



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.

Form sections 1-3: Seller/Grantor (Linda Stricklin, Lawrence George Mardis) and Buyer/Grantee (Eugene A. Larson, Karen J. Larson) information, including addresses and phone numbers.

Form sections 4-5: Property address (1335 Maple St., Clarkston, WA 99403), location details (Asotin County), and land use code (11 Household, single family units).

Form section 6: Tax exemption questions regarding forest land, current use, and special valuation.

Form section 6: Continuation questions regarding forest land or current use classification.

Form section 6: Compliance questions regarding historic property and owner signature requirements.

Form section 6: Deputy Assessor and Date fields, and Owner(S) Signature and Print Name fields.

Form section 7: List all personal property (tangible and intangible) included in selling price.

Form section 7: Exemption information including WAC number and reason for exemption.

Table with 2 columns: Description and Amount. Includes Gross Selling Price (\$249,000.00), Taxable Selling Price (\$249,000.00), Excise Tax (State: \$3,187.20, Local: \$622.50), and Total Due (\$3,814.70).

Form section 8: Certification of truth and correctness, and signature blocks for Grantor (Linda Stricklin) and Grantee (Eugene A. Larson) dated 7/19/2019 and 7/23/2019.

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

Acc 28737 BF

PAID JUL 24 2019 ASOTIN COUNTY TREASURER 052390



AFFIDAVIT (LACK OF PROBATE)

Linda Stricklin, being first duly sworn, deposes and says:

The undersigned affiant is the rightful heir to the real property described below, and is daughter
 (relationship to decedent) of Phyllis Fay Mardis (decedent), who died on (date)
March 30, 2019, 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: 1335 Maple St.

Clarkston Washington 99403
City State Zip Code

- Decedent left no Last Will and Testament and/or Community Property Agreement; OR Decedent left a Community Property Agreement in favor of surviving spouse (A COPY OF WHICH IS ATTACHED for review), or has been recorded under _____ County recording number _____ ; OR
- Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked (A COPY OF WHICH IS ATTACHED for review)

“Heirs at law” includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

Linda Stricklin - Daughter
Clarkston, WA 99403

Full name, age, relationship, address
Lawrence George Mardis - Son

Redmond, OR
Full name, age, relationship, address

Lori F. Smith - Daughter
La Grande, OR 97850

Full name, age, relationship, address

Full name, age, relationship, address

(Continued on next page)

52390

Full name, age, relationship, address

Dated : _____

Linda Stricklin

Affiant's full name

Telephone number _____

Street

Clarkston

WA

99403

City

State

Zip Code

Debbie Stern
Signature

7/19/2019
Date

State of Washington County of Asotin

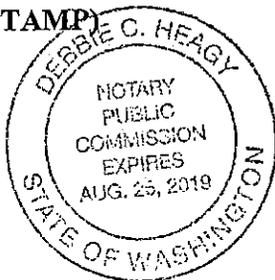
I know or have satisfactory evidence that Linda Stricklin
(name of person)

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: 7/19/2019

Debbie C. Heagy
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Clarkston, WA

Notary Public in and for the State of Washington

My appointment expires: 08/26/2019

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)

52390



State of Washington
 Department of Revenue
 Special Programs Division
 Miscellaneous Tax
 PO Box 47477
 Olympia WA 98504-7477

AFFIDAVIT (LACK OF PROBATE)

Lawrence George Mardis, being first duly sworn, deposes and says:

The undersigned affiant is the rightful heir to the real property described below, and is SON
 (relationship to decedent) of Phyllis Fay Mardis (decedent), who died on (date)
March 30, 2019, 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: 1335 Maple St.

Clarkston Washington 99403
City State Zip Code

- Decedent left no Last Will and Testament and/or Community Property Agreement; OR Decedent left a Community Property Agreement in favor of surviving spouse (A COPY OF WHICH IS ATTACHED for review), or has been recorded under _____ County recording number _____; OR
- Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked (A COPY OF WHICH IS ATTACHED for review)

“Heirs at law” includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

Linda Stricklin - Daughter

Clarkston, WA 99403
Full name, age, relationship, address

Lawrence George Mardis - Son

Redmond, OR
Full name, age, relationship, address

Lori F. Smith - Daughter

La Grande, OR 97850
Full name, age, relationship, address

Full name, age, relationship, address

(Continued on next page)

Full name, age, relationship, address

* Dated: Jul 18, 19

Lawrence George Mardis

Affiant's full name

Telephone number

Street

Redmond

OR

97756

City

State

Zip Code

* [Signature] Signature

Jul 18, 19 Date

State of ~~Oregon~~ Washington County of Kitsap

* I know or have satisfactory evidence that Lawrence George Mardis (name of person)

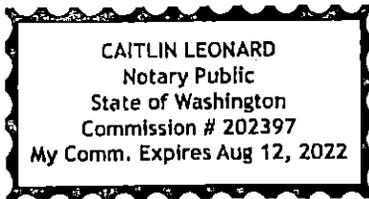
is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 07, 18, 2019

[Signature of Notary Public]

Signature of Notary Public

(SEAL OR STAMP)



Residing at: Bremerton, WA

Notary Public in and for the State of ~~Oregon~~ Washington

My appointment expires: Aug 12, 2022

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)

52390



AFFIDAVIT (LACK OF PROBATE)

Lori F. Smith, being first duly sworn, deposes and says:

The undersigned affiant is the rightful heir to the real property described below, and is daughter

(relationship to decedent) of Phyllis Fay Mardis (decedent), who died on (date)

March 30, 2019, 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: 1335 Maple St.

Clarkston Washington 99403
City State Street 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)

Linda Stricklin - Daughter
Clarkston, WA 99403

Full name, age, relationship, address
Lawrence George Mardis - Son

Redmond, OR
Full name, age, relationship, address

Lori F. Smith - Daughter
La Grande, OR 97850

Full name, age, relationship, address

Full name, age, relationship, address

(Continued on next page)

Full name, age, relationship, address

Dated : 7-18-19

Lori F. Smith

Affiant's full name

(541) 963-6658

Telephone number

1306 N. WILLOW Street

La Grande

City

OR

State

97850

Zip Code

* Lori F. Smith
Signature

7-18-19
Date

State of Oregon County of Union

I know or have satisfactory evidence that Lori F. Smith
(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: 7/18/19

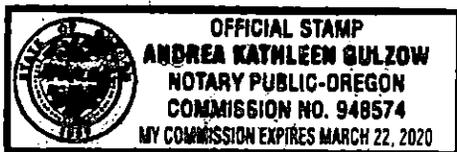
Andrea K. Gulzow
Signature of Notary Public

(SEAL OR STAMP)

Residing at: Union County

Notary Public in and for the State of Oregon

My appointment expires: 3/22/2020



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)

52390

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-015211

DATE ISSUED: 04/08/2019
FEE NUMBER:

FIRST AND MIDDLE NAME(S): PHYLLIS FAY
LAST NAME(S): MARDIS

COUNTY OF DEATH: ASOTIN

PLACE OF DEATH: HOME

DATE OF DEATH: 02/02/2019

FACILITY OR ADDRESS: 1335 MAPLE STREET

HOUR OF DEATH: 04:14 PM

CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

SEX: FEMALE

AGE: 84 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 1335 MAPLE STREET

CITY, STATE, ZIP: CLARKSTON, WA 99403

INSIDE CITY LIMITS: NO

COUNTY: ASOTIN

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 2 YEARS

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: APRIL 14, 1934

BIRTHPLACE: COUNCIL, ID

FATHER/PARENT: LESTER GEORGE MCMAHON

MOTHER/PARENT: GERTRUDE HANCOCK

MARITAL STATUS: WIDOWED

SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: OTHER

PLACE OF DISPOSITION: VALLEY CREMATORY

OCCUPATION: HOMEMAKER

INDUSTRY: OWN HOME

CITY, STATE: LEWISTON, IDAHO

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

DISPOSITION DATE: APRIL 04, 2019

US ARMED FORCES: NO

FUNERAL FACILITY: VASSAR-RAWLS FUNERAL HOME

INFORMANT: LINDA STRICKLIN

RELATIONSHIP: DAUGHTER

ADDRESS: 1374 ELM STREET, CLARKSTON, WASHINGTON 99403

ADDRESS: 920 21ST AVENUE

CITY, STATE, ZIP: LEWISTON, IDAHO 83501

FUNERAL DIRECTOR: DENNIS W. HASTINGS

CAUSE OF DEATH:

A: REPEAT PLEURAL EFFUSIONS

INTERVAL: 1 YR

B: CONGESTIVE HEART FAILURE

INTERVAL: 1 YR

C: SMOKING

INTERVAL: >3 YRS

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PULMONARY NODULE WHICH WAS LIKELY CANCER, CORONARY ARTERY DISEASE

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: YES

PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY: UNKNOWN

HOUR OF INJURY: UNKNOWN

INJURY AT WORK: UNKNOWN

PLACE OF INJURY: NO INJURY

CERTIFIER NAME: MELANIE EGGLESTON, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 2315 8TH STREET

CITY, STATE, ZIP: LEWISTON, ID 83501

DATE SIGNED: APRIL 04, 2019

LOCATION OF INJURY: UNKNOWN

CITY, STATE, ZIP: UNKNOWN

COUNTY:

DESCRIBE HOW INJURY OCCURRED: NO INJURY

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: MELANIE EGGLESTON, MD

IF TRANSPORTATION INJURY SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON

DATE RECEIVED: APRIL 04, 2019



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: First Middle Last | | | 2. Date of Event: MM/DD/YYYY | 3. Place of Event: City or County |
| 4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden | | 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden | | |
| 6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) | | | | |

7. Return Mailing Address:
P.O. Box or Street Address City State Zip

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

1. 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.
2. 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.
3. 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.

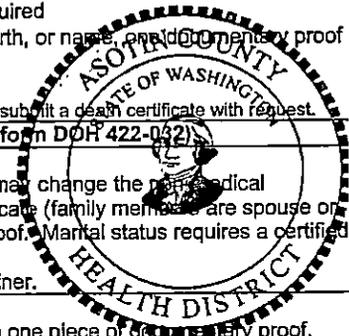
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-042)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the 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.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. 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.
2. 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 412-834 October 2015

Bob Lutz, M.D., MPH
Health Officer

APR 08 2019



0 1 2 5 2 3 0 8

52390

Affidavit

State of Washington

County of: Asotin

I, the undersigned, an officer authorized to administer oaths, certify that

Phyllis F Mardis, the testator, and Bailey Watson and Krysta Kilmer, the witnesses, whose names are signed to the attached or foregoing instrument and whose signatures appear below, having appeared together before me and having been first duly sworn, each then declared to me that:

- 1. the attached or foregoing instrument is the last will of the testator;
- 2. the testator willingly and voluntarily declared, signed and executed the will in the presence of the witnesses;
- 3. the witnesses signed the will upon request by the testator, in the presence and hearing of the testator and in the presence of each other;
- 4. to the best knowledge of each witness the testator was, at that time of the signing, of the age of majority (or otherwise legally competent to make a will), of sound mind and under no constraint or undue influence; and
- 5. each witness was and is competent, and was then 18 years of age or older.

Testator: Phyllis F. Mardis

Witness: Bailey Watson

Witness: KRISTA KILMER

Subscribed, sworn to and acknowledged before me by Phyllis F. Mardis, the testator, and by Bailey Watson and Krysta Kilmer witnesses, this 18th day of February, 2017.

Signature: Katherine A Bergamo



Will of Phyllis Fay Mardis

Part 1. Personal Information

I, Phyllis Fay Mardis, a resident of the State of Washington, County of Asotin, City of Clarkston Washington, declare that this is my will.

Part 2. Revocation of Previous Wills

I revoke all wills and codicils that I have previously made.

Part 3. Children

I have the following children now living: Lawrence George Mardis, Linda Sue Stricklin and Lori Fay Smith.

Part 4. Pets

I leave Yorkshire Terrier, Rascal, to Linda Sue Stricklin. If Linda Sue Stricklin does not survive me, I leave Rascal to Lori Fay Smith.

Part 5. Disposition of Property

A beneficiary must survive me for at least 45 days to receive property under this will. As used in this will, the phrase "survive me" means to be alive or in existence as an organization on the 45th day after my death.

If I leave property to be shared by two or more beneficiaries, and any of them does not survive me, I leave his or her share to the others equally unless this will provides otherwise.

My residuary estate is all property I own at my death that is subject to this will that does not pass under a general or specific bequest, including all failed or lapsed bequests.

I leave my residuary estate to my children Lawrence George Mardis, Linda Sue Stricklin and Lori Fay Smith in equal shares. If Linda Sue Stricklin does not survive me, I leave her share of my residuary estate to Thomas Phillip Stricklin. If Lori Fay Smith does not survive me, I leave her share of my residuary estate to Bryon Douglas Smith.

All personal and real property that I leave in this will shall pass subject to any encumbrances or liens placed on the property as security for the repayment of a loan or debt.

///

Will of Phyllis Fay Mardis

Part 6. Executor

I name Linda Sue Stricklin to serve as my executor. If Linda Sue Stricklin is unwilling or unable to serve as executor, I name Thomas Phillip Stricklin to serve as executor.

No executor shall be required to post bond.

Part 7. Executor's Powers

I direct my executor to take all actions legally permissible to have the probate of my will done as simply and as free of court supervision as possible under the laws of the state having jurisdiction over this will, including filing a petition in the appropriate court for the independent administration of my estate.

I grant to my executor the following powers, to be exercised as she deems to be in the best interests of my estate:

1. To retain property without liability for loss or depreciation.
2. To dispose of property by public or private sale, or exchange, or otherwise, and receive and administer the proceeds as a part of my estate.
3. To vote stock; to exercise any option or privilege to convert bonds, notes, stocks or other securities belonging to my estate into other bonds, notes, stocks or other securities; and to exercise all other rights and privileges of a person owning similar property.
4. To lease any real property in my estate.
5. To abandon, adjust, arbitrate, compromise, sue on or defend and otherwise deal with and settle claims in favor of or against my estate.
6. To continue or participate in any business which is a part of my estate, and to incorporate, dissolve or otherwise change the form of organization of the business.
7. To access, control, use, transfer, distribute, copy, deactivate or delete any of my digital assets; by granting this power, my executor may act as an account holder and authorized user of my digital assets; my digital assets include email or other electronic communication, personal or professional websites, online banking and other financial accounts, frequent flyer accounts and other reward programs, social media profiles, digital music, photographs or videos, software or any other electronic record or account; to exercise this power, my agent may access and

Will of Phyllis Fay Mardis

control any device or equipment used by me to store or manage my digital assets, such as desktop computers, laptop computers, tablets, external drives, cell phones or any other device used for access and control of digital assets that currently exists or may exist as technology develops.

These powers, authority and discretion are intended to be in addition to the powers, authority and discretion vested in her by operation of law by virtue of her office, and may be exercised as often as is deemed necessary or advisable, without application to or approval by any court.

Part 8. Payment of Debts

Except for liens and encumbrances placed on property as security for the repayment of a loan or debt, I direct that all debts and expenses owed by my estate be paid in the manner provided for by the laws of Washington.

Part 9. Payment of Taxes

I direct that all estate taxes assessed against property in my estate or against my beneficiaries be paid in the manner provided for by the laws of Washington.

Part 10. Severability

If a court invalidates any provision of this will, that shall not affect other provisions that can be given effect without the invalid provision.

Signature

I, Phyllis Fay Mardis, the testator, sign my name to this document,

this 18th day of FEBRUARY 2017

at CLARKSTON, WASH. INC. DON. (city or county, and state).

I declare that I sign and execute this document as my last will, that I sign it willingly and that I execute it as my free and voluntary act. I declare that I am of the age of majority or otherwise legally empowered to make a will, and under no constraint or undue influence.

Signature: Phyllis F. Mardis

///
///

52390

Will of Phyllis Fay Mardis

Witnesses

We, the witnesses, sign our names to this document, and declare that the testator willingly signed and executed this document as the testator's last will.

In the presence of the testator, and in the presence of each other, we sign this will as witnesses to the testator's signing.

To the best of our knowledge, the testator is of the age of majority or otherwise legally empowered to make a will, is of sound mind and is under no constraint or undue influence.

We declare under penalty of perjury that the foregoing is true and correct,

this 18th day of February, 2017.

at Clankston, Washington (city or county, and state).

First Witness

Sign your name: Bailey Watson

Print your name: Bailey Watson

Address: 3611 22nd St. D

City, State: Lewiston, ID 83501

Second Witness

Sign your name: Krista M. Kilm

Print your name: KRISTA KILMER

Address: 419 Park Dr.

City, State: LEWISTON, ID 83501

52390