recorded in Book A. of Plats, Page 6, in Asotin County, Washington; thence Westerly along the North line of said Lot a distance of 30 feet to the True Place of Beginning; thence continue Westerly for a distance of 15 feet; thence Southerly parallel to the Easterly line of said Lot 10 for a distance of 120 feet; thence Easterly for a distance of 15 feet; thence Northerly 120 feet to the place of beginning, said tract also sometimes known as the West 15 feet of Lot 10 of Block 1 of the Town of Asotin and also known as the East 15 feet of that portion of Washington Street adjacent to Lot 10 of Block 1 of the Town of Asotin vacated by Ordinance No. 93. EXCEPTING THEREFROM all that portion of said Government Lot 4 of Section 16 lying Northerly of the following described line: Commencing at Lower Granite Project Boundary Monument No. 1532, the coordinates of which are North 386,637.92 and East 2,871,318.34, said monument being located at a point on the Westerly extension of the North line of Block 43 of Schank and Reed's First Addition to the Town of Asotin; thence South

49511

85°31'30.4" East, a distance of 26.48 feet to the True Point of Beginning; thence North 31°43'29.2" East, a distance of 21.86 feet; thence South 87°39'08.0" East, a distance of 263.57 feet; thence South 84°33'34.3" East a distance of 303.34 feet; thence South 84°31'15.4" East a distance of 173.39 feet; thence South 81°08'46.5" East, a distance of 139.61 feet to a point on the Lower Granite Project Boundary at Monument No. 1542-1543, the coordinates of which are North 386,576,847 and East 2,872,232.10 and the point of terminus of the above described line.

49511

Return Address
Patrick N. Connell
5105 24th Street N.
Arlington, WA 22207

Please print or type information

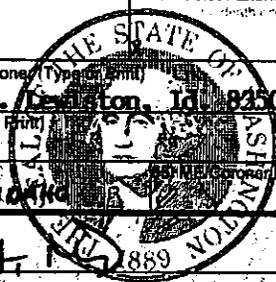
Document Title(s) (or transactions contained therein): 1. Death Certificate 2. 3. 4.
Grantor(s) (Last name first, then first name and initials): 1. Connell, Thomas R. 2. 3. 4. <input type="checkbox"/> Additional names on page ___ of document.
Grantee(s) (Last name first, then first name and initials): 1. To The Public 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 <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.

49511

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Washington State Certificate of Death

1. Legal Name (include AKA's if any) First Middle LAST Suffix Thomas R. Connell				2. Death Date Dec. 24, 2006	
3. Sex (M/F) Male	4a. Age - Last Birthday 68	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	6. County of Death Asotin
7. Birthdate July 11, 1938		8a. Birthplace (City, Town, or County) Muscatine	8b. (State or Foreign Country) Iowa	9. Decedent's Education Two Years College	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? Yes
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 501 - 1st. Street				13b. City or Town Asotin	
13c. Residence: County Asotin		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 99402	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. Four Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Joan A. Wohlgenuth	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Air Force Loadmaster			18. Kind of Business/Industry (Do not use Company Name) U.S. Armed Forces		
19. Father's Name (First, Middle, Last, Suffix) Cornelius N. Connell			20. Mother's Name Before First Marriage (First, Middle, Last) Lucille A. McFadden		
21. Informant's Name Joan Connell		22. Relationship to Decedent Wife	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 501 - 1st street, Asotin, Wa. 99402		
24. Place of Death, if Death Occurred in a Hospital: _____ Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedant's Home					
25. Facility Name (if not a facility, give number & street or location) 501 - 1st Street			26a. City, Town, or Location of Death Asotin	26b. State Wa.	27. Zip Code 99402
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Mountain 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 Dec. 30, 2006
33. Funeral Director Signature <i>W. Brown</i>					
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. METASTATIC CANCER of GASTRO-ESOPHAGEAL JUNCTION Interval between Onset & Death 8 MO Due to (or as a consequence of): _____ Interval between Onset & Death _____ 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 b. _____ Due to (or as a consequence of): _____ Interval between Onset & Death _____ c. _____ Due to (or as a consequence of): _____ Interval between Onset & Death _____ d. _____					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				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 type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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: _____ Apt. No. _____ 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 - To the best of my knowledge, death occurred at the place, date, and time stated, and the cause and manner stated. x Michael T. Rooney, M.D.				48b. Medical Examiner/Coroner - On the basis of available information, investigation, and autopsy, death occurred at the place, date, and time stated, and the cause and manner stated. [REDACTED]	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Rooney, Michael T. MD. 428 - 6th Ave. Lewiston, Id 83501				50. Hour of Death (24hrs) 2040	
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)				52. Date Signed (mm/dd/yyyy) 12-27-2006	
53. Title of Certifier Medical Doctor		54. License Number M4745 - 10410	55. 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) DEC 28 2006	
59. Amendments					



Part 1 completed by Funeral Director

Part 2 completed by Certifier

112007 09:47 001909 3745

DOH 01-003 (5/99)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH THE CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

49511



Affidavit for Correction

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(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: Birth Death Marriage 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.

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature:	16. Date:	17. Address:
----------------	-----------	--------------

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

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

Examples of documentary proof:	Certificate of Naturalization	Medical Record	School Record
	Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Insurance Records	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Records	Passport	

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 the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 022)

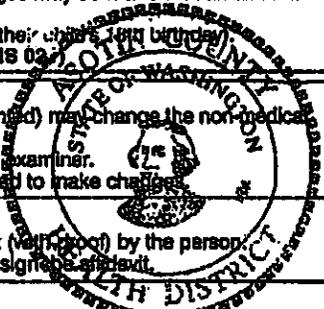
Death Certificates:

- 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 022 (Rev. 9/2004)



RAISED SEAL

C. Spitters, M.D.
Health Officer

DEC 28 2006

MM00370450

49511

Return Address
Patrick N. Connell
5105 24th Street N.
Arlington, WA 22207

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. Connell, Joan A. 2. 3. 4. <input type="checkbox"/> Additional names on page ___ of document.
Grantee(s) (Last name first, then first name and initials): 1. To The Public 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 <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.

49511

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-015058

DATE ISSUED: 04/13/2016

FEE NUMBER: 0000244474

GIVEN NAMES: JOAN A
LAST NAME: CONNELL

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: APRIL 11, 2016
HOUR OF DEATH: 11:55 A.M.
SEX: FEMALE
AGE: 82 YEARS

SOCIAL SECURITY NUMBER: ██████████

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: NOVEMBER 15, 1933
BIRTHPLACE: PITTSBURGH, PENNSYLVANIA

MARITAL STATUS: WIDOWED
SPOUSE:

OCCUPATION: NURSE
INDUSTRY: HEALTHCARE
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES? YES

INFORMANT: SHEILA FLOCK
RELATIONSHIP: DAUGHTER
ADDRESS: 2550 VALLEY VIEW DR, CLARKSTON WA, 99403

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: EVERGREEN ESTATES
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 501 1ST ST
CITY, STATE, ZIP: ASOTIN, WASHINGTON 99402
INSIDE CITY LIMITS? YES
COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 14 YEARS

FATHER/PARENT: JOHN WOHLGEMUTH
MOTHER/PARENT: LORETTA GREYER

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY
CITY, STATE, ZIP: LEVISTON, ID
DISPOSITION DATE: APRIL 18, 2016

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. MULTIPLE MYELOMA
INTERVAL: 8 MONTHS

B. INTERVAL:

C. INTERVAL:

D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
CHRONIC OBSTRUCTIVE PULMONARY DISEASE, ASPERGILLUS PNEUMONIA, HYPERTENSION

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: DONALD GREGGAIN, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1221 HIGHLAND AVE
CITY, STATE, ZIP: CLARKSTON WA 99403
DATE SIGNED: APRIL 11, 2016

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:
BRADY WOODBURY
DATE RECEIVED: APRIL 13, 2016

DOH 01-003 (1/14)

49511



Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300
www.doh.wa.gov

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: Birth Death Marriage Dissolution

1. Name on record: _____ 2. Date of Event: _____ 3. Place of Event: _____

4. Father/Parent Full Birth Name _____ 5. Mother/Parent Full Birth Name _____

The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
6. _____	7. _____
8. _____	9. _____
10. _____	11. _____
12. _____	13. _____

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) _____ Telephone Number: _____

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature: _____ 16. Date: _____ 17. Address: _____
(Printed Name)

All vital records are registered as received. Most changes must be established by documentary proof submitted with the affidavit. We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.

Examples of acceptable documentary proof:

Birth Record	Numident Report (Social Security Administration)	School Transcripts (Official)
Certificate of Naturalization	Marriage/Divorce Record	Allen Registration (front and back)
Military Record (DD-214)	Life Insurance Policy	
Passport	Hospital /Medical Record	

Birth Certificates

- Only a parent, legal guardian (if the child is under 18), or the named individual (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.
- Child under 18**
 - Only parent(s) or legal guardian can change the birth certificate.
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form DOH 322-022-0000)

Adult (18 years or older)

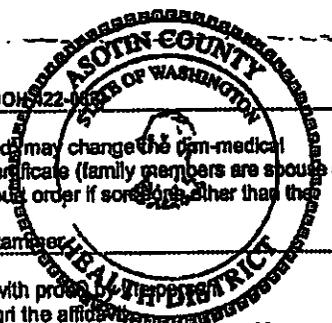
- Only the adult themselves can change the birth certificate.
- If the first or middle name is absent, three pieces of documentary proof are required.
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required.
- To correct parent's birth date, place of birth, or name, one documentary proof is required.
- Proof must be five (or more) years old or have been established within five years of birth.

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

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).
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.



Joel McCullough
Joel McCullough, M.D., MPH, MS
Health Officer

APR 13 2016
AA00244475
49511

DCH 422-034 January 2014

**THOMAS R. AND JOAN A. CONNELL
AMENDED AND RESTATED
CONNELL FAMILY 1995 TRUST
UNDER TRUST AGREEMENT,
DATED JUNE 13, 2006**

Prepared by

Creason, Moore & Dokken, PLLC

Lawyers

1219 Idaho Street
P.O. Drawer 835
Lewiston ID 83501
(208)743-1516

49511

ARTICLE XI

COMPENSATION OF TRUSTEE

The Trustee herein shall be compensated at a reasonable rate to be negotiated upon and determined by separate agreement between the Trustors and the Trustee. If no separate agreement is made or is found, then the Trustee shall be compensated at a reasonable rate. However, for so long as the Trustors, or either of them, acts as Trustee, no compensation shall be provided. A Trustee's failure to submit fees and costs to the trust for reimbursement within sixty (60) days following the end of any calendar year shall be deemed a waiver of the Trustee's right to reimbursement for that year.

ARTICLE XII

SUCCESSOR TRUSTEE

On the death, resignation, or incapacity of either of the Trustors to act as Trustee hereunder, then Patrick N. Connell shall become a successor Co-Trustee with the remaining Trustor. Upon the subsequent death, incapacity or resignation of both Trustors, then Patrick N. Connell shall become the sole Trustee. At any time Patrick N. Connell is serving as the sole Trustee, he may name another person to serve as co-Trustee with him. If Patrick N. Connell is or becomes unable or unwilling to serve as a Trustee or co-Trustee, then, the following persons are designated to serve as a sole or co-Trustee in his place in the order listed:

First Alternate: Sheila A. Flock

Second Alternate: Sean T. Connell

If at any time a trustee currently serving as the acting trustee becomes aware that no successor trustee has been named or is available to serve, then the acting trustee shall name a successor trustee in writing, who may qualify as trustee of this trust by acceptance of the terms of this trust upon the acting trustee's death, resignation, or incapacity to act, with the same duties and powers as are imposed and conferred by this agreement on trustees hereunder. If no successor trustee has been named, a court of competent jurisdiction shall appoint a successor