

REAL ESTATE EXCISE TAX AFFIDAVIT
CHAPTER 82.45 RCW – CHAPTER 458-61A WAC

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED

(See back of last page for instructions)

Check box if partial sale, indicate % sold.

List percentage of ownership acquired next to each name.

1 SELLER GRANTOR	Name: ESTATES OF THOMAS ANDRY & CLAUDINE FOWLER, by their PR, WILLIAM C. FOWLER	2 BUYER GRANTEE	Name: WILLIAM C. FOWLER
	Mailing Address: 21801 PLUMMER STREET		Mailing Address: 21801 PLUMMER STREET
	City/State/Zip: CHATSWORTH CA 91311		City/State/Zip: CHATSWORTH CA 91311
	Phone No. (including area code): (818) 517-3907		Phone No. (including area code): (818) 517-3907
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 _____		1-004-23-007-0003-0000 <input type="checkbox"/>	
Mailing Address _____		_____ <input type="checkbox"/>	
City/State/Zip _____		_____ <input type="checkbox"/>	
Phone No. (including area code) _____		_____ <input type="checkbox"/>	
		List assessed value(s)	
		77.100	

Street address of property: **1386 SYCAMORE STREET**

This property is located in **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.

Legal description of property (if more space is needed, you may attach a separate sheet to each page of the affidavit)

THE EAST 96.5 FEET OF THE SOUTH HALF OF LOT 7, BLOCK "HH" OF VINELAND, ASOTIN COUNTY, WASHINGTON, ACCORDING TO THE RECORDED PLAT THEREOF.

Select Land Use Code(s):

09 - Land with mobile home

enter any additional codes: _____

(See back of last page for instructions)

Was the seller receiving a property tax exemption or deferral under chapters 84.36, 84.37, or 84.38 RCW (nonprofit organization, senior citizen, or disabled person, homeowner with limited income)?

YES NO

Is this property designated as forest land per chapter 84.33 RCW? YES NO

Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW? YES NO

Is this property receiving special valuation as historical property per chapter 84.26 RCW? YES NO

If any answers are yes, complete as instructed below.

(1) NOTICE OF CONTINUANCE (FOREST LAND OR CURRENT USE)

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

This land does does not qualify for continuance.

DEPUTY ASSESSOR _____ DATE _____

(2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY)

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

(3) OWNER(S) SIGNATURE

PRINT NAME _____

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

1974 VAN DYKE 14X71 MOBILE HOME

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

WAC No. (Section/Subsection) **458-61A-202(6)(9)**

Reason for exemption _____

INHERITANCE - PROBATE

Type of Document **PR DEED**

Date of Document **10-8-19**

Gross Selling Price \$	0.00
*Personal Property (deduct) \$	0.00
Exemption Claimed (deduct) \$	
Taxable Selling Price \$	0.00
Excise Tax : State \$	0.00
0.0025 Local \$	0.00
*Delinquent Interest: State \$	
Local \$	
*Delinquent Penalty \$	
Subtotal \$	0.00
*State Technology Fee \$	5.00
*Affidavit Processing Fee \$	
Total Due \$	10.00

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

Name (print) **WILLIAM C. FOWLER**

Date & city of signing: **10/8/19 - CHATSWORTH**

Signature of Grantee or Grantee's Agent

Name (print) **WILLIAM C. FOWLER**

Date & city of signing: **10/8/19 - CHATSWORTH**

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)).

B. FOWLER
CL#5965 TR

OCT 17 2019
ASOTIN COUNTY
TREASURER

052647

CERTIFIED

FILED

2019 FEB -7 AM 10:40

MICHAEL A. KELLEY
COUNTY CLERK
ASOTIN COUNTY, WA

SUPERIOR COURT OF WASHINGTON
IN AND FOR COUNTY OF ASOTIN

Estate of:

THOMAS J. ANDRY,

Deceased.

No. 19 - 4 - 00011 - 02

LETTERS TESTAMENTARY WITH
NONINTERVENTION POWERS

(RCW 11.28.090)

WHEREAS, the Last Will and Testament and Codicil to the Last Will and Testament of THOMAS J. ANDRY, deceased, was on the 4th day of Feb. 2019, duly exhibited, proven and recorded in our Superior Court;

WHEREAS, WILLIAM C. FOWLER is the person nominated as Alternate Personal Representative in said Codicil to the Last Will and Testament following the death of his spouse, CLAUDINE F. FOWLER;

WHEREAS, WILLIAM C. FOWLER, has petitioned this court to be appointed Personal Representative thereof; and

WHEREAS, this court has entered an order granting nonintervention powers to the Personal Representative;

NOW, THEREFORE, know all men by these presents, that we do hereby authorize the said WILLIAM C. FOWLER to execute the terms of the Will with nonintervention powers according to law.

Todd S. Richardson
Law Offices of Todd S. Richardson
604 6th Street
Clarkston, WA 99403
(509) 758-3397 - phone
(509) 758-3399 - fax

52647

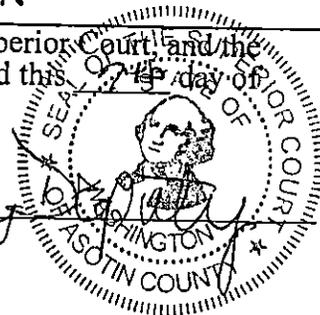
1 WITNESS my hand and seal of said court this 7th day of Feb. 2019.

2
3 WITNESS, TINA KERNAN

4 ~~Judge/Commissioner of our Superior Court, and the~~
5 Seal of said Court hereto affixed this 7th day of
6 Feb. 2019.

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[Handwritten Signature]
Clerk of the Superior Court



Todd S. Richardson
Law Offices of Todd S. Richardson
604 6th Street
Clarkston, WA 99403
(509) 758-3397 - phone
(509) 758-3399 - fax

STATE OF WASHINGTON)

: ss.

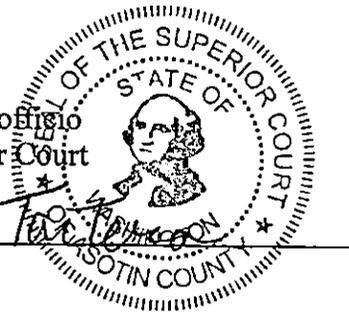
County of Asotin)

I, McKenzie A. Kelley, County Clerk of the County of Asotin, State of Washington, and ex-officio Clerk of the Superior Court of the State of Washington for Asotin County, do hereby certify that the within and foregoing is a full, true and correct copy of the Letters Testamentary and of the whole thereof, as the same are now on file and of record in the above-entitled cause in my office and custody. Said Letters have never been revoked and are still in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this Superior Court this 7 day of February, 2019.

County Clerk & Ex-officio
Clerk of the Superior Court

By Shelly A. Fox
Deputy



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-011634

DATE ISSUED: 05/27/2014

FEE NUMBER: 0000190198

GIVEN NAMES: THOMAS J
LAST NAME: ANDRY

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: MAY 23, 2014
HOUR OF DEATH: 06:08 P.M.
SEX: MALE
AGE: 77 YEARS

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1386 SYCAMORE ST
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

SOCIAL SECURITY NUMBER: ~~05-02-0000~~

RESIDENCE STREET: 1386 SYCAMORE ST.
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 994032350
INSIDE CITY LIMITS? NO

HISPANIC ORIGIN: NO, NOT-HISPANIC
RACE: WHITE

COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 29 YEARS

BIRTHDATE: APRIL 27, 1937
BIRTHPLACE: LOCKPORT, NIAGARA CNTY, NEW YORK

FATHER: JACOB D'ANDREA
MOTHER: WANDA KRASOWSKI

MARITAL STATUS: MARRIED
SPOUSE: CLAUDINE F. COUSATTE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY
CITY, STATE: L, ID
DISPOSITION DATE: MAY 29, 2014

OCCUPATION: APPLIANCE REPAIR
INDUSTRY: HOUSEHOLD APPLIANCES
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? YES

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES LLC
ADDRESS: PO. BOX 107
CITY, STATE, ZIP: CLARKSTON WA 99403
FUNERAL DIRECTOR: JAMES FITZHUGH

INFORMANT: JUDY ALBRIGHT
RELATIONSHIP: DAUGHTER
ADDRESS: 454 LONGBRANCH ROAD SIMI VALLEY, CALIFORNIA 93065

- CAUSE OF DEATH:
- A. LUNG CANCER
INTERVAL: UNKNOWN
 - B. INTERVAL:
 - C. INTERVAL:
 - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
CHRONIC OBSTRUCTIVE PULMONARY DISEASE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

LOCATION OF INJURY:
CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

CERTIFIER NAME: RICHARD WEILAND, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1221 HIGHLAND AVE
CITY, STATE, ZIP: CLARKSTON WA 99403
DATE SIGNED: MAY 27, 2014

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:
BRADY WOODBURY
DATE RECEIVED: MAY 27, 2014

NUMBER(S): NONE
DATE(S): NONE



52647



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
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Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage 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 Maiden Name (For Birth): (Wife for Marriage or Dissolution) _____

The Record is incorrect or incomplete as follows:

The Record now shows:	The True fact is:
6. _____	7. _____
8. _____	9. _____
10. _____	11. _____
12. _____	13. _____

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) _____ Telephone Number: _____

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.

Most changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:	Certificate of Naturalization	Numident Report (Social Security Administration)	School Transcripts (Official)
	Hospital /Medical Record	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Life Insurance Policy	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Record	Passport	We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

Birth Certificates:

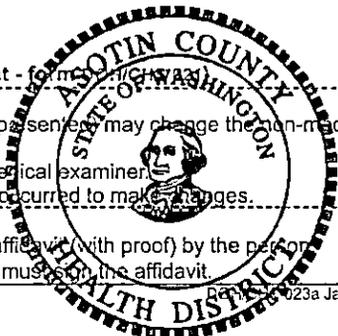
- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
 - The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
 - Child (under 18)**
 - Only parent(s) or legal guardian can change the birth certificate.
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
 - Adult (18 years or older)**
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, three pieces of documentary proof are required.
 - If the first and/or middle name is misspelled, two pieces of documentary proof are required.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
 - Proof must be five (or more) years old or have been established within five years of birth.
4. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form # 100-100-0100)**

Death Certificates:

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

- Personal fact(s) (minor spelling changes in name, date, or place of birth or residence) may be changed by affidavit (with proof) by the person officiating the ceremony.
- 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.
Health Officer

MAY 27 2014

XX00190198

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Revised 023a January 2012

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

DEATH COPY OF THIS DOCUMENT, CONTROLLED BY THE STATE REGISTER, WITH THE DEPARTMENT OF HEALTH AND WELFARE, IS THE OFFICIAL RECORD. IT IS NOT TO BE USED AS PROOF FOR ANY OTHER PURPOSE. THIS IS A COPY UNDER SECTION 1 AND 2 OF IDAHO LAW 19-1001.

Local Reg. No. _____

MORTICIAN: Complete Verifier and File Within 5 Days of Death	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) CLAUDINE F. FOWLER		2. SEX FEMALE		3. SOCIAL SECURITY NUMBER ██████████	
	4a. AGE - Last Birthday 92 (Years)		4b. UNDER 1 YEAR Months: _____ Days: _____		4c. UNDER 1 DAY Hours: _____ Minutes: _____	
	5. DATE OF BIRTH (Mo/Day/Yr) 09/09		6. BIRTHPLACE (City and State, Territory, or Foreign Country) TOPEKA, KANSAS			
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY WASHINGTON		7b. COUNTY ASOTIN		7c. CITY OR TOWN CLARKSTON	
	7d. STREET AND NUMBER 1386 SYCAMORE ST.		7e. APRT. NO.		7f. ZIP CODE 99403	
	7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, Not Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
	9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)		10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	11a. FATHER'S NAME (First, Middle, Last, Suffix) BILL COUSATTE		11b. BIRTHPLACE (State, Territory, or Foreign Country) OKLAHOMA		12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) GRACE FORD	
	12b. BIRTHPLACE (State, Territory, or Foreign Country) UNKNOWN		13a. INFORMANT'S NAME (Type or print) JUDY ALBRIGHT			
	13b. RELATIONSHIP TO DECEDENT DAUGHTER		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 454 LONGBRANCH RD. SIMI VALLEY, CA 93065			
CERTIFIER: Complete Within 72 Hours of Death	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		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY MERCHANT FUNERAL HOME 1000 SEVENTH STREET CLARKSTON, WASHINGTON 99403	
	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: GERALD E. BARTLOW		17b. LICENSE NUMBER (Of licensee) M0771		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	19a. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OCA <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)		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OCA <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) VALLEY VISTA CARE CENTER OF ST. MARIES		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE ST. MARIES, ID 83863		22. COUNTY OF DEATH BENEWAH	
	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) May 20, 2016		24. TIME OF DEATH (24hr) 22:58		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) May 20, 2016	
	26. TIME PRONOUNCED DEAD (24hr) 22:58		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. INANITION a. DUE TO (or as a consequence of): b. DUE TO (or as a consequence of): c. DUE TO (or as a consequence of): d. DUE TO (or as a consequence of):			
	28a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	29. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		30. IF FEMALE (Aged 10-54): <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year		31. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	
	32. DATE OF INJURY (Mo/Day/Yr) (Spell month)		33. TIME OF INJURY (24hr)		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	
	35. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____			
37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, Moped, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable. TRANSPORTATION: 37a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) _____ 37b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? INJURY ONLY: <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		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. <input type="checkbox"/> CORONER On the basis of examination and/or investigation of my patient's death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature and Title of Certifier: ELECTRONICALLY SIGNED: TERRY E. DAVENPORT, D.O.				
38b. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) TERRY E. DAVENPORT, 229 SOUTH EIGHTH STREET ST. MARIES, ID 83863		39a. LICENSE NUMBER: 0-06130		39c. DATE SIGNED 5 / 24 / 2016 MM DD, YYYY		
40a. REGISTRAR'S SIGNATURE <i>James B. Gillette</i>		40b. DATE SIGNED 5 / 24 / 2016 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: **MAY 25 2016**

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

James B. Gillette
JAMES B. AYDELOTTE
STATE REGISTRAR

52647



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1001738



000680350

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 Durost

Local Vital Statistics Registration Official

11/16/21

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CERTIFIED

FILED

2019 FEB -7 AM 10:22

MARGARET A. KELLEY
COUNTY CLERK
ASOTIN COUNTY, WA

SUPERIOR COURT OF WASHINGTON
IN AND FOR COUNTY OF ASOTIN

Estate of:

CLAUDINE F. FOWLER,

Deceased.

No. 19-4-00010-02

LETTERS TESTAMENTARY WITH
NONINTERVENTION POWERS

(RCW 11.28.090)

WHEREAS, the Last Will and Testament and Codicil to the Last Will and Testament of
CLAUDINE F. FOWLER, deceased, was on the 4th day of Feb. 2019, duly exhibited,
proven and recorded in our Superior Court;

WHEREAS, WILLIAM C. FOWLER is the person nominated as Alternate Personal
Representative in said Codicil to the Last Will and Testament following the death of her spouse,
THOMAS J. ANDRY;

WHEREAS, WILLIAM C. FOWLER, has petitioned this court to be appointed Personal
Representative thereof; and

WHEREAS, this court has entered an order granting nonintervention powers to the
Personal Representative;

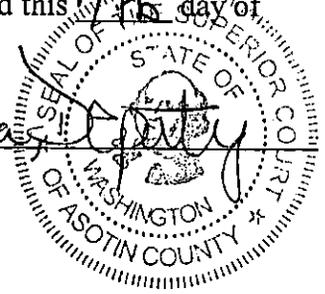
NOW, THEREFORE, know all men by these presents, that we do hereby authorize the
said WILLIAM C. FOWLER to execute the terms of the Will with nonintervention powers
according to law.

1 WITNESS my hand and seal of said court this 7th day of Feb., 2019.

2 WITNESS, TINA KERNAN

3 ~~Judge/Commissioner of our Superior Court, and the~~
4 Seal of said Court hereto affixed this 7th day of
5 Feb., 2019.

6 *Shelly K. Tardner*
7 Clerk of the Superior Court



Todd S. Richardson
Law Offices of Todd S. Richardson
604 6th Street
Clarkston, WA 99403
(509) 758-3397 - phone
(509) 758-3399 - fax

52647

STATE OF WASHINGTON)

: ss.

County of Asotin)

I, McKenzie A. Kelley, County Clerk of the County of Asotin, State of Washington, and ex-officio Clerk of the Superior Court of the State of Washington for Asotin County, do hereby certify that the within and foregoing is a full, true and correct copy of the Letters Testamentary and of the whole thereof, as the same are now on file and of record in the above-entitled cause in my office and custody. Said Letters have never been revoked and are still in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this Superior Court this 7th day of February, 2019.

County Clerk & Ex-officio
Clerk of the Superior Court

By Shelly O. Tarter
Deputy



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