



MOBILE HOME REAL ESTATE EXCISE TAX AFFIDAVIT

Submit to County Treasurer of the county in which property is located.

Chapter 82.45 RCW Chapter 458-61A WAC

This form is your receipt when stamped by cashier.

FOR USE WHEN TRANSFERRING TITLE TO MOBILE HOME ONLY

PLEASE TYPE OR PRINT INCOMPLETE AFFIDAVITS WILL NOT BE ACCEPTED

REGISTERED OWNER

Name: The Estate of James P. McLaughlin; C/O Marion Jean Andersen; Street: 584 Hunters Point Rd; City: Neenah, State: WI, Zip Code: 54956

LOCATION OF MOBILE HOME

Name: City Center Trailer Park; Street: 1445 Elm Street Trlr 01; City: Clarkston, State: WA, Zip Code: 99403

NEW REGISTERED OWNER

Name: Donna Day; Brett Carman; Street: 1445 Elm Street Trlr 01; City: Clarkston, State: WA, Zip Code: 99403

LEGAL OWNER

Name: Donna Day; Brett Carman; Street: 1445 Elm Street Trlr 01; City: Clarkston, State: WA, Zip Code: 99403

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-004-23-012-0003-0010 LIST ASSESSED VALUE(S): \$9500.00

REAL PROPERTY PARCEL or ACCOUNT NO. LIST ASSESSED VALUE(S): \$

Table with columns: MAKE, YEAR, MODEL, SIZE, SERIAL NO. or I.D., REVENUE TAX CODE NO. Row 1: HILLCREST, 1978, 70/14, 02940801L

Date of Sale: 06/17/2019; Taxable Sale Price: \$13,500.00; Excise Tax: State \$172.80, Local \$33.75; Delinquent Interest: State \$0.0025; Delinquent Penalty; Subtotal: \$206.55; State Technology Fee: \$5.00; Affidavit Processing Fee; Total Due: \$211.55

0200

AFFIDAVIT

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature of Grantor/Agent: Marion Jean Andersen

Name (print): Marion Jean Andersen, Personal Representative

Date and Place of Signing: 6-17-19 Neenah, WI

Signature of Grantee/Agent: Donna Day

Name (print): Donna Day

Date & Place of Signing: 6/13/19 Clarkston, WA

TREASURER'S CERTIFICATE

I hereby certify that property taxes due ASOTW County on the mobile home described hereon have been paid to and including the year 2019. Date: 6-17-19 County Treasurer or Deputy

THIS SPACE - TREASURER'S USE ONLY

PAID

JUN 17 2019

ASOTIN COUNTY TREASURER

052273

STATE OF IDAHO
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, COVERED BY THE STATE REGISTERING WITH THE DEPARTMENT OF HEALTH AND WELFARE, RAISED SEAL, SHALL BE USED AS PROVA FACIS EVIDENCE OF THIS DEATH UNDER §§ 39-2118 AND 39-274, IDAHO CODE.

Local Reg. No. _____

DECEDENT	* 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) JAMES PATRICK MCLAUGHLIN		2. SEX MALE	3. SOCIAL SECURITY NUMBER ██████████
	4a. AGE Last Birthday 85 (Years)	4b. UNDER 1 YEAR Months _____ Days _____	4c. UNDER 1 DAY Hours _____ Minutes _____	5. DATE OF BIRTH (Mo/Day/Yr) ██████████
PARENTS	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY NEZ PERCE	6. BIRTHPLACE (City and State, Territory, or Foreign Country) ROUNDUP, MONTANA
	7d. STREET AND NUMBER 1445 ELM ST		7e. APT. NO. # #1	7f. ZIP CODE 83501
INFORMANT	8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)	
	10. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11a. FATHER'S NAME (First, Middle, Last, Suffix) JOHN MCLAUGHLIN	11b. BIRTHPLACE (State, Territory, or Foreign Country) SCOTLAND
DISPOSITION	13a. INFORMANT'S NAME (Type or print) ROSE STEELEY		13b. RELATIONSHIP TO DECEDENT DAUGHTER	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 433 LINDEN AVE LEWISTON, ID 83501
	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 Idaho <input type="checkbox"/> Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) MOUNTAIN VIEW CREMATORY 3521 SEVENTH STREET LEWISTON, IDAHO 83501	
PLACE OF DEATH	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 * 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)			
DATE OF DEATH	20. FACILITY NAME (If not facility, give street and number) IDAHO STATE VETERANS HOME - LEWISTON		21. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE LEWISTON, ID 83501	
	22. COUNTY OF DEATH NEZ PERCE		23. DATE OF DEATH (Mo/Day/Yr) (Spell month) April 22, 2019	
CAUSE OF DEATH	24. TIME OF DEATH (24hr) 20:05		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) April 22, 2019	
	26. TIME PRONOUNCED DEAD (24hr) 20:05		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) HYPERCAPNIC-HYPOXIC RESPIRATORY FAILURE Sequitally list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (Last disease or injury that initiated the events resulting in death) EMPHYSEMA	
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	28. 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	
	29. DATE OF INJURY (Mo/Day/Yr) (Spell month)		31. 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	
CERTIFIER	32. TIME OF INJURY (24hr)		33. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	
	34. LOCATION OF INJURY: State _____ City/Town of County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____		35. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
REGISTRAR	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			
	38a. 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.		38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) <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 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) and manner stated.		39b. LICENSE NUMBER M-07091	
	Signature and Title of Certifier: ELECTRONICALLY SIGNED: DAVID B. MARTIN, M.D.		39c. DATE SIGNED 4 / 24 / 2019 MM DD YYYY	
REGISTRAR	39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) DAVID B. MARTIN, 1625 5TH STREET CLARKSTON, WA 99403		40b. DATE SIGNED 4 / 26 / 2019 MM DD YYYY	
	40a. REGISTRAR'S SIGNATURE <i>James B. Aydelotte</i>		40c. DATE SIGNED 4 / 26 / 2019 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 26 2019**

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

50273

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





* 0 0 1 0 6 4 8 6 5 *

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 Durst

Local Vital Statistics Registration Official

52273

Affidavit of Inheritance / Litigation

License Plate/Registration Number \$53926	Year 1978	Make HILLCREST	Series/Body Style
Vehicle Identification Number (VIN) OR Vessel Hull Identification Number (HIN) 02940801L			

INHERITANCE

NOTE: This affidavit is to be used when no executor or administrator is appointed.

I, being duly sworn, depose and say that James P. McLaughlin, who is the registered Name Of Deceased owner of this vehicle/vessel, died on the 22nd day of April, 2019 Month Year.

That the deceased left no estate necessitating administration, and no letters of administration or letters testamentary have been issued to any persons; that said vehicle/vessel has not been bequeathed by will to anyone other than the undersigned; that the undersigned is a child Relationship To Deceased of the deceased; that no relative who would have prior right, except _____ Person Who Would Have Prior Right survives said deceased, and that provision has been made for payment of debts of the deceased. SEE BELOW FOR NOTARY/CERTIFICATION OF SIGNATURE.

Marion Jean Anderson

Printed Name

X Marion Jean Anderson

Signature

COUNTY CLERK CERTIFICATE FOR TRANSFER OF VEHICLE/VESSEL IN LITIGATION

This certificate, properly completed, will serve instead of all other court papers. Section 1 will suffice for all cases where an order of the court is entered transferring title to a motor vehicle/vessel. This may be used in divorce cases as well as probates.

I certify that in the superior court of the State of Washington for the County of _____ :

1. An order transferring title to this vehicle/vessel to _____ Transferee at _____ Transferee's Address was duly entered in _____ Title Of Case _____ Name Of Administrator (IF IN PROBATE) _____ Docket Number Of Case on the _____ day of _____ Month Year . _____ County Clerk Signature

For those cases in which the estate executor or administrator transfers title. 2. _____ Name Of Executor / Administrator was duly appointed under the nonintervention will of _____ Name Of Deceased ; that they are qualified to act as such, and that a decree of solvency has been entered. _____ Executor / Administrator Signature

NOTARY SEAL OR STAMP

State of Wisconsin
State of Washington
County of Winnepago

NOTARIZATION / CERTIFICATION

Signed or attested before me on 06-14-19

MARGARET OSMAN
Notary Public
State of Wisconsin

by Marion Anderson
Printed Name of Person Signing Document

Signature Margaret Osman
Notary / Agent Signature

Notary's Name (PRINTED or STAMPED)

Title Notary
Notary / Agent

Dealer No. OR
AND: County / Office No. OR
Notary Expiration Date

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 902-3600 or TTY (360) 664-8885.

Affidavit of Inheritance / Litigation

License Plate/Registration Number \$53926	Year 1978	Make HILLCREST	Series/Body Style
Vehicle Identification Number (VIN) OR Vessel Hull Identification Number (HIN) 02940801L			

INHERITANCE

NOTE: This affidavit is to be used when no executor or administrator is appointed.

I, being duly sworn, depose and say that James P. McLaughlin, who is the registered owner of this vehicle/vessel, died on the 22nd day of April, 2019.

That the deceased left no estate necessitating administration, and no letters of administration or letters testamentary have been issued to any persons; that said vehicle/vessel has not been bequeathed by will to anyone other than the undersigned; that the undersigned is a child of the deceased; that no relative who would have prior right, except _____ survives said deceased, and that provision has been made for payment of debts of the deceased. **SEE BELOW FOR NOTARY/CERTIFICATION OF SIGNATURE.**

Patrick James McLaughlin X Patrick McLaughlin

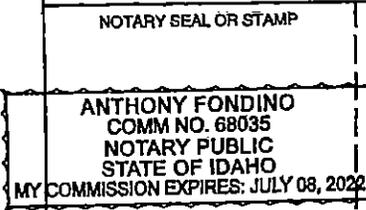
COUNTY CLERK CERTIFICATE FOR TRANSFER OF VEHICLE/VESSEL IN LITIGATION

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I certify that in the superior court of the State of Washington for the County of _____:

1. An order transferring title to this vehicle/vessel to: _____ at _____ was duly entered in _____ on the _____ day of _____, _____.

2. _____ was duly appointed under the nonintervention will of _____; that they are qualified to act as such, and that a decree of solvency has been entered.



NOTARIZATION / CERTIFICATION

State of Washington County of Idaho Ada Signed or attested before me on 6/15/19

by James P. McLaughlin Signature [Signature]

Printed Name of Person Signing Document Notary / Agent Signature Anthony Fondino

Notary's Name (PRINTED or STAMPED) Anthony Fondino

Title Notary Dealer No. OR AND: County / Office No. OR exp 07/08/2022

Notary / Agent Notary Expiration Date

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Affidavit of Inheritance / Litigation

License Plate/Registration Number \$53926	Year 1978	Make HILLCREST	Series/Body Style
Vehicle Identification Number (VIN) OR Vessel Hull Identification Number (HIN) 02940801L			

INHERITANCE

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Rosemarie Steeley X *Rosemarie Steeley*

COUNTY CLERK CERTIFICATE FOR TRANSFER OF VEHICLE/VESSEL IN LITIGATION

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I certify that in the superior court of the State of Washington for the County of _____:

1. An order transferring title to this vehicle/vessel to: _____ at _____ was duly entered in _____ on the _____ day of _____, _____.

For those cases in which the estate executor or administrator transfers title:

2. _____ was duly appointed under the nonintervention will of _____; that they are qualified to act as such, and that a decree of solvency has been entered.



NOTARIZATION / CERTIFICATION

State of Idaho County of Nez Perce Signed or attested before me on 6/14/19

by Rosemarie Steeley Signature Shannon Anderson

Notary's Name (PRINTED or STAMPED) Shannon Anderson

Title Notary AND: Dealer No. OR County / Office No. OR Notary Expiration Date 9/22/23

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 902-3600 or TTY (360) 664-8885.

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COPY

LAST WILL AND TESTAMENT

OF

JAMES P. McLAUGHLIN

* * * * *

KNOW ALL MEN BY THESE PRESENTS:

That I, JAMES P. McLAUGHLIN, residing at 1445 Elm Street, #1, Clarkston, Asotin County, Washington, of the age of 57 years, being of sound and disposing mind and memory, mindful of the uncertainty of life and not acting under duress, menace, fraud or undue influence of any person or persons whomsoever do make, publish and declare this my Last Will and Testament in the manner folowing, to wit:

FIRST: I declare that I am unmarried; that I have four children, namely: MARION JEAN ANDERSEN, DANIEL HUNTER McLAUGHLIN, PATRICK JAMES McLAUGHLIN and ROSEMARIE McLAUGHLIN; that I have no deceased children who have died with surviving descendants and that I intend to make no provision for my descendants except as specified herein.

SECOND: Pursuant to the provisions of Section 11.12.260 of the Revised Code of Washington, I may hereafter execute and attach to this, my Last Will and Testament, a memorandum disposing of my tangible personal property as referred to in said section of the Revised Code of

6-19-91
JPM/C

SCOTT C. BROYLES
ATTORNEY-AT-LAW
801 SIXTH STREET
P. O. BOX 208
CLARKSTON, WASHINGTON 99403
TELEPHONE (509) 758-1838

Washington, including household furniture and furnishings, pictures, keepsakes, silver, china, wearing apparel and jewelry, and other like personal articles for recreation and enjoyment; and I hereby devise such items to the persons to whom the same are given under the said memorandum and direct that my Personal Representative shall deliver said items unto the person designated as soon as practicable following my death. Provided, however, in the event I may not execute and attach such a memorandum to this, my Last Will and Testament, then I give, devise and bequeath all household furniture and furnishings, pictures, keepsakes, silver, china, wearing apparel and jewelry, and all other of my personal effects in accordance with the remaining provisions of this, my Last Will and Testament.

THIRD: I direct my personal representative to pay those of my just debts and funeral expenses as are required to be paid by law and to pay the expenses of probate, estate and inheritance taxes before the same become delinquent. I further direct that such debts, expenses and taxes be equitable prorated among the persons to whom my property is transferred including the beneficiaries of any insurance on my life, whether or not such property passes under this Will, provided that it is included in my estate for tax purposes, that my Personal Representative deduct the amount thereof allocated to each beneficiary from the amount distributable to such beneficiary and that my personal representative recover from all others their allocable portion of such debts, expenses and taxes.

FOURTH: I give, devise and bequeath my entire estate;

6-29-91
D. J. [unclear]

both real and personal, wherever situate, as follows: If my mother survives me, then to my mother and to my four children above named, in five shares, share and share alike. If my mother fails to survive me, then to my four children above named, share and share alike, and if any of my four children should predecease me, their share should go to their lineal descendants.

FIFTH: If I and any beneficiary under this Will should die in a common accident or disaster or under such circumstances that it is difficult or impracticable to determine who survived the other, or if any beneficiary should die within thirty (30) days from and after the date of my death, then such beneficiary shall be deemed not to have survived me.

SIXTH: In the event any person or persons contest the validity of this Will or commence any action or proceeding whatsoever to set aside any of its provisions or to obtain in any way any share of my estate other than as in this Will provided, then I direct that said person or persons shall receive absolutely nothing under the provisions of this Will or out of my estate, and I hereby revoke all provisions made herein for such person or persons; and in lieu thereof, I give, devise and bequeath to each of such contestants the sum of One Dollar (\$1.00) in complete satisfaction of all rights or claims under this Will or against my estate.

SEVENTH: I direct my Personal Representative to pay those of my just debts and funeral expenses as are required to be paid by law and to pay the expenses of probate, estate and inheritance taxes before the same become delinquent. I

6-17-91
J.P.M.

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further direct that such debts, expenses and taxes be equitably prorated among the persons to whom my property is transferred, including the beneficiaries of any insurance on my life, whether or not such property passes under this Will, provided that it is included in my estate for tax purposes, that my Personal Representative deduct the amounts thereof allocated to each beneficiary from the amount distributable to such beneficiary, and that my Personal Representative recover from all others their allocable portion of such debts, expenses and taxes.

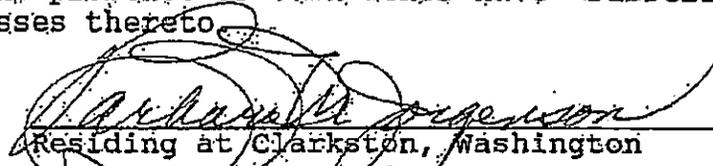
LASTLY; I hereby revoke all former Wills by me made, particularly that Will dated September 27, 1983, and I nominate, constitute and appoint my daughter MARION JEAN ANDERSEN as Personal Representative of this Will, to act without bond and without the intervention or supervision of any court, except those expressly required by law. Should Marion Jean Andersen be unable or unwilling to act as said personal representative, then as alternate I nominate, constitute and appoint my son PATRICK JAMES McLAUGHLIN, with like powers and privileges.

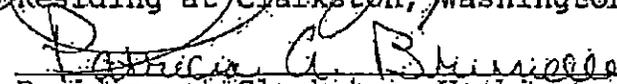
IN WITNESS WHEREOF, I hereunto affixed my hand and seal this 19th day of June, 1991.

James P. McLaughlin (SEAL)

6-19-91
JPM

The foregoing instrument, consisting of five pages, of which this is the last, was on the 19th day of June, 1991, signed, sealed and published by the testator James P. McLaughlin, at Clarkston, Washington, as and declared to be his Last Will and testament and who subscribed his name thereto in our presence, who at his request, in his presence, and in the presence of each other have subscribed our names as witnesses thereto.


Residing at Clarkston, Washington


Residing at Clarkston, Washington

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STATE OF WASHINGTON)
)
COUNTY OF ASOTIN)

ss.

AFFIDAVIT OF SUBSCRIBING
WITNESSES TO THE LAST WILL
AND TESTAMENT OF TESTATOR

Barbara M. Jorgenson and Patricia A. Brunelle

both being of lawful age and competent witnesses, duly sworn, on oath depose and say: That we reside, respectively, in the County of Asotin, State of Washington, and are over the age of 21 years; that we knew the Testator the 19th day of June, 1990, the date of the instrument hereto attached, which is the Last Will and Testament of JAMES P. McLAUGHLIN, Testator; that we are both subscribing witnesses to said instrument; that the said instrument was signed and executed by the said Testator at Clarkston, in the County of Asotin, State of Washington, on the said 19th day of June, 1991, the day it bears date, in our presence said Testator thereupon published the said instrument as and declared the same to be his Last Will and Testament and requested us in attestation thereof to subscribe our names as witnesses thereto, and we then and there in the presence of the said Testator and in the presence of each other, subscribed our names as witnesses to said instrument;

That at the time of executing said instrument, to wit: the 19th day of June, 1991, the said Testator JAMES P. McLAUGHLIN, was of the age of 57 years or thereabouts, and was of sound and disposing mind and memory and not acting under duress, menace, fraud or undue influence or misrepresentation.

This affidavit is made at the request of the Testator JAMES P. McLAUGHLIN, for the purpose of being

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presented to a Court of competent jurisdiction to prove the foregoing Last Will and Testament of the said Testator.

Barbara M. Jorgenson
Residing at Clarkston, Washington
Patricia A. Brunelle
Residing at Clarkston, Washington

SUBSCRIBED AND SWORN to before me this 19th day of June, 1990, by Barbara M. Jorgenson and Patricia A. Brunelle

[Signature]
NOTARY PUBLIC in and for the State of Washington, residing at Clarkston.
My appointment expires: 6-20-95

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