

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.

SELLER GRANTOR	1 Name <u>George F. Clemans</u>	BUYER GRANTEE	2 Name <u>Linda K. Boyle</u>
	<u>The Heirs of Marcia A. Clemans, deceased</u>		
	Mailing Address <u>910 3rd St.</u>		Mailing Address <u>2627 Blue Mountain Ct</u>
	City/State/Zip <u>Clarkston, WA 99403</u>		City/State/Zip <u>Clarkston WA 99403</u>
	Phone No. (including area code)		Phone No. (including area code)
3 Send all property tax correspondence to: <input checked="" type="checkbox"/> Same as Buyer/Grantee		List all real and personal property tax parcel account numbers - check box if personal property	
Name <u>Linda K. Boyle</u>		12000000500000000 <input type="checkbox"/>	
Mailing Address <u>2627 Blue Mountain Ct</u>		<input type="checkbox"/>	
City/State/Zip <u>Clarkston WA 99403</u>		<input type="checkbox"/>	
Phone No. (including area code)		<input type="checkbox"/>	
		List assessed value(s) <u>171,800.00</u>	

4 Street address of property: 2627 Blue Mountain Court, Clarkston, WA

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

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.

Lot 5 of Gladie Second Addition, according to the recorded plat thereof, filed in Book E of Plats at Page(s) 19 Official Records of Asotin County, Washington.

5 Select Land Use Code(s):
11 Household, single family units

enter any additional codes: _____

(See back of last page for instructions)

	YES	NO
Was the seller receiving a property tax exemption or deferral under chapters 84.36, 84.37, or 84.38 RCW (nonprofit organization, senior citizen, or disabled person, homeowner with limited income)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

6

	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) _____

Reason for exemption _____

Type of Document	<u>Statutory Warranty Deed (SWD)</u>	
Date of Document	<u>09/27/18</u>	
Gross Selling Price	\$	<u>207,500.00</u>
*Personal Property (deduct)	\$	<u>0.00</u>
Exemption Claimed (deduct)	\$	<u>0.00</u>
Taxable Selling Price	\$	<u>207,500.00</u>
Excise Tax : State	\$	<u>2,656.00</u>
Local	\$	<u>518.75</u>
*Delinquent Interest: State	\$	<u>0.00</u>
Local	\$	<u>0.00</u>
*Delinquent Penalty	\$	<u>0.00</u>
Subtotal	\$	<u>3,174.75</u>
*State Technology Fee	\$	<u>5.00</u> <u>5.00</u>
*Affidavit Processing Fee	\$	<u>0.00</u>
Total Due	\$	<u>3,179.75</u>

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>George F. Clemans</u>	Signature of Grantee or Grantee's Agent <u>Linda K. Boyle</u>
Name (print) <u>George F. Clemans</u>	Name (print) <u>Linda K. Boyle</u>
Date & city of signing: <u>9/28/18 Clarkston</u>	Date & city of signing: <u>9/28/18 Clarkston</u>

Perjury: Perjury is a class C felony which is punishable by imprisonment in the state correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars (\$5,000.00), or by both imprisonment and fine (RCW 9A.20.020 (1C)).

A TEC
CK# 25204
dcm

PAID
SEP 28 2018
ASOTIN CO
TREASURER

51627

Return to;

John Hvass
910 3rd St.
Clarkston, Wa 99403

Please print or type information

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

1. AFFIDAVIT LACK OF PROBATE
- 3.
- 4.

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

1. Clemens, George *Maruca, aka Clemens, Maruca*
2. *a*
- 3.
4. Additional names on page ___ of document.

Grantee(s) (Last name)

2. TO THE PUBLIC
- 3.
4. Additional names on page ___ of document.

Legal description (abbreviated: i.e. lot, block, plat or sections, township, range, qtr/rtr.)

- Additional legal is on page ___ of document.

Reference Number(s) of Documents assigned or released:

- Additional numbers on page ___ of document.

Assessor's Property Tax Parcel/Account Number

- Property Tax Parcel ID is not yet assigned
 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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State of Washington
 Department of Revenue
 Special Programs Division
 Miscellaneous Tax
 PO Box 47477
 Olympia WA 98504-7477

AFFIDAVIT (LACK OF PROBATE)

George Clemans, being first duly sworn, deposes and says:
 The undersigned affiant is the rightful heir to the real property described below, and is Husband
 (relationship to decedent) of Marcia A. Clemans (decedent), who died on (date)
May 13th 2018, at
Clarkston Asotin Wa
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: (Exhibit A) 2127 Blue Mountain Court
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)

George F Clemans, Surviving Spouse (husband)
 Full name, age, relationship, address

 Full name, age, relationship, address

 Full name, age, relationship, address

 Full name, age, relationship, address

(Continued on next page)

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Full name, age, relationship, address

Dated: 9-25-18

Affiant's full name: George Clemans - FOA John Hraas

Telephone number: 509-780-7843

910 3rd Street, Clarkston, Wa

99403 Zip Code

Signature: George Clemans - FOA John Hraas

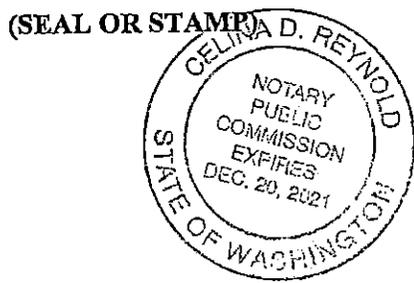
Date: 9-28-18

State of Washington County of Asotin I know or have satisfactory evidence that John Hraas

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: 9, 28, 18

Signature of Notary Public: [Handwritten Signature]



Residing at: Lewiston, ID Notary Public in and for the State of WA My appointment expires: 12/20/21

For tax assistance call (360) 534-1503, option 2. To request this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711. REV 84 0017 (5/16/16)

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-022195

DATE ISSUED: 05/21/2018
FEE NUMBER:

FIRST AND MIDDLE NAME(S): MARCIA
LAST NAME(S): CLEMENS

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: MAY 13, 2018
HOUR OF DEATH: 12:00 PM
SEX: FEMALE
SOCIAL SECURITY NUMBER: ██████████

AGE: 72 YEARS

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 2341 12TH AVE
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 2341-12TH AVE
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 4 YEARS

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

FATHER/PARENT: PAUL SMITH
MOTHER/PARENT: ETHEL MARIE PETERSON

BIRTH DATE: JANUARY 28, 1946
BIRTH PLACE: SEATTLE, WA

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

MARITAL STATUS: MARRIED
SPOUSE: GEORGE CLEMENS

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: MAY 17, 2018

OCCUPATION: BUS DRIVER
INDUSTRY: TRANSPORT
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

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

INFORMANT: GEORGE CLEMENS
RELATIONSHIP: HUSBAND
ADDRESS: 2627 BLUE MOUNTAIN CT, CLARKSTON WA, 99403

CAUSE OF DEATH:
A. CHRONIC KIDNEY DISEASE
INTERVAL: 4 YEARS

B. INTERVAL:

C. INTERVAL:

D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC OBSTRUCTIVE
PULMONARY DISEASE

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

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

CERTIFIER NAME: ELIZABETH N. BLACK, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1271 HIGHLAND AVE STE B
CITY, STATE, ZIP: CLARKSTON, WA 99403
DATE SIGNED: MAY 16, 2018

LOCATION OF INJURY:

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BRADY WOODBURY
DATE RECEIVED: MAY 17, 2018

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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
Required information must match current information on record				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
1. Name on Record: <small>First Middle Last</small>		2. Date of Event: <small>MM/DD/YYYY</small>		3. Place of Event: <small>City or County</small>
4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) <small>First Middle Last/Maiden</small>			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) <small>First Middle Last/Maiden</small>	
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: <small>P.O. Box or Street Address City State Zip</small>				
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 nd parent (if required):
Printed name:	Printed name:
Date:	Date:

INSTRUCTIONS – go to 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

MAY 21 2018 SW

Timothy Moody MD

Dr. Timothy Moody
Health District Officer
Garfield County Health District

51627



0 1 2 1 9 7 1 1

**Last Will
of
Marcia A Clemans**

I, Marcia A Clemans, a resident of Asotin County, WA, revoke any prior wills and codicils made by me and declare this to be my Last Will.

Article 1

Family Membership

I have no children as a result of this marriage.

I have a spouse, George Clemans.

Article 2

Distribution of My Property

Section 1.1 Bequest of Personal Property and Household Goods

I give and bequeath all my personal property and household effects by specific bequest according to this section

1) I may leave written memoranda disposing of certain items of my tangible personal property. Any such item of tangible personal property shall pass according to the terms of such memoranda in existence at the time of my death. If no such written memoranda is found or identified by my Personal Representative within ninety (90) days after my Personal Representative's qualification, it shall be conclusively presumed that there are no such memoranda and any subsequently discovered memoranda shall be ineffective. Any property given and devised to a beneficiary who is not living at the time of my death and for whom no effective alternate provision has been made shall pass according to the provisions of the following paragraph, and not pursuant to any antilapse statute.

2) In default of such memoranda, or to the extent such memoranda do not completely or effectively dispose of such property, I give and bequeath the rest of my personal and household effects of every kind to my spouse, George Clemans; if she survives me.

Section 2.1 Residuary Estate

I give, devise and bequeath all the rest, residue and remainder of my estate and property of every kind and description (*including lapsed legacies and devises*) wherever situated

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and whether acquired before or after the execution of this Will, to my spouse, George Clemans.

If my spouse predeceases me, the rest, residue and remainder of my estate shall pass to the Humane Society of the United States.

Article 3 Designation and Succession of Fiduciaries

Section 3.1 Personal Representative

I nominate John Hvass, as my Personal Representative. My Personal Representative, including successors, shall serve without bond and with nonintervention powers.

Article 4 Powers of Fiduciaries

Section 4.1 Grant

My Personal Representative may perform every act reasonably necessary to administer my estate and any trust established under my Will. In addition to this general grant of powers, my Personal Representative is specifically authorized to:

Hold, retain, invest, reinvest, sell, and manage any real or personal property, including interests in any form of business entity including, but not limited to, limited partnerships and limited liability companies, and policies of life, health and disability insurance, without diversification as to kind, amount or risk of non-productivity and without limitation by statute or rule of law;

Partition, sell, exchange, grant, convey, deliver, assign, transfer, lease, option, mortgage, pledge, abandon, borrow, loan, and contract;

Distribute assets of my estate in cash or in kind, or partly in each at fair market value on the date of distribution, without requiring *pro rata* distribution of specific assets and without requiring *pro rata* allocation of the tax bases of such assets;

Hold any interest in nominee form, continue businesses, carry out agreements, and deal with itself, other fiduciaries, and business organizations in which my Personal Representative may have an interest;

Establish reserves, release powers, and abandon, settle or contest claims; and

Employ attorneys, accountants, custodians for trust assets, and other agents or assistants as my Personal Representative deems advisable to act with or without discretionary powers and compensate them and pay their expenses from income or principal.

Section 4.2 Powers Granted by State Law

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In addition to all of the above powers, my Personal Representative may, without prior authority from any court, exercise all powers conferred by my Will, by common law, or other statute of the State of WA or any other jurisdiction whose law applies to my Will. My Personal Representative has absolute discretion in exercising these powers. Except as specifically limited by my Will, these powers extend to all property held by my fiduciaries until the actual distribution of the property.

Section 4.3 Distribution Alternatives

My Personal Representative may make any payments under my Will:

Directly to a beneficiary;

In any form allowed by applicable state law for gifts or transfers to minors or persons under disability;

To a beneficiary's guardian, conservator, or caregiver for the benefit of the beneficiary; or

By direct payment of the beneficiary's expenses.

A receipt by the recipient for any distribution will fully discharge my Personal Representative, if the distribution is made in a manner consistent with the proper exercise of my Personal Representative's duties under my Will.

**Article 5
Administrative Provisions**

Section 5.1 Court Proceedings

If any trust is established under my Will, that trust will be administered in a timely and efficient manner consistent with its terms, free of active judicial intervention and without order, approval, or other action by any court. It will be subject only to the jurisdiction of a court being invoked by the Trustees or by other interested parties, or as otherwise provided by law.

Section 5.2 Informal Proceedings

My estate may be administered informally under the statutes governing informal probate in Washington.

Section 5.3 Compensation and Reimbursement

Any fiduciary serving under my Will is entitled to reasonable compensation commensurate with services actually performed. In addition, any fiduciary serving under my Will is entitled to reimbursement for expenses properly incurred.

Section 5.4 Ancillary Fiduciary

If any ancillary administration is required or desired and my domiciliary Personal Representative is unable or unwilling to act as an ancillary fiduciary, my domiciliary Personal Representative may have power to designate, compensate, direct, and remove an ancillary fiduciary. The ancillary fiduciary may either be a natural person or a

corporation. My domiciliary Personal Representative may delegate to the ancillary fiduciary any powers granted to my domiciliary Personal Representative as my domiciliary Personal Representative deems to be proper, including the right to serve without bond or without surety on bond. The net proceeds of the ancillary estate will be paid over to the domiciliary Personal Representative.

Article 6 Taxes, Claims and Expenses

Section 6.1 Payment of Death Taxes, Claims and Expenses

The Trustee of the trust referred to in this Will is authorized to pay expenses incurred for my funeral and for the disposition of my remains, claims against my estate, and expenses of estate administration. Accordingly, I direct my Personal Representative to consult with the Trustee to determine which expenses and claims should be paid by my personal representative from property passing under my Will, and which expenses and claims should be paid by the Trustee from the trust.

In no event may any death taxes be allocated to or paid from property that is not included in my gross estate for federal estate tax purposes or which qualifies for the federal estate tax charitable deduction.

Section 6.2 Tax and Administrative Elections

My Personal Representative may exercise any available elections under any applicable income, inheritance, estate, succession, or gift tax law. This authority includes the power to select any alternate valuation date for death tax purposes and the power to determine whether any administration expenses of my estate are to be used as estate tax deductions or as income tax deductions. No compensating adjustments are required between income and principal as a result of those determinations unless my Personal Representative determines otherwise, or unless required by law.

My Personal Representative is not liable to any beneficiary of my estate for tax consequences that arise as a result of the exercise or nonexercise of any tax elections or for decisions made concerning the allocation and distribution of property in kind in full or partial satisfaction of any beneficiary's interest in my estate.

My Personal Representative, in his or her sole and absolute discretion, may make any adjustments to the basis of my assets authorized by law, including but not limited to increasing the basis of any property included in my gross estate, whether or not passing under my Will, by allocating any amount by which the basis of my assets may be increased. My Personal Representative is not required to allocate basis increase exclusively, primarily or at all to assets passing under my Will as opposed to other property included in my gross estate. My Personal Representative may elect, in his or her sole and absolute discretion, to allocate basis increase to one or more assets that my Personal Representative receives or in which my Personal Representative has a personal interest, to the partial or total exclusion of other assets with respect to which such allocation could be made. My Personal Representative may not be held liable to any person for the exercise of his or her discretion under this Section.

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Article 7 General Provisions

Section 7.1 Applicable Law

The validity and construction of my Will shall be determined by the laws of Washington

Section 7.2 No Contract to Make Will

I have not entered into any contract, actual or implied, to make a Will.

Section 7.3 Contest Provision

If any person, either alone or in conjunction with any other person, engages in any of the following actions, that person's right to receive any interest created under this Will shall be determined as if the person predeceased me without any surviving descendants.

Contests by a claim of undue influence, fraud, menace, duress or lack of testamentary capacity, or otherwise objects in any court to the validity of (a) this Will, (b) any trust created under the terms of this Will, (c) any other trust created by me, and any trusts created under those agreements, or (d) any beneficiary designation of an annuity, retirement plan, IRA, Keogh, pension or profit sharing plan or insurance policy signed by or created by me, (collectively referred to hereafter in this Section as "Document" or "Documents") or any amendments or codicils to any Document;

Seeks to obtain an adjudication in any court proceeding that a Document or any of its provisions is void, or otherwise seeks to void, nullify, or set aside a Document or any of its provisions;

Files suit on a creditor's claim filed in a probate of my estate, against my trust estate, or any other Document, after rejection or lack of action by the respective fiduciary;

Files a petition or other pleading to change the character (community, separate, joint tenancy, partnership, domestic partnership, real or personal, tangible or intangible) of property already characterized by a Document;

Claims ownership in a court proceeding to any asset held by me in joint tenancy, other than as a surviving joint tenant;

Files a petition to determine domestic partnership property as my cohabitant or as my spouse;

Files a petition for probate homestead in a probate proceeding of my estate without the prior written consent of the Personal Representative designated in this Will;

Files a petition for family allowance in a probate of my estate without the prior written consent of the Personal Representative designated in this Will;

Files a petition to impose a constructive trust or resulting trust on any assets of my estate, if any; or

Participates in any of the above actions in a manner adverse to my estate, such as conspiring with or assisting any person who takes any of the above actions.

My Personal Representative is specifically authorized to defend or otherwise take action at the expense of my estate on any action that violates this Section. A "contest" includes any action described above in an arbitration proceeding, but does not include any action described above solely in a mediation not preceded by the filing of a contest with a court.

This Section may not be applied so as to cause forfeiture of any distribution that otherwise qualifies for the federal estate tax charitable deduction.

Section 7.4 Construction

Unless the context requires otherwise, words denoting the singular may be construed as denoting the plural, and words indicating the plural may be construed as denoting the singular. Words of one gender may be construed as denoting another gender, as context requires.

Section 7.5 Headings and Titles

The headings and paragraph titles are for reference only.

Section 7.6 Internal Revenue Code, IRC or Code

References to the Internal Revenue Code, the IRC or the "Code" refer to the Internal Revenue Code of the United States. References to specific sections of the Code apply to any sections of like or similar import that replace the specific sections as a result of changes to the Internal Revenue Code made after the date of my Will.

Section 7.7 Other Definitions

Except as otherwise provided in my Will, terms will be interpreted as defined in WA Probate Code as amended after the date of my Will and after my death.

Section 7.8 Survivorship

For purposes of this Will, any beneficiary will be deemed to have predeceased me if the beneficiary dies within ninety days after the date of my death.

Section 7.9 Severability

If any part of this instrument is determined to be void or invalid, the remaining provisions will remain in full force and effect.

I, Marcia A Clemans, sign my name to this instrument consisting of eight pages on March 22, 2014 and do declare that I sign and execute this instrument as my last will, that I sign it willingly, that I execute it as my free and voluntary act for the purposes

Last Will and Testament

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therein expressed, and that I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Marcia A. Clemans
Marcia A Clemans

We declare under penalty of perjury under the laws of the State of WA that on the day and year written above, Marcia A Clemans, published and declared this instrument to be Marcia A Clemans Last Will, that Marcia A Clemans signed this Will in our presence, that each of us, in Marcia A Clemans presence and at Marcia A Clemans's request, and in the presence of each other, have signed our names as attesting witnesses. We also declare that each of us is now more than eighteen years of age and a competent witness.

We also declare that at the time of our attestation of this Will, Marcia A Clemans was, to our best knowledge and belief, of sound mind and memory, eighteen years of age or older and under no duress, menace, fraud, misrepresentation, constraint or undue influence.

Executed on March 22, 2018 in the County of Asotin, WA

Pamela J. Finney
Pamela J Finney Witness

Leslie G. Finney
Leslie G Finney Witness

PROOF OF WILL

State of WA

Self-Proving Affidavit

County of Asotin

We, Marcia A Clemans, and Pamela Finney and Lastie Finney, the Testator and the witnesses, respectively, whose names are signed to the attached or foregoing instrument, being first duly sworn, do hereby declare to the undersigned authority that the Testator signed and executed the instrument as the Testator's Last Will and that Testator had signed willingly (or willingly directed another to sign for the Testator), and that Testator executed it as Testator's free and voluntary act for the purposes therein expressed, and that each of the witnesses, in the presence and hearing of the Testator, and in the presence of each other, signed the Will as witness and to the best of our knowledge the Testator was at that time eighteen years of age or older, of sound mind, and under no constraint or undue influence.



Marcia A Clemans
Marcia A Clemans

Pamela J. Finney
Witness

Lastie G. Finney
Witness

Subscribed, sworn to, and acknowledged before me by Marcia A Clemans, the Testator and subscribed and sworn to before me by Pamela Finney and Lastie Finney, witnesses, this 22nd day of March, 2018.

Ellis Eifert Notary Public
In and for the State of WA
My Commission Expires: ~~08/18/21~~
08/18/21

Last Will and Testament

5627

**List of Specific Bequests
Pursuant to RCW 11.12.260**

I, Marcia Clemans of Clarkston, WA direct the disposition of the following items of my tangible personal property in accordance with my Last Will and Testament:

I give my Mom's diamond pendant to Karen Smith

I give my garnet and gold ring on my wedding finger to Courtney Beidman

I give my gold and tiny diamonds pinky ring to Stephanie Beidman

I give my round 2 foot small inlaid antique table to John Hvass

I give my 18 inch pearl necklace, all of my blue and flowered gold rimmed china from occupied Japan to Megan Hvass

I give my Dayspring gold and white flowered teacup and saucer to Colleen Milton

I give my 1997 motorhome, if not needed by George Clemans, to Hoyt and Megan Hvass

Dated this 27 day of March, 2018.

Marcia A. Clemans
MARCIA A. CLEMANS

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