

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, indicate % sold. List percentage of ownership acquired next to each name.

1 SELLER GRANTOR	Name <u>Joseph S. Pellitteri, Deceased</u>	2 BUYER GRANTEE	Name <u>Tari P. Griggs (1/3), Michael J. Pellitteri (1/3), and Deborah J. Walker-Labine (1/3)</u>
	Mailing Address <u>2908 W. Grandview Drive</u>		Mailing Address <u>6203 West Shawnee Avenue</u>
	City/State/Zip <u>Clarkston, WA 99403</u>		City/State/Zip <u>Spokane, WA 99208</u>
	Phone No. (including area code) _____		Phone No. (including area code) <u>(208) 771-6111</u>
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 _____		10850400600000000 <input type="checkbox"/>	
Mailing Address _____		<input type="checkbox"/>	
City/State/Zip _____		<input type="checkbox"/>	
Phone No. (including area code) _____		<input type="checkbox"/>	
		List assessed value(s)	
		\$215,500.00	

4 Street address of property: 2908 W. Grandview Drive, Clarkston, Washington 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 Block 4 of HIGHLAND HEIGHTS THIRD ADDITION according to plat recorded in Book C of Plats, page 109, records of Asotin County, Washington.

Parcel No.: 10850400600000000

Address: 2908 W. Grandview Drive, Clarkston, WA 99403

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-202 (6)(i)

Reason for exemption Inheritance or devise

Type of Document Affidavit Lack of Probate

Date of Document 10/26/17

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 \$	_____
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>Scott L. Simpson</u>	Signature of Grantee or Grantee's Agent <u>Scott L. Simpson</u>
Name (print) <u>Scott L. Simpson, Grantor's Agent</u>	Name (print) <u>Scott L. Simpson, Grantees' Agent</u>
Date & city of signing: <u>October 30, 2017, Spokane</u>	Date & city of signing: <u>October 30, 2017, Spokane</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)).

*Paine Handley*  
*ck # 225502* *va*

**PAID**  
**OCT 31 2017**  
ASOTIN COUNTY  
TREASURER

50701

LEGAL DESCRIPTION

Lot 6 of Block 4 of HIGHLAND HEIGHTS THIRD ADDITION according to plat recorded in Book C of Plats, page 109, records of Asotin County, Washington.

Parcel No.: 10850400600000000

Address: 2908 W. Grandview Drive, Clarkston, WA 99403

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50701

After Recording Return To:

Scott L. Simpson  
Paine Hamblen LLP  
717 W. Sprague Ave., Suite 1200  
Spokane, WA 99201

### AFFIDAVIT (LACK OF PROBATE)

Tari P. Griggs, Michael J. Pellitteri, and Deborah J. Walker-Labine, being first duly sworn, depose and say:

The undersigned affiants are the rightful and equal heirs to the real property described below, and are the sole children (relationship to decedent) of Joseph S. Pellitteri (decedent), who died on October 5, 2017 (date), at \_\_\_\_\_ Spokane Spokane 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:

\_\_\_\_\_ 2908 W. Grandview Drive \_\_\_\_\_  
*Street*  
\_\_\_\_\_ Clarkston Washington 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)

Tari P. Griggs, Daughter, Age 59  
749 Jones Creek Road, Evans, GA 30809  
*Full name, age, relationship, address*

Michael J. Pellitteri, Son, Age 52  
22818 Barker Road, Bothell, WA 98021  
*Full name, age, relationship, address*

Deborah J. Walker-Labine, Daughter, Age 57  
6203 West Shawnee Avenue, Spokane, WA 99208  
*Full name, age, relationship, address*

[SIGNATURE PAGES TO FOLLOW]

50701

Dated: 24 October 2017

TARI P. GRIGGS

*Affiants full name*

(314) 540-6002

*Telephone number*

749 Jones Creek Road

*Street*

Evans Georgia 30809

*City*

*State*

*Zip Code*

*Tari P. Griggs*  
*Signature*

24 October 2017  
*Date*

STATE OF GEORGIA            )  
  ) ss.  
County of Columbia         )

I know or have satisfactory evidence that <sup>P. of</sup> TARI P. GRIGGS is the person who appeared before me, and said person acknowledged that she signed this affidavit and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: Oct 24, 2017

**Gerri L. Grinstead  
NOTARY PUBLIC  
Columbia County, GEORGIA  
My Comm. Expires June 7, 2019**

*Gerri L. Grinstead*

Print Name: Gerri L. Grinstead  
Notary Public in and for the State of Georgia  
Residing at: 3015 Allen Dr. Evans GA 30809  
My Commission Expires: June 7, 2019

Dated: 10/18/17

MICHAEL J. PELLITTERI  
Affiants full name

(206) 730-9855  
Telephone number

22818 Barker Road  
Street

Bothell                Washington                98021  
City                        State                        Zip Code

[Handwritten Signature]  
Signature

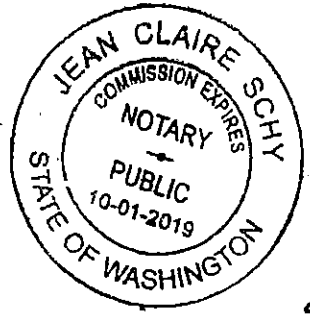
10/18/17  
Date

STATE OF WASHINGTON    )  
  ) ss.  
County of Snohomish    )

I know or have satisfactory evidence that MICHAEL J. PELLITTERI is the person who appeared before me, and said person acknowledged that he signed this affidavit and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 10/18/2017

Jean Claire Schy  
Print Name: Jean Claire Schy  
Notary Public in and for the State of  
Washington, residing at: Bothell  
My Commission Expires: 10-01-2019



Dated: 10/26/17

DEBORAH J. WALKER-LABINE  
Affiants full name

(208) 771-6111  
Telephone number

6203 West Shawnee Avenue  
Street

Spokane                      Washington                      99208  
City                              State                                      Zip Code

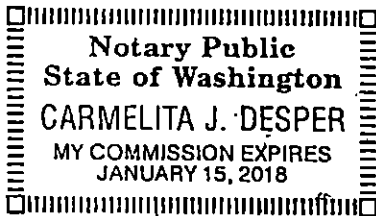
Deborah J. Walker-Labine  
Signature

10/26/17  
Date

STATE OF WASHINGTON    )  
  ) ss.  
County of Spokane         )

I know or have satisfactory evidence that DEBORAH J. WALKER-LABINE is the person who appeared before me, and said person acknowledged that she signed this affidavit and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: October 26, 2017



Carmelita J. Desper  
Print Name: Carmelita J. Desper  
Notary Public in and for the State of  
Washington, residing at: Spokane  
My Commission Expires: 1-15-2018

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-043560

LOCAL FILE NUMBER: 3867

DATE ISSUED: 10/13/2017

FEE NUMBER: 28140

FIRST AND MIDDLE NAME(S): JOSEPH SALVATORE  
LAST NAME(S): PELLITTERI

COUNTY OF DEATH: SPOKANE  
DATE OF DEATH: OCTOBER 05, 2017  
HOUR OF DEATH: 10:45 PM  
SEX: MALE AGE: 84 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

BIRTH DATE: DECEMBER 25, 1932  
BIRTHPLACE: MADISON, WI

MARITAL STATUS: DIVORCED  
SPOUSE: NOT APPLICABLE

OCCUPATION: PROJECT FOREMAN  
INDUSTRY: FEDERAL BUREAU OF PRISONS  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: YES

INFORMANT: DEBBIE WALKER-LABINE  
RELATIONSHIP: DAUGHTER  
ADDRESS: 6203 W. SHAWNEE, SPOKANE, WA 99208

CAUSE OF DEATH:  
A: COMPLICATIONS  
INTERVAL: DAYS  
B: RECENT RIGHT HIP FRACTURE, SURGICALLY REPAIRED.  
INTERVAL: 5 WEEKS  
C: BLUNT IMPACT - FALL  
INTERVAL: 5 WEEKS  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: DEMENTIA, DIABETES  
MELLITUS, CORONARY ARTERY DISEASE

DATE OF INJURY: AUGUST 26, 2017  
HOUR OF INJURY: UNKNOWN  
INJURY AT WORK: NO  
PLACE OF INJURY: RESIDENCE

LOCATION OF INJURY: 2908 W GRANDVIEW

CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403  
COUNTY: ASOTIN

DESCRIBE HOW INJURY OCCURRED: FELL OFF A LADDER, LANDING ON  
RIGHT HIP.

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY  
FACILITY OR ADDRESS: WINDRIVER HOUSE  
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99208

RESIDENCE STREET: 2908 W. GRANDVIEW  
CITY, STATE, ZIP: CLARKSTON, WA 99403  
INSIDE CITY LIMITS: NO COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 10 YEARS

FATHER/PARENT: JUISSEPPE PELLITTERI  
MOTHER/PARENT: MAGDALENA RUSSO

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: WHEATLAND CREMATORY

CITY, STATE: CHENEY, WASHINGTON  
DISPOSITION DATE: OCTOBER 11, 2017

FUNERAL FACILITY: CHENEY FUNERAL CHAPEL

ADDRESS: 1632 W FIRST ST  
CITY, STATE, ZIP: CHENEY, WASHINGTON 99004  
FUNERAL DIRECTOR: MICHAEL R ROSSEY

MANNER OF DEATH: ACCIDENT  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: YES  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

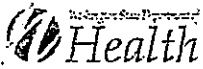
CERTIFIER NAME: SALLY S. AIKEN, MD  
TITLE: CORONER/ME  
CERTIFIER ADDRESS: 5901 N LIDGERWOOD ST STE 24B  
CITY, STATE, ZIP: SPOKANE, WA 99208  
DATE SIGNED: OCTOBER 09, 2017

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: 17-3411  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: AJA RICHARDSON  
DATE RECEIVED: OCTOBER 10, 2017

50701





# 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**

Required information must match current information on record

Record Type:  Birth  Death  Marriage  Dissolution (Divorce)

1. Name on Record: \_\_\_\_\_ 2. Date of Event: \_\_\_\_\_ 3. Place of Event: \_\_\_\_\_

4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) \_\_\_\_\_ 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) \_\_\_\_\_

6. Name of Person Requesting Correction: \_\_\_\_\_ Relationship to Person on Record:  Self  Guardian  Informant  Hospital  Parent(s)  Funeral Director  Other (specify) \_\_\_\_\_

7. Return Mailing Address: \_\_\_\_\_

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

- 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.
- 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.
- 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 DOH 422-032)

#### Death Certificates

- 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 or 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

#### Marriage/Dissolution (Divorce) Certificates

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

DOH 422-034 October 2015

## CERTIFIED

### SPOKANE REGIONAL HEALTH DISTRICT

OCT 13 2017



*Paula L Maxwell*  
Paula L. Maxwell  
CHIEF DEPUTY REGISTRAR



0 1 6 6 0 7 8 3

50701

Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

# Last Will and Testament

of

**Joseph S. Pellitteri**

I, Joseph S. Pellitteri, of Asotin County, Washington, and a citizen of the United States, declare this to be my Last Will and Testament. I revoke all Wills and Codicils previously made by me.

I.

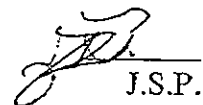
## IDENTIFICATION OF FAMILY

My immediate family now consists of my children, Tari Griggs, Deborah Walker-Labine, and Michael J. Pellitteri. References in this Last Will to "my child" or to "my children" are intended to include the above-named children and any child or children later born to or legally adopted by me. Except as provided below, I make no provision in this Will for any of my children who survive me, nor for the issue of any child who does not survive me.

II.

## DEBTS

I direct that all my just debts and 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

  
J.S.P.

50761

paid as soon as convenient after my death; provided, however, that no obligation which may be a specific lien on real or personal property need be paid prior to its normal maturity in due course.

III.

PERSONAL REPRESENTATIVE

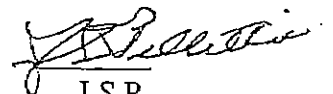
I appoint Tari Griggs and Deborah Walker-Labine as Co-Personal Representatives of my estate. If both Tari Griggs and Deborah Walker-Labine are unable or unwilling to serve, then I appoint Michael J. Pellitteri as Personal Representative of my estate. My Personal Representative shall serve without bond and with non-intervention powers.

IV.

DISPOSITION OF ESTATE

4.1 Personal Property. Those items of my tangible personal property listed on the signed memorandum, which I intend to furnish to my Personal Representative, shall be given to the person or persons whose name or names are set out opposite such item or items on the memorandum. Such property shall be deemed to pass under this Will pursuant to RCW 11.12.260. The balance of my household furniture and furnishings, wearing apparel, jewelry, artwork, photographs, silver, crystal, and other articles of personal use, recreation and enjoyment, not listed on the memorandum shall be divided among my children as they may agree. If my children do not agree among themselves to a division within one hundred twenty (120) days of my death, or if any child of mine is unable to make such a choice because of being under a legal disability, I give my Personal Representative the authority to: (a) sell any item not of use to or wanted by my children and to add the net proceeds to the residue of my estate; and (b) to make equitable divisions of such articles among such children.

4.2 Residue. I give the residue of my estate in equal shares to my children. If any of my children predecease me, the share otherwise receivable by such child shall instead be given to such child's issue, by right of representation, but subject to the withholding provision in Article V for young beneficiaries.

  
J.S.P.

50701

V.

PROTECTION FOR YOUNG BENEFICIARIES

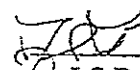
If any assets become distributable to a beneficiary who is under age twenty-five (25), my Personal Representative may (a) at any time distribute the same to a custodian for such beneficiary under any Uniform Transfers or Gifts to Minors Act or (b) continue to hold the same in trust, with my Personal Representative acting as Trustee, and shall pay to such beneficiary so much of the net income and principal from time to time as my Personal Representative shall deem advisable for the maintenance, education, support, and health of such beneficiary (net income not so paid to be added to principal) until such beneficiary attains age twenty-five (25) or dies under that age. Thereupon my Personal Representative shall distribute such assets to such beneficiary, if then living, or if not then living, to such beneficiary's estate.

No beneficiary shall have the right or power to anticipate, pledge, assign, sell, transfer, alienate or encumber his or her interest in any assets held by my Personal Representative pursuant to this provision in any way; nor shall any such interest in any manner be liable for or subject to the debts, liabilities, or obligations of such beneficiary or claims of any sort against such beneficiary.

VI.

TAXES

My Personal Representative is authorized to exercise all elections with respect to taxes or the deductibility of items for any tax purpose, in accordance with what my Personal Representative in my Personal Representative's sole discretion believes to be consistent with my intentions and in the best interest of my estate. I relieve my Personal Representative of any duty to make adjustments to the shares or interests of any person who may be adversely affected by any such elections. The provisions of this paragraph shall also apply to the Trustee of the Trust, as the case may be.

  
D J.S.P.

50701

VII.

MISCELLANEOUS


7.1 Validity. If a court of competent jurisdiction rules invalid or unenforceable any provision or provisions hereof, such provision or provisions shall be disregarded, but the remainder of this Will shall, nevertheless, be given full force and effect.

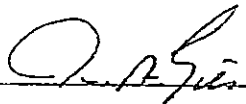
7.2 Gender. Unless some other meaning and intent are apparent from the context, the plural shall include the singular and vice versa, and masculine, feminine and neuter words shall be used interchangeably.

I have signed this Will the 11 day of April, 2017, at Clarkston, Washington.

  
\_\_\_\_\_  
JOSEPH S. PELLITTERI, TESTATOR

The foregoing instrument, consisting of five (5) typewritten pages, including this page containing the attestation clause, was on the 11<sup>th</sup> day of April, 2017, signed, sealed, and published by Joseph S. Pellitteri as, and declared by him to be his Last Will and Testament, in the presence of each of us who, at his request and in his presence, and in the presence of each other have subscribed our names as witnesses thereto.

  
\_\_\_\_\_ residing at Clarkston, Washington

  
\_\_\_\_\_ residing at Clarkston, Washington

STATE OF WASHINGTON     )  
  : ss.  
County of Asotin            )

The undersigned, competent to testify, each for himself, testify on oath, at the request of the maker, as follows:


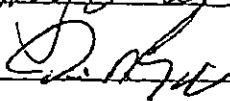
The above instrument purports to be and is the Last Will and Testament of the maker, and was signed and executed by said maker on the above date at Clarkston, Washington, in the presence of each of us as witnesses.

The maker thereupon published the instrument as, and declared it to be his Last Will and Testament and requested us to sign the same as witnesses. At the request and in the presence of the maker and in the presence of each other, we each subscribed our names as witnesses thereto.

At the time of executing said instrument, maker and each of us witnesses, were of legal age, and the maker appeared to be of sound and disposing mind, and not acting under duress, menace, fraud, undue influence, or misrepresentation.

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

Signed at Clarkston, Washington this 11<sup>th</sup> day of April, 2017.

  
\_\_\_\_\_  
  
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