

**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

SELLER GRANTOR	Name <u>Estate of Fredrick D. Curfman</u>	BUYER GRANTEE	Name <u>Norma Lee Curfman</u>
	Mailing Address <u>1109 Libby St.</u>		Mailing Address <u>1109 Libby St.</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)
<input checked="" type="checkbox"/> Send all property tax correspondence to: <input checked="" type="checkbox"/> Same as Buyer/Grantee Name <u>Norma Lee Curfman</u> Mailing Address <u>1109 Libby St.</u> City/State/Zip <u>Clarkston WA 99403</u> Phone No. (including area code)		List all real and personal property tax parcel account numbers - check box if personal property <u>10030400200020000</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/>	
		List assessed value(s) <u>140,300.00</u>	

Street address of property: 1109 Libby St. - Clarkston, WA 99403

This property is located in  unincorporated Asotin County OR within  city of Clarkston

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.

The East 60 feet of the West 210 feet of the North 130 feet of Lot 2 in Block 4 of South of Clarkston according to the official plat thereof, filed in Book B of Plats at Page(s) 28, records of Asotin County, Washington

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

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)?  
YES  NO

Is this property designated as forest land per chapter 84.33 RCW? YES  NO   
 Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW? YES  NO   
 Is this property receiving special valuation as historical property per chapter 84.26 RCW? YES  NO

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 \_\_\_\_\_

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-202(7)(f)  
 Reason for exemption Affidavit of Sole Surviving Spouse

Type of Document Lack of Probate Affidavit with Death Certificate  
 Date of Document 06/30/17 6/29/2017

Gross Selling Price	\$	0.00
*Personal Property (deduct)	\$	0.00
Exemption Claimed (deduct)	\$	0.00
Taxable Selling Price	\$	0.00
Excise Tax : State	\$	0.00
Local	\$	0.00
*Delinquent Interest: State	\$	0.00
Local	\$	0.00
*Delinquent Penalty	\$	0.00
Subtotal	\$	0.00
*State Technology Fee	\$	5.00 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

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

Signature of Grantor or Grantor's Agent <u>[Signature]</u>	Signature of Grantee or Grantee's Agent <u>Norma Lee Curfman</u>
Name (print) <u>Estate of Fredrick D. Curfman</u>	Name (print) <u>Norma Lee Curfman</u>
Date & city of signing: <u>6/30/17 Clarkston WA</u>	Date & city of signing: <u>6/29/2017 Clarkston, WA</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)).

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

ATEC CR# 19946  
 [Signature]

**PAID**  
 JUL 05 2017  
 ASOTIN COUNTY  
 TREASURER

50300  
 50380



State of Washington  
 Department of Revenue  
 Special Programs Division  
 Miscellaneous Tax  
 PO Box 47477  
 Olympia WA 98504-7477

Return to:

Alliance Title + Escrow  
735 5th St.  
Clarkston, WA 99403

**AFFIDAVIT (LACK OF PROBATE)**

Norma Lee Curtman, being first duly sworn, deposes and says:  
 The undersigned affiant is the rightful heir to the real property described below, and is  
Spouse (relationship to decedent)  
 of Fredrick Dale Curtman (decedent), who died on (date)  
4/25/2016, at  
Clarkston Asotin Washington  
City County State

\*\*\* A CERTIFIED COPY OF THE DEATH CERTIFICATE MUST BE PRESENTED.  
 PLEASE NOTE: A copy may be used for recording at the discretion of the county.

**REGARDING DISPOSITION OF REAL PROPERTY:**

Attach the full legal description of the property with county and parcel number being transferred which is located at a commonly recognized address of:

1109 Libby St.  
Clarkston, WA 99403  
City State Zip Code

- 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 ATTACHED for review), or has been recorded under \_\_\_\_\_ County recording number \_\_\_\_\_; OR
- Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked (A COPY OF WHICH IS ATTACHED for review)

"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 additional pages if necessary)

Norma Lee Purfman - Spouse  
1109 Libby St. - Clarkston, WA 99403  
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 6-29-17  
Norma Lee Curtman  
Affiant's full name

Telephone number \_\_\_\_\_  
1109 Libby St.  
Clarkston WA 99403  
City State Zip Code

Norma Lee Curtman 6-29-17  
Signature Date

State of Washington County of Asotin

I know or have satisfactory evidence that Norma Lee Curtman  
(name of person)

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: 6/29/2017

Debbie C. Heagy

Notary Public  
Residing at: Clarkston, WA



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-017715

DATE ISSUED: 05/02/2016

FEE NUMBER: 0000046515

GIVEN NAMES: FREDRICK DALE  
LAST NAME: CURFMAN

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: APRIL 25, 2016  
HOUR OF DEATH: 08:50 A.M.  
SEX: MALE  
AGE: 81 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: APRIL 20, 1935  
BIRTHPLACE: OROFINO, IDAHO

MARITAL STATUS: MARRIED  
SPOUSE: NORMA KERR

OCCUPATION: OWNER/OPERATOR  
INDUSTRY: TRUCKING  
EDUCATION: 9-12TH GRADE, NO DIPLOMA  
US ARMED FORCES? YES

INFORMANT: NORMA CURFMAN  
RELATIONSHIP: WIFE  
ADDRESS: 1109 LIBBY ST, CLARKSTON WA, 99403

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 1109 LIBBY ST  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 1109 LIBBY ST  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403  
INSIDE CITY LIMITS? YES  
COUNTY: ASOTIN

TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 21 YEARS

FATHER/PARENT: GEORGE CURFMAN  
MOTHER/PARENT: BEATRICE HARREMAN

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY  
CITY, STATE: LEWISTON, ID  
DISPOSITION DATE: APRIL 29, 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. CHRONIC OBSTRUCTIVE PULMONARY DISEASE  
INTERVAL: UNKNOWN  
B. INTERVAL:  
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: UNKNOWN  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? UNKNOWN  
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: TIMOTHY DVKSTRA DO  
TITLE: OSTEOPATHIC PHYSICIAN  
CERTIFIER  
ADDRESS: 2315 8TH STREET  
CITY, STATE, ZIP: LEWISTON ID 83501  
DATE SIGNED: APRIL 26, 2016

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  
FEE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN:  
TIMOTHY DVKSTRA DO

LOCAL DEPUTY REGISTRAR:  
BRADY WOODBURY  
DATE RECEIVED: APRIL 29, 2016

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DOH 0603 (10/15)



# Affidavit for Correction

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

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

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required information must match current information on record

<b>Required</b>	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record: First Middle Last	2. Date of Event: MM/DD/YYYY	3. Place of Event: City or County	
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden	5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden		
	6. Name of Person Requesting Correction: Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)			
7. Return Mailing Address: P.O. Box or Street Address City State Zip				
Telephone Number: ( )			Email Address:	

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

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

16a. Signature:	16b. Signature of 2 <sup>nd</sup> parent (if required):
Printed name: Date:	Printed name: Date:

INSTRUCTIONS - go to [www.doh.wa.gov](http://www.doh.wa.gov) for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof  
Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:  
• Birth/Marriage/Divorce record • Military record (DD-214) • School transcripts • Social Security Numident Report  
• Certificate of Naturalization • Hospital/medical record • Passport • Green/Permanent Resident card (I-551)

**Birth Certificates**  
1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.  
2. The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.  
3. Documentary proof must be five or more years old or established within five years of birth.

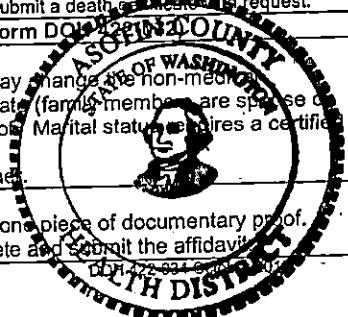
**Child under 18**  
• If legal guardian(s), include certified court order proving guardianship  
• Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)\*  
• After age one, a court order is required to change the last name  
• No proof is required to change the first or middle name\*  
• To correct parent's information, one documentary proof is required.  
• To correct the sex of the child, one documentary proof from a medical provider is required.

**Adult (18 years or older)**  
• Only the adult can change his or her birth certificate  
• If the first or middle name is missing, 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

\*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.  
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOI 22-022)

**Death Certificates**  
1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical 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 of registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.  
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

**Marriage/Dissolution (Divorce) Certificates**  
1. Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.  
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



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

MAY 02 2016

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FF0004651

# Last Will and Testament

of

FREDRICK DALE CURFMAN

I, FREDRICK DALE CURFMAN, of Clarkston, Asotin County, Washington, do hereby make, publish and declare this my Last Will and Testament hereby revoking all former Wills and Codicils heretofore made by me.

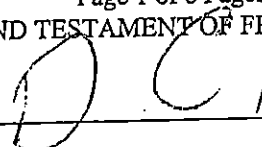
## I. Identifications and Definitions

A. My wife's name is NORMA LEE CURFMAN, and all references in this will to "my wife" are to her. We have four (4) children, namely: EVA MARIE AHERN, TERESA RENEE GROTHE, NORMA LORRAINE WITTERS, and BEATRICE A'DELL COE. We have no deceased children. In this Will, "my child" and "my children" includes these children.

B. The following definitions apply in any use of the terms in this will:

1. "Descendants" means the immediate and remote lawful, lineal descendants of the person referred to who are in being at the time they must be ascertained in order to give effect to the reference to them, whether they are born before or after my death or the death of any other person. Descendants shall take by right of representation, in accordance with the rule of per stirpes distribution and not in accordance with the rule of per capita distribution. Descendants includes adopted descendants only if they are legally adopted when they are under the age of fourteen years.
2. "Survive me" is to be construed to mean that the person referred to must survive me by thirty (30) days. If the person referred to dies within thirty (30) days of my death, the reference to him shall be construed as if he had failed to survive me.

Page 1 of 6 Pages of the  
LAST WILL AND TESTAMENT OF FREDRICK DALE CURFMAN

  
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## II. Appointment of Fiduciaries

A. I appoint my wife, NORMA LEE CURFMAN, personal representative of this will. If my wife is unable or unwilling to serve in this capacity, I appoint MICHAEL W. GROTHE to serve in this capacity. If MICHAEL W. GROTHE is unable or unwilling to serve, I appoint JONATHAN COE to serve in this capacity.

B. My personal representative shall act without intervention of any court, without confirmation of any court, except as may be required by law, with or without notice, it being my intention that this is, and shall be construed as, a non-intervention will in any court in which this will is offered for probate, and my personal representative shall have the powers granted by law to personal representatives of non-intervention wills.

C. I request that neither bond nor sureties be required of any fiduciary appointed under this article.

## III. Debts and Expenses

I hereby direct and order that all legal debts and obligations, and the expenses of my last illness and funeral be paid by my personal representative as soon after my death as is practicable; provided, however, that this direction shall not authorize any creditor to require payment of any debt or obligation prior to its normal maturity in due course.

## IV. Community Property

I confirm unto my wife, NORMA LEE CURFMAN, her interest in our community property.

## V. Disposition of Tangible Personal Property

A. I give all of my tangible personal property to my wife, if she survives me, and if not, to such of my children as shall survive me, to be divided among them as they shall agree. If there is no agreement, the property shall be divided among them by my Personal Representative in as nearly equal shares as my Personal Representative, in his absolute discretion, deems practical, having due regard to the personal preferences of my children. My Personal Representative, may, in his sole discretion, sell any of the property which in his opinion is not suitable for distribution, and the proceeds thereof shall become a part of my residuary estate.

B. Any such tangible personal property that is not distributed or sold as set forth above

  
\_\_\_\_\_



may be discarded or given to a charity of my Personal Representative's choice as he may determine in his sole discretion.

C. All matters pertaining to identification, distribution, or division of property given by this Article shall be determined by my personal representative, and my personal representative's determination shall be final and binding upon all persons having any interest in my estate.

## VI. Residuary Estate

A. "My residuary estate" is all of my property after the payments under Article III and V above; including property as to which effective disposition is not otherwise made in this will, property as to which I have an option to purchase or a reversionary interest and property over which I have a power of appointment.

B. I give my residuary estate to my wife, if she survives me.

C. If my wife does not survive me, I direct my personal representative to divide my residuary estate into equal shares and to distribute:

1. one share to each of my children who survive me; and
2. one share to the descendants of each of my children who does not survive me, but who leave descendants who survive me.

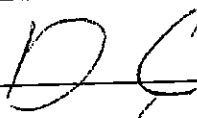
## VII. Power of Fiduciaries

I give my personal representative the following powers, which are to be construed in the broadest manner consistent with validity and with their duties as fiduciaries. I give the powers stated here in addition to those granted by law and I give them to administrators and trustees who succeed the fiduciaries I have appointed in Article II. These powers are:

A. To take possession of property and to segregate it;

B. To retain and to invest in property, or in an undivided interest in property; including residential real estate, for any period, whether or not the property is of the character permissible for investment by fiduciaries;

C. To sell, exchange, lease, rent, mortgage, pledge, give options upon, and partition real

  
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or personal property at private or public sale for cash or upon whatever terms the fiduciary finds advisable without notice or order of court;

D. To render liquid the property held by fiduciary in whole or in part and to hold cash or readily marketable securities of little or no yield as the fiduciary finds advisable;

E. To borrow, upon whatever terms the fiduciary finds advisable, for the purpose of protecting or improving property held by the fiduciary;

F. To pay, compromise, settle, renew or abandon claims held by the fiduciary and claims asserted against the fiduciary, upon whatever terms the fiduciary finds advisable, without court authority;

G. To distribute in cash or in kind, in divided or undivided interest; notwithstanding the fact that distributive shares may, as a result, be composed differently;

H. To employ attorneys, accountants, investment advisors and other professional assistants and to insure the property held as a fiduciary against the risks and in the amounts the fiduciary finds expedient; and power to obtain and pay for life, health, liability and other forms of insurance for the beneficiaries;

I. To enter into transactions with other fiduciaries, including personal representatives or trustees of estates and trusts in which the beneficiaries have an interest, and including this fiduciary when the fiduciary also acts for other estates and trusts; and


J. To pay reasonable compensation for the fiduciary's own services.

#### VIII. Other Provisions


A. At approximately the same time, my wife and I are executing similar wills in which each of us is the recipient of the other's bounty. However, these wills are not the result of any contract or agreement between us, and either will may be revoked at the discretion of its testator.

B. I may have funds on deposit in financial institutions in the name of myself and one or more persons and it is my intention that such funds not pass pursuant to the deposit agreement, but rather that the terms of this will shall control, such deposit arrangement being for convenience only.

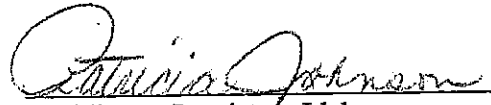
IN WITNESS WHEREOF, I have executed this document consisting of six (6) typewritten pages, as my Last Will and Testament on this 10<sup>th</sup> day of July, 2013.

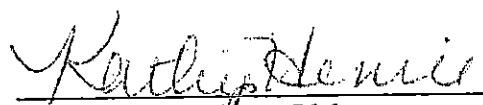
  
FREDRICK DALE CURFMAN

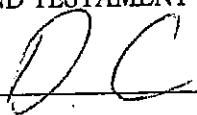
I, FREDRICK DALE CURFMAN, the testator, sign my name to this instrument this 10<sup>th</sup> day of July, 2013; and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my Last Will and Testament and that I sign it willingly, that I execute 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.

  
FREDRICK DALE CURFMAN, Testator

We, PATRICIA JOHNSON and KATHY HENRIE, the witnesses, sign our names to this instrument, being first duly sworn, and do hereby declare to the undersigned authority that the testator signs and executes this instrument as his Last Will and Testament and that he signs it willingly; and that each of us, in the presence and hearing of the testator hereby signs this Will as witness to the testator's signing; and that to the best of our knowledge the testator is eighteen (18) years of age or older, of sound mind and under no constraint or undue influence.

  
Residing at Lewiston, Idaho

  
Residing at Lewiston, Idaho

  
\_\_\_\_\_

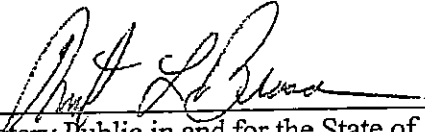
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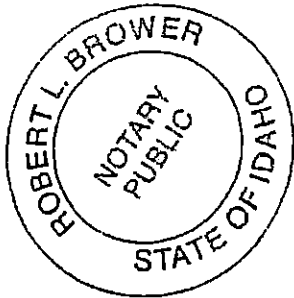
STATE OF IDAHO )

: ss

County of Nez Perce )

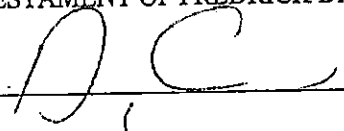
Subscribed, sworn to and acknowledged before me by, FREDRICK DALE CURFMAN, the testator; and subscribed and sworn to before me by PATRICIA JOHNSON and KATHY HENRIE, witnesses, this 10<sup>th</sup> day of July, 2013.

  
\_\_\_\_\_  
Notary Public in and for the State of  
Idaho, residing at Lewiston, therein.



My commission expires: 10/13/2017

Page 6 of 6 Pages of the  
LAST WILL AND TESTAMENT OF FREDRICK DALE CURFMAN

  
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