

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	Name <u>Maxie C. Boyer</u>	BUYER GRANTEE	Name <u>Seth Anawalt</u>
	<u>Clarkston Furniture Company, Inc.</u>		
	Mailing Address <u>c/o Thomas Boyer</u>		Mailing Address <u>112 West Main Street</u>
	City/State/Zip <u>Lewiston ID 83501</u>		City/State/Zip <u>Pullman WA 99163</u>
	Phone No. (including area code) _____		Phone No. (including area code) _____
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>Seth Anawalt</u>		10010901800010000 <input type="checkbox"/>	
Mailing Address <u>112 West Main Street</u>		10010900300010000 <input type="checkbox"/>	
City/State/Zip <u>Pullman WA 99163</u>		<input type="checkbox"/>	
Phone No. (including area code) _____		<input type="checkbox"/>	
		List assessed value(s)	
		206,900.00	
		25,500.00	

Street address of property: 826 6th Street & 827 7th Street, Clarkston, WA

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 North half of Lot 3 in Block 9 of Clarkston, according to the official plat thereof, filed in Book A of Plats at Page(s) 18, records of Asotin County, Washington.

*See attached legal*

Select Land Use Code(s):  
57 Retail Trade-Furniture, Home Furnishings  
enter any additional codes: 10  
(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)?

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

If any answers are yes, complete as instructed below.

**(1) NOTICE OF CONTINUANCE (FOREST LAND OR CURRENT USE)**  
NEW OWNER(S): To continue the current designation as forest land or classification as current use (open space, farm and agriculture, or timber) land, you must sign on (3) below. The county assessor must then determine if the land transferred continues to qualify and will indicate by signing below. If the land no longer qualifies or you do not wish to continue the designation or classification, it will be removed and the compensating or additional taxes will be due and payable by the seller or transferor at the time of sale. (RCW 84.33.140 or RCW 84.34.108). Prior to signing (3) below, you may contact your local county assessor for more information.

This land  does  does not qualify for continuance.

DEPUTY ASSESSOR \_\_\_\_\_ DATE \_\_\_\_\_

**(2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY)**  
NEW OWNER(S): To continue special valuation as historic property, sign (3) below. If the new owner(s) does not wish to continue, all additional tax calculated pursuant to chapter 84.26 RCW, shall be due and payable by the seller or transferor at the time of sale.

(3) OWNER(S) SIGNATURE

PRINT NAME

List all personal property (tangible and intangible) included in selling price.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If claiming an exemption, list WAC number and reason for exemption:

WAC No. (Section/Subsection) \_\_\_\_\_  
Reason for exemption \_\_\_\_\_

Type of Document Statutory Warranty Deed (SWD)

Date of Document 01/10/19

Gross Selling Price	\$	205,000.00	
*Personal Property (deduct)	\$	0.00	
Exemption Claimed (deduct)	\$	0.00	
Taxable Selling Price	\$	205,000.00	
Excise Tax : State	\$	2,624.00	
Local	\$	512.50	
*Delinquent Interest: State	\$	0.00	
Local	\$	0.00	
*Delinquent Penalty	\$	0.00	
Subtotal	\$	3,136.50	
*State Technology Fee	\$	5.00	5.00
*Affidavit Processing Fee	\$	0.00	
Total Due	\$	3,141.50	

A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX  
\*SEE INSTRUCTIONS

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

Signature of Grantor or Grantor's Agent *Maxie C. Boyer*  
Name (print) Maxie C. Boyer  
Date & city of signing: 1-10-19, Clarkston, WA

Signature of Grantee or Grantee's Agent *Seth Anawalt*  
Name (print) Seth Anawalt  
Date & city of signing: 1-10-19, 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

ATEC C# 202394  
*AKPM*

PAID

JAN 11 2019

ASOTIN COUNTY  
TREASURER

51378

**EXHIBIT "A"**

417950

**PARCEL I:**

Lot 17 and the North 37.5 feet of Lot 18 in Block 9 of Clarkston, according to the official plat thereof, filed in Book A of Plats at Page(s) 18, records of Asotin County, Washington.

Together with that portion of the vacated alley lying adjacent to said lots as vacated by City of Clarkston Ordinance No. 393, which attaches by operation of law.

**PARCEL II:**

The North half of Lot 3 in Block 9 of Clarkston, according to the official plat thereof, filed in Book A of Plats at Page(s) 18, records of Asotin County, Washington.



## AFFIDAVIT (LACK OF PROBATE)

Maxie C. Boyer, being first duly sworn, deposes and says:

The undersigned affiant is the rightful heir to the real property described below, and is spouse  
 (relationship to decedent) of Robert L. Boyer (decedent), who died on (date)  
August 30, 2012, at

Clarkston Asotin Washington  
City County State

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

### REGARDING DISPOSITION OF REAL PROPERTY:

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

\_\_\_\_\_ Street  
 \_\_\_\_\_ 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) 2/20

"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)

Maxie C. Boyer, spouse

c/o Thomas Boyer, 717 D St., Lewiston, 1083501  
Full name, age, relationship, address

Monty L. Boyer, son

UNKNOWN  
Full name, age, relationship, address

James W. Boyer, son

c/o Thomas Boyer, 717 D St., Lewiston, 1083501  
Full name, age, relationship, address

Thomas R. Boyer, son

717 D St., Lewiston, 1083501  
Full name, age, relationship, address

(Continued on next page)

Full name, age, relationship, address

Dated: 1-10-19

Maxie C. Boyer cto Thomas Boyer  
Affiant's full name

208-791-0000  
Telephone number

717 D Street  
Street

Lewiston City NO State

83501  
Zip Code

Maxie C. Boyer Signature Attorney-in-Fact  
1-10-19 Date

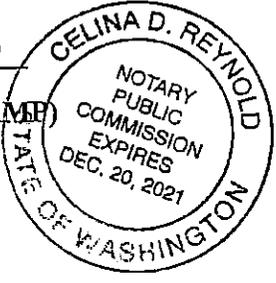
State of Washington County of Asotin

I know or have satisfactory evidence that Thomas R. Boyer as Attorney-in-Fact for Maxie C. Boyer  
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 1/10/19

(SEAL OR STAMP)



[Signature]  
Signature of Notary Public

Residing at: Lewiston, WA

Notary Public in and for the State of WA

My appointment expires: 12/20/19

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# STATE OF WASHINGTON DEPARTMENT OF HEALTH

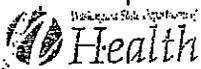
## Washington State Certificate of Death

State File Number

1. Legal Name (include AKA's if any): First, Middle, Last <b>Robert L. Boyer</b>			2. Death Date <b>Aug. 30, 2012</b>		3. State File Number <i>City</i>	
4a. Sex (M/F) <b>Male</b>	4b. Age - Last Birthday <b>87</b>	4c. Under 1 Year Months: <b>7</b> Days: <b>1</b>	4d. Under 1 Day Hours: <b>1</b> Minutes: <b>0</b>	5. Social Security Number <b>[REDACTED]</b>	6. County of Death <b>Asotin</b>	
7. Birthdate <b>Jan 28, 1925</b>	8a. Birthplace (City, Town, or County) <b>Council Grove</b>	8b. (State or Foreign Country) <b>Kansas</b>	9. Decedent's Education <b>4 Years of College</b>			
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify <b>No</b>			11. Decedent's Race(s) <b>White</b>		12. Was Decedent Ever in U.S. Armed Forces? <b>Yes</b>	
13a. Residence: Number and Street (e.g., 824 SE 6 <sup>th</sup> St.) (Include apt No.) <b>1530 Hillcrest Way</b>				13b. City or Town <b>Clarkston</b>		
13c. Residence: County <b>Asotin</b>		13d. Tribal Reservation Name (if applicable) <b>N/A</b>	13e. State or Foreign Country <b>Washington</b>		13f. Zip Code <b>99403</b>	
14. Estimated length of time at residence <b>46 Years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <b>Maxie C. Oakley</b>		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Kind of Business/Industry (Do not use Company Name) <b>Owner Furniture Store</b>			18. Mother's Name Before First Marriage (First, Middle, Last) <b>Mary Platz</b>			
19. Father's Name (First, Middle, Last, Suffix) <b>William Boyer</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Mary Platz</b>			
21. Informant's Name <b>Maxie Boyer</b>		22. Relationship to Decedent <b>Wife</b>	23. Mailing Address: Number and Street or P.O. No., City or Town, State, Zip <b>1530 Hillcrest Wy, Clarkston, Wa, 99403</b>			
24. Place of Death, if Death Occurred in a Hospital: <b>Long Term Care Facility</b>						
25. Facility Name (if not a facility, give number & street or location) <b>Clarkston Care Center</b>			26a. City, Town, or Location of Death <b>Clarkston</b>		26b. State <b>Wa</b>	
27. Zip Code <b>99403</b>		28. Location - City/Town, and State <b>Lewiston, Idaho</b>				
29. Method of Disposition <b>Removal/Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Mt. View Crematory</b>		30. Date of Disposition <b>September 01, 2012</b>		
31. Name and Complete Address of Funeral Facility <b>Merchant Funeral Home, 1000-7th Street, Clarkston, Wa, 99403</b>						
33. Funeral Director Signature X <i>Wendy Brown</i>						

34. Cause of Death (See Instructions and Examples) Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. <b>MYELODYSPASIA</b>					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Due to (or as a consequence of)		Interval between Onset & Death <b>4RS</b>	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		Due to (or as a consequence of)		Interval between Onset & Death	
Due to (or as a consequence of)		Due to (or as a consequence of)		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <b>DIABETES MELLITUS</b>					
36. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
41. Date of Injury (MM/DD/YYYY)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk					
45. Location of Injury: Number & Street, City or Town, County, State, Zip Code <b>[REDACTED]</b>					
46. Describe how injury occurred <b>[REDACTED]</b>					
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)					
48a. Certifying Physician - To the best of your knowledge, death occurred at the time, place, and cause stated on this certificate. <i>William G. Dentis, MD</i>				48b. Medical Examiner/Coroner <b>[REDACTED]</b>	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Mountjoy, Dennis G. MD, 1271 Highland Ave, Ste. A, Clarkston, Wa, 99403</b>				50. Hour of Death (24hrs) <b>1520</b>	
51. Name and Title of Attending Physician (if other than Certifier (Type or Print)) <b>[REDACTED]</b>				52. Date Signed (MM/DD/YYYY) <b>August 31, 2012</b>	
53. Title of Certifier <b>Medical Doctor</b>		54. License Number <b>MD31842</b>		55. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature <i>[Signature]</i>				58. Date Received (MM/DD/YYYY) <b>AUG 31 2012</b>	
59. Amendments					

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# Affidavit for Correction

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

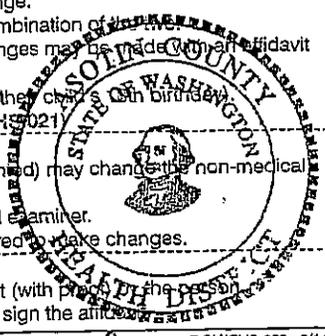
State File Number	Fee Number	Initials	Date	Affidavit Number
Use the section below for requesting any changes on the record.				
Record Type: <input type="checkbox"/> Birth		<input type="checkbox"/> Death		<input type="checkbox"/> Marriage
<input type="checkbox"/> Dissolution				
1. Name on record:		2. Date of Event:		3. Place of Event: (City or County)
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)			5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)	
The Record is Incorrect or Incomplete as follows:				
6. The Record now shows:			7. The True fact is:	
8.			9.	
10.			11.	
12.			13.	
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant				Telephone Number:
<input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)				
I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.				
15. Signature:		16. Date:	17. Address:	

All vital records are registered as received.  
 All changes must be established by documentary proof submitted with the affidavit  
 Examples of documentary proof: Certificate of Naturalization Medical Record School Transcripts  
 Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date)  
 Insurance Records Birth Record Alien Registration Card (front and back)  
 Marriage/Divorce Records Passport We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

**Birth Certificates:**  
 1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.  
 2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.  
 3. Proof must be five (or more) years old or have been established within five years of birth.  
 4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:  
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.  
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.  
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.  
 5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until the child's 18th birthday).  
 6. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 9021)

**Death Certificates:**  
 1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.  
 2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.  
 3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

**Marriage/Dissolution (Divorce) Certificates:**  
 1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof of the person).  
 2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.



*Lawrence M. Garges, M.D.*  
 Lawrence M. Garges, M.D.  
 Health Officer

SEP 01 2012

VV00159985

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COPY

*Last Will and Testament*

*of*

*Robert L. Boyer*

IN THE NAME OF GOD, AMEN:

I, ROBERT L. BOYER, of Asotin County, Washington, of legal age, being now of sound mind and memory, and not acting under duress, fraud, or undue influence of any person, do declare the following to be my Last Will and Testament, revoking all other wills or codicils made by me at any time.

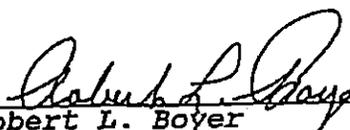
FIRST: I declare that I am a married man and that my wife's name is MAXIE C. BOYER. I further declare that I have three children born as my issue, namely: MONTY L. BOYER, JAMES W. BOYER and THOMAS R. BOYER.

SECOND: I direct 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 paid as soon as convenient after my death.

THIRD: I hereby give, devise, and bequeath all the rest, residue, and remainder of my estate, both real and personal and both separate and community, it being my intention hereby to include all property owned by me at the time of my death, of whatsoever character and wheresoever located, to my wife, MAXIE C. BOYER, subject only to the condition that she be living at the time of my death.

FOURTH: In the event my wife, MAXIE C. BOYER, shall disclaim any property whatsoever to which she may be entitled under the terms of this, my Last Will and Testament, I direct said property so disclaimed shall be placed in trust.

During the term of said trust, the beneficiary shall be my wife, MAXIE C. BOYER. This trust shall terminate upon her death

  
Robert L. Boyer

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*Pike & Gittins*  
843 SEVENTH STREET  
P.O. BOX 191  
CLARKSTON, WA 99403  
(509) 758-2501

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and the residue shall be distributed in accordance with paragraph SIXTH herein.

I hereby name and designate as cotrustees of this trust my wife, MAXIE C. BOYER, and my sons, MONTY L. BOYER, JAMES W. BOYER and THOMAS R. BOYER, or any one of them, to serve without bond or other surety. I specifically state that the purpose of designating and appointing the cotrustee(s), other than MAXIE C. BOYER, to serve as cotrustee(s) shall be limited to the extent necessary to make any discretionary withdrawals from principal in accordance with the guidelines set forth herein.

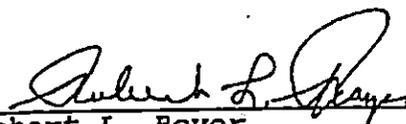
While the beneficiary is still living the trust shall be held, applied, and distributed in the following manner:

A. INCOME PAYMENTS: The cotrustees shall pay to or for the benefit of the beneficiary, MAXIE C. BOYER, for so long as she shall be living, all the net income of the trust in monthly or other convenient installments.

B. PRINCIPAL WITHDRAWALS: At the cotrustees' discretion, they may expend for the beneficiary such sums from the principal as they may deem necessary and advisable for the support, maintenance, and health of the beneficiary, MAXIE C. BOYER, taking into consideration the other assets and income of the beneficiary. Any withdrawals from principal shall be at the discretion of the cotrustee(s) which as defined shall not include MAXIE C. BOYER. MAXIE C. BOYER shall not have the power or discretion to withdraw from principal.

FIFTH: POWERS. The trustee under any trust created under this, my Last Will and Testament, shall have all the rights, powers, and duties given by law on the date hereof, including those set forth in RCW Title 11, or any successor provision thereto, except as modified and increased as hereinafter provided:

A. The trustee may acquire by purchase, by exercise of options, or otherwise, and retain so long as the trustee deems advisable, any kind of realty and personalty, or undivided interests therein, all without diversification as to kind or

  
Robert L. Boyer

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**Pike & Gittins**  
843 SEVENTH STREET  
P.O. BOX 191  
CLARKSTON, WA 99403  
(509) 758-2501

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amount, and whether or not income producing, and may maintain margin accounts with financial institutions.

B. The trustee may sell for cash or on credit (at public or private sale), exchange, grant options to purchase (without regard to statutory restrictions), or otherwise convey or dispose of any real or personal property, upon such terms as the trustee deems advisable and without any notice whatsoever.

C. The trustee may determine, in the trustee's discretion, all matters with respect to what is principal and income, including apportionment and allocation of receipts and expenses between these accounts, and may make adjustments between income and principal for premiums, discounts, depreciation, or depletion (without being required to do so), all without regard to the requirements of any state laws.

D. The trustee need not comply with the obligation to provide an annual accounting under RCW 11.106.020 or any similar law.

E. The trustee shall have full power and authority to purchase assets from any person or entity at fair value, and to loan all or any portion of the trust estate to any person or entity other than creator at an adequate interest rate and with adequate security.

SIXTH: In the event my wife, MAXIE C. BOYER, shall predecease me or die as a result of a common cause or within ninety (90) days of my death, or if we die simultaneously, then in that event I give, devise, and bequeath my estate to my children, MONTY L. BOYER, JAMES W. BOYER and THOMAS R. BOYER, equally to share and share alike.

SEVENTH: In the event any of my children shall predecease me leaving issue, I direct the share of such predeceasing child shall go to his issue, equally to share and share alike. In the event any of my children shall predecease me leaving no issue, I direct the share of such predeceasing child shall go to my surviving children, equally to share and share alike by representation.

  
Robert L. Boyer

EIGHTH: With regard to any trust heretofore described, I direct as follows:

A. That neither the principal nor the income of any trust herein created shall be liable for the debts of any beneficiary, nor shall the same be subject to seizure by any creditor of any beneficiary under the writ of proceedings at law or in equity, nor bankruptcy proceedings, nor other legal process. No beneficiary shall have the power to sell, assign, transfer, encumber, or in any other manner to anticipate the disposition of his or her interest in the trust estate or the income produced thereby; and

B. That said trusts shall be governed by the Washington Principal and Income Act and the Washington State Trust Act.

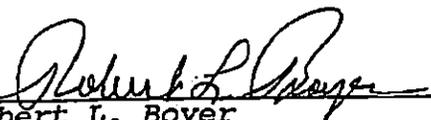
NINTH: I hereby name, designate, and appoint my wife, MAXIE C. BOYER, as executrix of this, my Last Will and Testament, and I expressly direct that she serve without bond and that she have unrestricted nonintervention powers, except as provided by law.

TENTH: In the event my wife, MAXIE C. BOYER, should predecease me, or if after her appointment and qualification, any vacancy in such office should arise, then in that event, I hereby name, designate, and appoint MONTY L. BOYER, JAMES W. BOYER and THOMAS R. BOYER, or any one of them, as executor(s) of this, my Last Will and Testament, and I expressly direct that they serve without bond and that they have unrestricted, nonintervention powers, except as provided by law.

IN WITNESS WHEREOF, I have hereto set my hand and seal this 2nd day of November, 1995, at Clarkston, Washington.

  
ROBERT L. BOYER

The foregoing instrument, consisting of six typewritten pages, including this page containing the attestation clause, was on the 2nd day of November, 1995, signed, sealed, and published

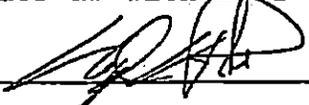
  
Robert L. Boyer

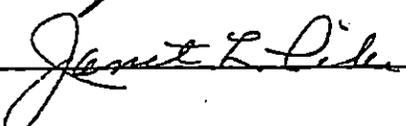
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**Pike & Gittins**  
843 SEVENTH STREET  
P.O. BOX 191  
CLARKSTON, WA 99403  
(509) 758-2501

51878

by ROBERT L. BOYER 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

 residing at Clarkston

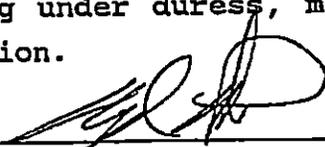
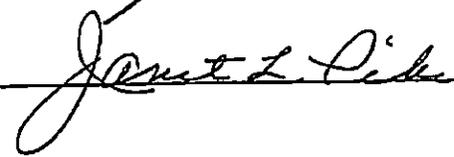
STATE OF WASHINGTON )  
                                  : ss.  
County of Asotin     )

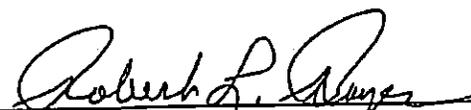
The undersigned, competent to testify, each for himself, testify on oath, at the request of the maker, as follows:

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.

  
Robert L. Boyer

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SUBSCRIBED AND SWORN to before me this 2nd day of November, 1995.

Shannon R. Wornington  
Notary Public for Washington,  
residing at Clarkston  
My appointment expires: 8/20/97



Robert L. Boyer  
Robert L. Boyer

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