

**REAL ESTATE EXCISE TAX AFFIDAVIT**

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

CHAPTER 82.45 RCW – CHAPTER 458-61A WAC  
THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED

(See back of last page for instructions)

Check box if partial sale of property

If multiple owners, list percentage of ownership next to name.

SELLER GRANTOR	1 Name <u>Linda F. Campbell</u>	BUYER GRANTEE	2 Name <u>Linda F. Campbell</u>
			<u>Michael B. Campbell</u>
	Mailing Address <u>1117 5th Street</u>		Mailing Address <u>1117 5th Street</u>
	City/State/Zip <u>Clarkston WA 99403</u>		City/State/Zip <u>Clarkston WA 99403</u>
	Phone No. (including area code) _____		Phone No. (including area code) _____
3	Send all property tax correspondence to: <input checked="" type="checkbox"/> Same as Buyer/Grantee		List all real and personal property tax parcel account numbers – check box if personal property
Name <u>Linda F. Campbell and Michael B. Campbell</u>			<u>11010400400010000</u> <input type="checkbox"/>
Mailing Address <u>1117 5th Street</u>			<input type="checkbox"/>
City/State/Zip <u>Clarkston WA 99403</u>			<input type="checkbox"/>
Phone No. (including area code) _____			<input type="checkbox"/>
			List assessed value(s) <u>120,900.00</u>

4 Street address of property: 1117 5th Street

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 65 feet of Lot 4 in Block 4 of Blocks 3 and 4 of Parkway Addition to Clarkston, Wash. according to the official plat thereof, filed in Book C of Plats at Page(s) 61, records of Asotin County, Washington

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

enter any additional codes: \_\_\_\_\_

(See back of last page for instructions)

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

6

	YES	NO
Is this property designated as forest land per chapter 84.33 RCW?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is this property receiving special valuation as historical property per chapter 84.26 RCW?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If any answers are yes, complete as instructed below.

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

This land  does  does not qualify for continuance.

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

WAC No. (Section/Subsection) 458-61A-215(1)

Reason for exemption Clearing or exiting title, and additions to title

Type of Document	<u>Quit Claim Deed (QCD)</u>	
Date of Document	<u>07/30/19</u>	<u>7/15/19</u>
Gross Selling Price	\$	<u>0.00</u>
*Personal Property (deduct)	\$	<u>0.00</u>
Exemption Claimed (deduct)	\$	<u>0.00</u>
Taxable Selling Price	\$	<u>0.00</u>
Excise Tax : State	\$	<u>0.00</u>
Local	\$	<u>0.00</u>
*Delinquent Interest: State	\$	<u>0.00</u>
Local	\$	<u>0.00</u>
*Delinquent Penalty	\$	<u>0.00</u>
Subtotal	\$	<u>0.00</u>
*State Technology Fee	\$	<u>5.00</u> <u>5.00</u>
*Affidavit Processing Fee	\$	<u>5.00</u>
Total Due	\$	<u>10.00</u>

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

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

Signature of Grantor or Grantor's Agent <u>[Signature]</u>	Signature of Grantee or Grantee's Agent <u>[Signature]</u>
Name (print) <u>Linda F. Campbell</u>	Name (print) <u>Linda F. Campbell</u>
Date & city of signing: <u>8-1-19 Clarkston</u>	Date & city of signing: <u>8-1-19 Clarkston</u>

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

REV 84 0001a (6/26/14) THIS SPACE - TREASURER'S USE ONLY COUNTY TREASURER

Alec 28949 BF

**PAID**  
AUG - 6 2019  
ASOTIN COUNTY  
TREASURER  
052441



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

## AFFIDAVIT (LACK OF PROBATE)

Linda F. Campbell being first duly sworn, deposes and says:

The undersigned affiant is the rightful heir to the real property described below, and is the surviving spouse  
 (relationship to decedent) of Charles Clark Campbell (decedent), who died on (date)  
November 3, 2017, at

Lewiston Nez Perce ID  
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: 117 5th Street

Clarkston ID 83843  
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)

Christine Michelle Brown, 49, Daughter  
2218 Sierra Dr. Nampa, ID 83686  
Full name, age, relationship, address

Nicole Anne Bevans, 47, Daughter  
905 Cheatham Court, Warrensburg, MO 64093  
Full name, age, relationship, address

Michael Bruce Campbell, 44, Son  
1140 Francis Ave. Clarkston, WA 99403  
Full name, age, relationship, address

\_\_\_\_\_  
Full name, age, relationship, address

(Continued on next page)

\_\_\_\_\_  
Full name, age, relationship, address

Dated: 8-1-19

Linda F. Campbell

Affiant's full name

(509) 552-5144

Telephone number

1117 5th Street

\_\_\_\_\_  
Street

Clarkston

WA

99403

City

State

Zip Code

*Linda F. Campbell*

Signature

8/1/19

Date

State of WA County of Asotin

I know or have satisfactory evidence that Linda F. Campbell  
(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: 8/1/19

(SEAL OR STAMP)

*Lacey D. Meredith*  
Signature of Notary Public

Residing at: Lewiston, ID

Notary Public in and for the State of WA

My appointment expires: 10/20/2021



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)

52441

**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 COPY OF THIS DOCUMENT CERTIFIED BY THE STATE REGISTER WITH THE DEPARTMENT OF HEALTH AND WELFARE  
MAILED SHALL BE USED AS PRIMA FACIE EVIDENCE OF THE DEATH UNDER §§ 11-110 AND 11-202, IDAHO CODE.

Local Reg. No.

<p><b>DECEDENT</b></p> <p>TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN</p> <p>FOR INSTRUCTIONS SEE HANDBOOKS</p>	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix)		2. SEX		3. SOCIAL SECURITY NUMBER	
	CHARLES CLARK CAMPBELL		MALE		[REDACTED]	
	4a. AGE-Last Birthday		4b. UNDER 1 YEAR		4c. UNDER 1 DAY	
	78 (Years)		Months Days Hours Minutes		DATE OF BIRTH (Mo/Day/Yr)	
	5. BIRTHPLACE (City and State, Territory, or Foreign Country)		DEFANCE, OHIO			
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY		7b. COUNTY		7c. CITY OR TOWN	
	WASHINGTON		ASOTIN		CLARKSTON	
	7d. STREET AND NUMBER		7e. APT. NO.		7f. ZIP CODE	
	1117 5TH ST				99403	
	7g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<p><b>PARENTS</b></p>	8. SURVIVING SPOUSE'S NAME (If wife, give maiden name)		LINDA GRUBB			
	9. MARITAL STATUS AT TIME OF DEATH		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Overseas <input type="checkbox"/> Never married <input type="checkbox"/> Unknown			
	10. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11a. FATHER'S NAME (First, Middle, Last, Suffix)		11b. BIRTHPLACE (State, Territory, or Foreign Country)	
	JOHN CAMPBELL		OHIO		OHIO	
12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix)		12b. BIRTHPLACE (State, Territory, or Foreign Country)		OHIO		
NELLY BAYLESS		OHIO				
<p><b>INFORMANT</b></p>	13a. INFORMANT'S NAME (Type or print)		13b. RELATIONSHIP TO DECEDENT		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)	
	LINDA CAMPBELL		WIFE		1117 5TH ST. CLARKSTON, WA 99403	
<p><b>DISPOSITION</b></p>	14. METHOD OF DISPOSITION		16. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place)		18. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY	
	<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)		MOUNTAIN VIEW CREMATORY 3521 SEVENTH STREET LEWISTON, IDAHO 83501		MERCHANT FUNERAL HOME 1000 SEVENTH STREET CLARKSTON, WASHINGTON 99403	
<p><b>PLACE OF DEATH</b></p>	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		17b. LICENSE NUMBER (Of licensee)		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	ELECTRONICALLY FILED: GERALD E. BARTLOW		M0771			
<p><b>DATE OF DEATH</b></p>	19a. IF DEATH OCCURRED IN A HOSPITAL:		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:			
	<input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Occupied <input type="checkbox"/> OOA <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)					
	20. FACILITY NAME (If not facility, give street and number)		21. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE		22. COUNTY OF DEATH	
	ST. JOSEPH REGIONAL MEDICAL CTR.		LEWISTON, ID 83501		NEZ PERCE	
<p><b>CAUSE OF DEATH</b></p>	23. DATE OF DEATH (Mo/Day/Yr) (Spell month)		24. TIME OF DEATH (24hr)		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month)	
	November 3, 2017		16:45		November 3, 2017	
<p><b>CAUSE OF DEATH</b></p>	26. TIME PRONOUNCED DEAD (24hr)		27. CAUSE OF DEATH			
	16:45		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.			
<p><b>CAUSE OF DEATH</b></p>	IMMEDIATE CAUSE (Final disease or condition resulting in death)		ACUTE LEUKEMIA		Approximate Time Interval: Onset to Death: 3 DAYS	
	DUE TO (or as a consequence of):		PROGRESSED MYELODYSPLASTIC SYNDROME		1 YEAR	
	DUE TO (or as a consequence of):					
<p><b>CAUSE OF DEATH</b></p>	28. UNDERLYING CAUSE (Last disease or injury that initiated the events resulting in death)		29. PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I.			
			COPD; PNEUMONIA; DM; ACUTE ON CHRONIC RENAL FAILURE			
<p><b>CAUSE OF DEATH</b></p>	30. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		31. IF FEMALE (Aged 10-54): <input type="checkbox"/> Not pregnant within past year <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		32. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
					33. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p><b>CAUSE OF DEATH</b></p>	34. 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		35. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<p><b>CAUSE OF DEATH</b></p>	36. DATE OF INJURY (Mo/Day/Yr) (Spell month)		37. TIME OF INJURY (24hr)		38. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, etc.)	
<p><b>CAUSE OF DEATH</b></p>	39. LOCATION OF INJURY: State _____ City/Town/County _____ Zip Code _____		40. 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.			
<p><b>CAUSE OF DEATH</b></p>	41. TRANSPORTATION: 39a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		42. WHAT SAFETY DEVICES 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		43. 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	
					39b. LICENSE NUMBER: M-07784 39c. DATE SIGNED: 11 / 6 / 2017 MM DD YYYY	
<p><b>CAUSE OF DEATH</b></p>	44. SIGNATURE AND TITLE OF CERTIFIER: ELECTRONICALLY SIGNED: BARBARA A. KAMMER, M.D.		45. REGISTRAR'S SIGNATURE: James B. Gaydelotte			
	46. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print): BARBARA A. KAMMER, 415 SIXTH STREET LEWISTON, ID 83501		47. DATE SIGNED: 11 / 7 / 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: NOV 08 2017

James B. Gaydelotte  
JAMES B. AYDELOTTE  
STATE REGISTRAR

52441



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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

52441

**LAST WILL AND TESTAMENT**  
**OF**  
**CHARLES CLARK CAMPBELL**

KNOW ALL MEN BY THESE PRESENTS:

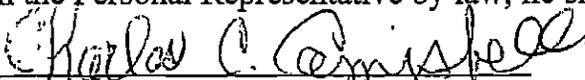
That I, CHARLES CLARK CAMPBELL, of the city of Clarkston, County of Asotin, Washington, being of lawful age and of sound and disposing mind and memory, and in possession of all my faculties, and neither acting under duress, menace, fraud, or undue influence of any person or persons whomsoever, but being aware of the uncertainties of this life and being desirous of disposing of all my property, do hereby make, publish and declare this my Last Will and Testament, hereby revoking any and all codicils to wills which I may heretofore have made.

FIRST: I declare that I am married to LINDA FRANCES CAMPBELL. We have three (3) adult children to wit:

CHRISTINE MICHELLE BROWN, Nampa Idaho  
NICOLE ANNE BEVANS, Meridian, Idaho  
MICHAEL BRUCE CAMPBELL, Clarkston, Washington

SECOND: I direct that my Personal Representative, hereinafter named, shall pay all the expenses of my last illness and burial, all costs and charges of the administration of my estate, and all my just debts, as soon as the same can be conveniently paid, however, that this direction shall not authorize any creditor to require payment of any debt or obligation prior to its normal maturity in due course.

THIRD: I hereby nominate and appoint my wife, LINDA FRANCES CAMPBELL as Personal Representative of this my Last Will and Testament and I direct that she shall serve as such without bond. In the event that he should predecease me or for any reason be legally incapable of so serving, I then nominate, constitute and appoint my son, MICHAEL BRUCE CAMPBELL as Personal Representative, without bond. In addition to the powers conferred upon the Personal Representative by law, he shall have and exercise

  
PAGE 1 OF 4 OF THE LAST WILL AND TESTAMENT  
OF CHARLES CLARK CAMPBELL

**COPY**  
LAW OFFICES OF  
CLARK AND FEENEY, LLP  
LEWISTON, IDAHO 83501

52441

all powers I may lawfully delegate to him, including but not limited to those powers designated in Section 11.98.070 of the R.C.W.

FOURTH: I hereby give, devise and bequeath all the rest, residue and remainder of my property whatsoever kind and nature, of which I may be seized or possessed or to which I may be entitled, to my wife LINDA FRANCES CAMPBELL. If my wife predeceases me, I hereby, give devise and bequeath all the rest residue and remainder of my property whatsoever kind and nature, of which I may be seized or possessed or to which I may be entitled, to my three children to be divided among them equally.

FIFTH: I declare this to be a NON-INTERVENTION WILL, pursuant to the provisions of Washington laws as now in effect and as it may hereafter be amended.

SIXTH: It is my will, desire and direction to leave my property just as I have bequeathed and devised the same in this my Will; I do not wish for anyone not provided for herein to share my estate, therefore, should any person other than those provided for in this, my last Will, establish any right to inherit from my or against my estate of any character whatsoever, then in that event, I hereby give and bequeath to each such person or persons establishing such right the sum of One Dollar (\$1.00) which shall constitute the only share of any such person or person in my estate and in the event any person provided for in this, my Will, shall contest said Will or seek in any way to obtain a greater share of my estate than is hereby bequeathed and devised to such person, the share of any such person shall automatically be, and the same is hereby reduced to the sum of One Dollar (\$1.00).

IN TESTIMONY WHEREOF, I have signed and sealed these presents and do publish and declare the same as and for my Last Will and Testament this 6<sup>TH</sup> day of August, 2012.

  
CHARLES CLARK CAMPBELL

  
PAGE 2 OF 4 OF THE LAST WILL AND TESTAMENT LAW OFFICES OF  
OF CHARLES CLARK CAMPBELL CLARK AND FEENEY, LLP  
LEWISTON, IDAHO 83501

52441

Signed, sealed, published and declared by CHARLES CLARK CAMPBELL, the above-named testator, on the date thereof, as and for his Last Will and Testament in the presence of us, who were present at the same time, and who thereupon at his request and in his presence, and in the presence of each other have hereunto subscribed our names as witnesses.

Gabrielle Keizer  
Residing at: Clarkston, WA

Jaime McAuley  
Residing at:

STATE OF IDAHO     )  
                                  ) ss.  
County of Nez Perce     )

WE, CHARLES CLARK CAMPBELL, Gabrielle Keizer and Jaime McAuley, the testator, and the witnesses, respectively, whose names are signed to the foregoing instrument, being first duly sworn, do hereby declare to the undersigned authority that the testator signed and executed the instrument as his Last Will and Testament and that he has signed willingly, and that he executed it as his free and voluntary act for the purposes therein expressed; and that each of the witnesses, in the presence and hearing of the testator signed the will as witness, and that to the best of their knowledge the testator was at that time an adult, of sound mind and under no constraint or undue influence.

Charles Clark Campbell  
Testator

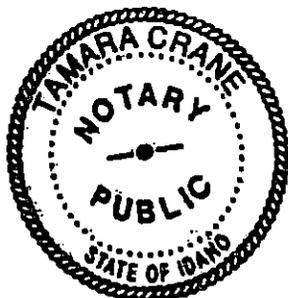
Gabrielle Keizer  
Witness

Jaime McAuley  
Witness

Charles Clark Campbell

52441

SUBSCRIBED AND SWORN to before me by CHARLES CLARK CAMPBELL the testator, and subscribed and sworn to before me by Gabrielle Koizer and Jaime McCarthy, witnesses, this 6<sup>th</sup> day of August, 2012.



Tamara Crane  
Notary Public in and for the State of Idaho  
Residing at Lewiston, Id therein.  
My commission expires: 03/06/14

Charles Clark Campbell

52441