

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	1 Name <u>9th & University, LLC</u>	BUYER GRANTEE	2 Name <u>Harmony Ventures, LLC</u>
	Mailing Address <u>*695 Bass Ln.</u>		Mailing Address <u>533 Linden Ave.</u>
	City/State/Zip <u>*Corvallis, MT 59828</u>		City/State/Zip <u>Lewiston ID 83501</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>Harmony Ventures, LLC</u>		10030801600030000 <input type="checkbox"/>	
Mailing Address <u>533 Linden Ave.</u>		<input type="checkbox"/>	
City/State/Zip <u>Lewiston ID 83501</u>		<input type="checkbox"/>	
Phone No. (including area code)		<input type="checkbox"/>	
		List assessed value(s) 84,300.00	

4 Street address of property: 612 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 West 53 feet of the South 80 feet of Lot 16, Block 8, South of Clarkston, according to the plat recorded in Book B of Plats, Page(s) 41, 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)

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

6

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 _____

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	Statutory Warranty Deed (SWD)	
Date of Document	12/20/18	
Gross Selling Price	\$	105,000.00
*Personal Property (deduct)	\$	0.00
Exemption Claimed (deduct)	\$	0.00
Taxable Selling Price	\$	105,000.00
Excise Tax : State	\$	1,344.00
Local	\$	262.50
*Delinquent Interest: State	\$	0.00
Local	\$	0.00
*Delinquent Penalty	\$	0.00
Subtotal	\$	1,606.50
*State Technology Fee	\$	5.00
*Affidavit Processing Fee	\$	0.00
Total Due	\$	1,611.50

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 *Kathleen J. Castle Signature of Grantee or Grantee's Agent Debbie Haagy

Name (print) 9th & University, LLC Name (print) Harmony Ventures, LLC

Date & city of signing: *12/21/2018 Corvallis, MT 59828 Date & city of signing: 12/26/2018 - Clarkston, WA

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

PAID

DEC 31 2018

ASOTIN COUNTY TREASURER

ATEC CK# 26334
FROM

51847

Return Address

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

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. Castle, Martin John 2. 3. 4. <input type="checkbox"/> Additional names on page ___ of document.
Grantee(s) (Last name first, then first name and initials): 1. 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.) Pt Lt 16 Blk 8 of South Clarkston <input type="checkbox"/> Additional legal is on page ___ of document.
Reference Number(s) of Documents assigned or released: <input type="checkbox"/> Additional numbers on page ___ of document.
Assessor's Property Tax Parcel/Account Number 1-003-08-016-0003-0000 <input type="checkbox"/> Property Tax Parcel ID is not yet assigned <input type="checkbox"/> Additional parcel numbers on page ___ of document
The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

51847

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

State of Idaho
CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHALL BE USED AS PROVA FACIE EVIDENCE OF THIS DEATH UNDER §§20-21(4) AND §§20-27, IDAHO CODE.

Local Reg. No. _____

DECEDENT	* 1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix) MARTIN JOHN CASTLE			2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]	
	4a. AGE - Last Birthday 89 (Years)		4b. UNDER 1 YEAR Months: _____ Days: _____ Hours: _____ Minutes: _____	4c. UNDER 1 DAY Minutes: _____	5. DATE OF BIRTH (Mo/Day/Yr) 08/19/1929	
MORTICIAN: Complete/Verify and File Within 5 Days of Death.	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY CLEARWATER	7c. CITY OR TOWN OROFINO		
	7d. STREET AND NUMBER 421 BROWN ST.			7e. APT. NO. 83544	7f. ZIP CODE 83544	7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No
	8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown					
PARENTS	10. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			11a. BIRTHPLACE (State, Territory, or Foreign Country) ILLINOIS		
	11a. FATHER'S NAME (First, Middle, Last, Suffix) HARMEY CASTLE			12a. BIRTHPLACE (State, Territory, or Foreign Country) ILLINOIS		
INFORMANT	13a. INFORMANT'S NAME (Type or print) JULIE CASTLE		13b. RELATIONSHIP TO DECEDENT DAUGHTER	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 3808 UPPER CREEK FORDS RD OROFINO, ID 83544		
	14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify) _____					
DISPOSITION	15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) MOUNTAIN VIEW CREMATORY, 3521 SEVENTH STREET LEWISTON, IDAHO 83501		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY MOUNTAIN VIEW FUNERAL HOME 3521 SEVENTH STREET LEWISTON, IDAHO 83501			
	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: GERALD E. BARTLOW			17b. LICENSE NUMBER (Of licensee) M0771	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PLACE OF DEATH	19a. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify) _____					
	20. FACILITY NAME (if not facility, give street and number) 421 BROWN AVE		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE OROFINO, ID. 83544		22. COUNTY OF DEATH CLEARWATER	
DATE OF DEATH	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) November 16, 2018		24. TIME OF DEATH (24hr) 19:15	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) November 16, 2018		26. TIME PRONOUNCED DEAD (24hr) 19:15
	27. CAUSE OF DEATH PART I. 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. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → MULTISYSTEM ORGAN FAILURE DUE TO (or as a consequence of): END STAGE RENAL DISEASE DUE TO (or as a consequence of): UNDERLYING CAUSE: LAST disease or injury that initiated the events resulting in death: VASCULAR DISEASE; CHRONIC OBSTRUCTIVE PULMONARY DISEASE; TYPE 2 DIABETES					
CAUSE OF DEATH	29. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		30. IF FEMALE (Aged 10-54): <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year		31. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined	
	32. DATE OF INJURY (Mo/Day/Yr) (Spell month)		33. TIME OF INJURY (24hr)		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	
ITEMS 32-35 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	35. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number of Location _____ Apartment Number _____					
	37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, IF APPLICABLE. TRANSPORTATION INJURY ONLY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____ 38b. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____ 38c. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? <input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown					
CERTIFIER	39a. CERTIFIER (Check only one, based on official capacity for this certificate) <input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE <input type="checkbox"/> CORONER *To the best of my knowledge, death occurred at the time, date, and place, and due to the natural causes of a non-related disease or injury. Signature and Title of Certifier: ELECTRONICALLY SIGNED: ANN LIMA, M.D.			39b. LICENSE NUMBER M-2761		
	39c. DATE SIGNED 11 / 19 / 2018 MM DD YYYY			39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) ANN LIMA, 301 CEDAR AVENUE OROFINO, ID 83544		
REGISTRAR	40a. REGISTRAR'S SIGNATURE <i>James B. Aydelotte</i>			40b. DATE SIGNED 11 / 21 / 2018 MM DD YYYY		
	This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.					

COPY FOR VETERAN BENEFITS USE ONLY

51847

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

DATE ISSUED: **NOV 21 2018**

This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



000991460

STATE OF IDAHO County of Lewiston

This copy of a death certificate was issued by the District Health Department on behalf of the the Bureau of Vital Records and Health Statistics.

Pauline Duvest

Local Vital Statistics Registration Official

51847

Assignment of Limited Liability Company

MARTIN J. CASTLE, SR. and HELEN P. CASTLE does transfer and assign, without consideration, all right, title and interest which they now have in that Limited Liability Company, 9TH AND UNIVERSITY, LLC, to MARTIN J. CASTLE, SR. and HELEN P. CASTLE, Trustees, or their successors in trust, under the MARTIN J. CASTLE, SR. AND HELEN P. CASTLE LIVING TRUST, dated November 26, 1996, and any amendments thereto.

This assignment was executed on Aug 5 09.

Martin J. Castle, Sr.
MARTIN J. CASTLE, SR.

Helen P. Castle
HELEN P. CASTLE

STATE OF WASHINGTON)
COUNTY OF Asotin) SS

On this day personally appeared before me MARTIN J. CASTLE, SR. and HELEN P. CASTLE, to me known to be the individuals described in and who executed the within and foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

Dated: Aug 5 09



Betsil L. Kauffman
Notary Public in and for the State of
Washington, residing at wa
My commission expires: 8.31.12

51847

283
06/04/09 1525450-
002
\$600.00 K #461
ID: 1713424

JUNE 04, 2009

STATE OF WASHINGTON

CERTIFICATE OF FORMATION OF LIMITED LIABILITY COMPANY
OF
9TH AND UNIVERSITY, LLC

The Certificate of Formation of Limited Liability Company is executed by the undersigned parties pursuant to the provisions of Section 203 of the Washington Uniform Limited Liability Company Act.

1. Name of the Limited Liability Company: The name of the Limited Liability Company is 9TH AND UNIVERSITY, LLC.

2. Address of the Office, Principal Place of Business and the Name and Address of the Agent For Service of Process: The address of the office of the limited liability company is 1123 Liberty Drive, Clarkston, Washington, 99403.

The name and address of the registered agent for service of process is MARTIN J. CASTLE, SR., 1123 Liberty Dr., Clarkston, Washington, 99403.

3. Name and Address of Each General Organizer:

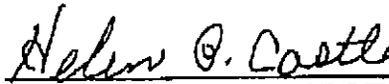
MARTIN J. CASTLE, SR., 1123 Liberty Dr., Clarkston, Washington, 99403
HELEN P. CASTLE, 1123 Liberty Dr., Clarkston, Washington, 99403.

4. The Latest Date Upon Which the Limited Liability Company Is To Dissolve: The agreement provides the limited liability company shall continue indefinitely unless the Company is earlier dissolved in accordance with either Article 2 of the Act.

5. Management: The management of the limited liability company shall be vested in managers rather than members. The name and address of each manager is:

MARTIN J. CASTLE, SR., 1123 Liberty Dr., Clarkston, Washington, 99403
HELEN P. CASTLE, 1123 Liberty Dr., Clarkston, Washington, 99403.


MARTIN J. CASTLE, SR.


HELEN P. CASTLE

57847

Death Certificate

Decedent's name
Helen Parker Castle

Date birth 6/22/1928

Date of death 4/3/2017

Asotin County, WA
Darla McKay Auditor

353383

04/27/2017 10:41 AM



00016246201703533830030038

I-131 DC

Pgs=3

Fee:\$35.00

JULIE CASTLE

51847

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
 IDAHO DEPARTMENT OF HEALTH AND WELFARE
 BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

DATE FILED BY STATE REGISTRAR: **04/08/2017** State of Idaho **CERTIFICATE OF DEATH** STATE FILE NO. **2017-03662**

DECEDENT TYPE OR FRONT OF PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS: SEE HANDBOOKS PARENTS INFORMANT DISPOSITION PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH ITEMS 22-29 TO BE USED FOR EXTERNAL CAUSES ONLY (SEE PAGE 2)	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (Print, Middle, Last, Suffix) HELEN PARKER CASTLE		2. SEX FEMALE		3. SOCIAL SECURITY NUMBER [REDACTED]	
	4a. AGE (Last Birthday) 88 (Years)		4b. UNDER 1 YEAR <input type="checkbox"/> 1-11 MONTHS <input type="checkbox"/> 1-11 YEARS <input type="checkbox"/>		5. DATE OF BIRTH (Mo/Day/Yr) 06/22/1928	
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY CLEARWATER		7c. CITY, BK, TOWN OROFINO	
	7d. STREET AND NUMBER 421 BROWN AVENUE		7e. ZIP CODE 83544		7f. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown			9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) MARTIN JOHN CASTLE SR		
	10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11a. FATHER'S NAME (First, Middle, Last, Suffix) HERBERT MIDDLETON GARLICK		11b. BIRTHPLACE (State, Territory, or Foreign Country) CONNECTICUT	
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) FANNY PARKER		12b. BIRTHPLACE (State, Territory, or Foreign Country) WISCONSIN			
	13a. INFORMANT'S NAME (Type of print) MARTIN JOHN CASTLE SR		13b. RELATIONSHIP TO DECEDENT HUSBAND		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) PO BOX 1834, OROFINO, ID 83544	
	14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)		14a. PLACE OF DISPOSITION (Name and address of cemetery, crematory, or other place) MOUNTAIN VIEW CREMATORY 3521 SEVENTH STREET LEWISTON, IDAHO 83501		14b. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY MERCHANT FUNERAL HOME 1000 SEVENTH STREET CLARKSTON, WASHINGTON 99403	
	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: GERALD E. BARTLOW		17b. LICENSE NUMBER (Of licensee) M0771		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
19a. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Repeat <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39 <input type="checkbox"/> 40 <input type="checkbox"/> 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/> 51 <input type="checkbox"/> 52 <input type="checkbox"/> 53 <input type="checkbox"/> 54 <input type="checkbox"/> 55 <input type="checkbox"/> 56 <input type="checkbox"/> 57 <input type="checkbox"/> 58 <input type="checkbox"/> 59 <input type="checkbox"/> 60 <input type="checkbox"/> 61 <input type="checkbox"/> 62 <input type="checkbox"/> 63 <input type="checkbox"/> 64 <input type="checkbox"/> 65 <input type="checkbox"/> 66 <input type="checkbox"/> 67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <input type="checkbox"/> 71 <input type="checkbox"/> 72 <input type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80 <input type="checkbox"/> 81 <input type="checkbox"/> 82 <input type="checkbox"/> 83 <input type="checkbox"/> 84 <input type="checkbox"/> 85 <input type="checkbox"/> 86 <input type="checkbox"/> 87 <input type="checkbox"/> 88 <input type="checkbox"/> 89 <input type="checkbox"/> 90 <input type="checkbox"/> 91 <input type="checkbox"/> 92 <input type="checkbox"/> 93 <input type="checkbox"/> 94 <input type="checkbox"/> 95 <input type="checkbox"/> 96 <input type="checkbox"/> 97 <input type="checkbox"/> 98 <input type="checkbox"/> 99 <input type="checkbox"/> 100		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39 <input type="checkbox"/> 40 <input type="checkbox"/> 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/> 51 <input type="checkbox"/> 52 <input type="checkbox"/> 53 <input type="checkbox"/> 54 <input type="checkbox"/> 55 <input type="checkbox"/> 56 <input type="checkbox"/> 57 <input type="checkbox"/> 58 <input type="checkbox"/> 59 <input type="checkbox"/> 60 <input type="checkbox"/> 61 <input type="checkbox"/> 62 <input type="checkbox"/> 63 <input type="checkbox"/> 64 <input type="checkbox"/> 65 <input type="checkbox"/> 66 <input type="checkbox"/> 67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <input type="checkbox"/> 71 <input type="checkbox"/> 72 <input type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80 <input type="checkbox"/> 81 <input type="checkbox"/> 82 <input type="checkbox"/> 83 <input type="checkbox"/> 84 <input type="checkbox"/> 85 <input type="checkbox"/> 86 <input type="checkbox"/> 87 <input type="checkbox"/> 88 <input type="checkbox"/> 89 <input type="checkbox"/> 90 <input type="checkbox"/> 91 <input type="checkbox"/> 92 <input type="checkbox"/> 93 <input type="checkbox"/> 94 <input type="checkbox"/> 95 <input type="checkbox"/> 96 <input type="checkbox"/> 97 <input type="checkbox"/> 98 <input type="checkbox"/> 99 <input type="checkbox"/> 100		20. FACILITY NAME OF DOG facility, give street and number 421 BROWN AVENUE		
21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE OROFINO, ID 83544		22. COUNTY OF DEATH CLEARWATER				
23. DATE OF DEATH (Mo/Day/Yr) (Spell month) April 3, 2017		24. TIME OF DEATH (24hr) 19:40		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) April 3, 2017		
26. TIME PRONOUNCED DEAD (24hr) 19:40		27. CAUSE OF DEATH PART I: Enter the <u>single</u> or <u>multiple</u> diseases, injuries, or complications that directly caused the death. DO NOT omit temporal events such as: sudden arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT abbreviate. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>BYSTOLIC CONGESTIVE HEART FAILURE</u> DUE TO (or as a consequence of): b. <u>ISCHEMIC CARDIOMYOPATHY</u> DUE TO (or as a consequence of): c. <u>CORONARY ARTERY DISEASE</u>				
28. UNDERLYING CAUSE (Final disease or injury that initiated the events resulting in death) ISCHEMIC CARDIOMYOPATHY DUE TO (or as a consequence of): CORONARY ARTERY DISEASE		29. APPROXIMATE TIME ELAPSED FROM ONSET TO DEATH 2 MONTHS		30. APPROXIMATE TIME ELAPSED FROM ONSET TO DEATH 10 YEARS		
31. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. IF FEMALE (Aged 10-44): <input type="checkbox"/> Not pregnant with past year <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"/> Pregnant but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year		33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		
34. DATE OF INJURY (Mo/Day/Yr) (Spell month) _____		35. TIME OF INJURY (24hr) _____		36. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) _____		
37. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____		38. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
39. DESCRIBE HOW INJURY OCCURRED, IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, IF APPLICABLE TRANSPORTATION: <input type="checkbox"/> WAS DECEDENT <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) _____ INJURY ONLY: <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____ 40. WHAT SAFETY DEVICES(D) DID DECEDENT USE (If applicable): <input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> EMT/PT <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown						
41. CERTIFIER (Check only one, based on official capacity for this certificate) <input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s) manner stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) stated and they are listed. Signature and Title of Certifier: ELECTRONICALLY SIGNED: REBECCA S. KATZMAN, M.D. 42. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) REBECCA S. KATZMAN, 301 CEDAR AVENUE OROFINO, ID 83544		43. LICENSE NUMBER M-18875		44. DATE SIGNED 4 / 4 / 2017 MM DD YYYY		
45. REGISTRAR'S SIGNATURE James B. Gaydelotte		46. DATE SIGNED 4 / 8 / 2017 MM DD YYYY				

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: **APR 10 2017**

This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

51847
James B. Gaydelotte
 JAMES B. AYDELOTTE
 STATE REGISTRAR





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*True & exact copy of
original document
copied 8/17/11 11:00am
B Hall*

Certificate of Trust

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The undersigned Trustors and Trustees hereby certify the following:

1. This Certificate of Trust refers to the MARTIN J. CASTLE, SR. and HELEN CASTLE, Trustees, or their successors in trust, under the MARTIN J. CASTLE, SR. AND HELEN P. CASTLE LIVING TRUST, dated November 26, 1996, and any amendments thereto, executed by MARTIN J. CASTLE, SR. and HELEN CASTLE as Trustors.
2. The address of the Trustors is 1123 Liberty Drive, Clarkston, Washington 99403.
3. The initial Trustees of the Trust are:

MARTIN J. CASTLE, SR.
HELEN CASTLE
JULIE A. CASTLE
MARTIN J. CASTLE, JR.
4. The Trustees currently serving are:

MARTIN J. CASTLE, SR.
HELEN CASTLE
JULIE A. CASTLE
MARTIN J. CASTLE, JR.
5. The Social Security Number of either Trustor may be used as the Taxpayer Identification Number (TIN) or (EIN) for the trust. The Husband's Social Security Number is 337-22-3826. The Wife's Social Security Number is 399-22-2112.
6. Notwithstanding any other provisions of our Trust Agreement, if any of the following is serving as a Co-Trustee of any Trust under our Trust Agreement, such Co-Trustee may make decisions and bind our Trust in the exercise of all powers and discretion granted to the Trustees without the consent of any other Trustee: MARTIN J. CASTLE, SR., HELEN CASTLE, JULIE A. CASTLE and MARTIN J. CASTLE, JR.
7. Our Trustees under our Trust Agreement are authorized to acquire, sell, convey, encumber, lease, borrow, manage and otherwise deal with interests in real and personal property in our Trust name. All powers of our Trustees are fully set forth in Article Fourteen of our Trust Agreement.
8. Our Trust has not been revoked and there have been no amendments limiting the powers of our Trustees over trust property.
9. No person or entity paying money to or delivering property to our Trustees shall be required to see to its application. All persons relying on this document regarding our Trustees and their powers over trust property shall be held harmless for any resulting loss

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