

Real Estate Excise Tax Affidavit (RCW 82.45, WAC 458-61A)

Only for sales in a single location code on or after January 1, 2020.
This affidavit will not be accepted unless all areas on all pages are fully completed.
This form is your receipt when stamped by cashier. *Please type or print.*

Check box if the sale occurred in more than one location code.

Check box if partial sale, indicate % _____ sold.
List percentage of ownership acquired next to each name.

1 Seller/Grantor

Name Dennis Wallace Stuart
DIANE LYNN STUART
Mailing address 2530 Reservoir Rd.
City/state/zip Clarkston, WA 99403
Phone (including area code) _____

2 Buyer/Grantee

Name Diane Lynn Stuart
Mailing address 2530 Reservoir Rd.
City/state/zip Clarkston, WA 99403
Phone (including area code) 208-503-9649

3 Send all property tax correspondence to: Same as Buyer/Grantee

Name _____
Mailing address _____
City/state/zip _____

List all real and personal property tax parcel account numbers	Personal property?	Assessed value(s)
<u>11320019100020000</u>	<input type="checkbox"/>	<u>178,500</u> \$0.00
_____	<input type="checkbox"/>	\$0.00
_____	<input type="checkbox"/>	\$0.00

4 Street address of property 2530 Reservoir Rd., Clarkston, WA 99403

This property is located in Asotin (for unincorporated locations please select your county)

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 you need more space, attach a separate sheet to each page of the affidavit).

See Attached

5 11 - Household, single family units

Enter any additional codes _____
(see back of last page for instructions)

Was the seller receiving a property tax exemption or deferral under RCW 84.36, 84.37, or 84.38 (nonprofit org., senior citizen or disabled person, homeowner with limited income)? Yes No

Is this property predominantly used for timber (as classified under RCW 84.84 and 84.33) or agriculture (as classified under RCW 84.34.020)? See ETA 32.15. Yes No

If yes, complete the predominate use calculator (see instructions for section 5).

6 Is this property designated as forest land per RCW 84.33? Yes No

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

Is this property receiving special valuation as historical property per RCW 84.26? 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 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 signature _____ 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) doesn't wish to continue, all additional tax calculated pursuant to RCW 84.26, shall be due and payable by the seller or transferor at the time of sale.

(3) NEW OWNER(S) SIGNATURE

Signature Diane L Stuart Signature _____
Print name Diane L Stuart Print name _____

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

Signature of grantor or agent Diane L Stuart
Name (print) DIANE L STUART
Date & city of signing 12/17/20 Asotin

Signature of grantee or agent Diane L Stuart
Name (print) DIANE L STUART
Date & city of signing 12/17/20 Asotin

If claiming an exemption, list WAC number and reason for exemption.
WAC number (section/subsection) RCW 82.45.010(3)(a)
Reason for exemption 458-61A-202 (b) (h)
Surviving spouse inherited community property.

Type of document	<u>Lack of Probate Affidavit</u>
Date of document	<u>12-16-20</u>
Gross selling price	0.00
*Personal property (deduct)	0.00
Exemption claimed (deduct)	0.00
Taxable selling price	0.00
Excise tax: state	
Less than \$500,000.01 at 1.1%	0.00
From \$500,000.01 to \$1,500,000 at 1.28%	0.00
From \$1,500,000.01 to \$3,000,000 at 2.75%	0.00
Above \$3,000,000 at 3%	0.00
Agricultural and timberland at 1.28%	0.00
Total excise tax: state	0.00
<u>0.0075</u> Local	0.00
*Delinquent interest: state	0.00
Local	0.00
*Delinquent penalty	0.00
Subtotal	0.00
*State technology fee	5.00
Affidavit processing fee	5.00
Total due	10.00

0200
PAID
DEC 21 2020
ASOTIN COUNTY
TREASURER

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

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 \$5000, or by both imprisonment and fine (RCW 9A.20.020(1c)).

To ask about the availability of this publication in an alternate format for the visually impaired, please call 360-705-6705. Teletype (TTY) users may use the WA Relay Service by calling 711.

D. STUART
CLM 884 P

053791

Legal Description:

THAT PART OF SECTION 6 OF TOWNSHIP 10 NORTH, RANGE 46 EAST OF THE WILLAMETTE MERIDIAN, ASOTIN COUNTY, WASHINGTON, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE MONUMENT AT THE INTERSECTION OF CRITCHFIELD ROAD AND 6TH AVENUE; THENCE NORTH 89°04'44" WEST ALONG THE CENTERLINE OF 6TH AVENUE FOR A DISTANCE OF 1155.0 FEET; THENCE SOUTH 0°55'16" WEST FOR A DISTANCE OF 2155.0 FEET TO THE TRUE PLACE OF BEGINNING; THENCE CONTINUE SOUTH 0°55'16" WEST FOR A DISTANCE OF 130.0 FEET TO A POINT OF CURVE; THENCE DEFLECT LEFT 90° AND CONTINUE AROUND A CURVE TO THE LEFT WITH A RADIUS OF 85.85 FEET FOR A DISTANCE OF 67.08 FEET; THENCE NORTH 46°09' EAST FOR A DISTANCE OF 85.86 FEET TO A POINT OF CURVE; THENCE AROUND A CURVE TO THE LEFT WITH A RADIUS OF 62.85 FEET FOR A DISTANCE OF 49.61 FEET; THENCE NORTH 89°04'44" WEST FOR A DISTANCE OF 140.0 FEET TO THE TRUE PLACE OF BEGINNING.

Commonly known as 2530 Reservoir Road, Clarkston, Washington.

Asotin County Parcel ID: 11320019100020000

53791

LACK OF PROBATE AFFIDAVIT—COMMUNITY PROPERTY

STATE OF WASHINGTON)
) ss.
COUNTY OF ASOTIN)

Diane Lynn Stuart (a.k.a. DeeDee), being first duly sworn, declares as follows:

1. Status. I am the surviving spouse of Dennis Wallace Stuart, who died November 11, 2020, then a resident of Clarkston, Asotin County, Washington. A certified copy of his Death Certificate is attached to this Affidavit.
2. Real Property. Decedent left a community interest in the real property described as

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Decedent and I acquired the real property as community property by Warranty Deed dated February 28, 2002 and recorded under County Recording No. 258496.

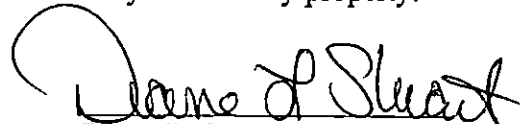
3. Decedent's Will and Probate. Decedent left a Will, a copy of which is attached to this Affidavit. The Will, although unrevoked at Decedent's death, was not offered for probate.

4. Character and Value of Decedent's Estate. The approximate value of Decedent's estate at death is as follows:

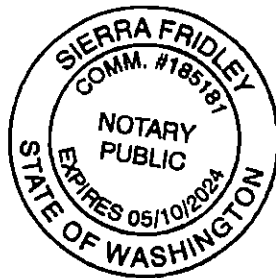
<u>Property</u>	<u>Approximate Value</u>
One-half share of community property	\$73,000.00
Separate property	\$0.00

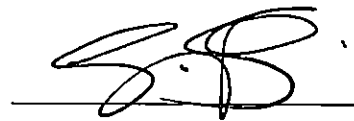
5. Decedent's Debts and Expenses. I have paid or assumed all of the debts and expenses (including expenses of last illness, funeral, and burial) of Decedent and the liabilities and other obligations of the marital community.
6. Federal Estate Tax. Decedent's estate was not liable for federal estate tax.
7. Washington Estate Tax. Decedent's estate was not liable for Washington estate tax.
8. Washington Assistance. Decedent was not liable for repayment for subsistence or medical care to the state of Washington.
9. Purpose of Affidavit. I am making this Affidavit to induce Alliance Title & Escrow, LLC, in reliance on the representations made in the Affidavit, to issue one or more policies of title insurance on the real property passing to me, as Decedent's surviving spouse, because the real property was Decedent's and my community property.

Date: 12/16/20


Diane L. Stuart
2530 Reservoir Road
Clarkston, WA 99403

SUBSCRIBED AND SWORN TO before me on 12/16/20





Notary Public in and for the
State of Washington
Residing in Clarkston
My commission expires May 10, 2024

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 11/17/2020
FEE NUMBER:

CERTIFICATE NUMBER: 2020-052672

FIRST AND MIDDLE NAME(S): DENNIS WALLACE
LAST NAME(S): STUART

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: NOVEMBER 11, 2020
HOUR OF DEATH: 01:00 PM
SEX: MALE AGE: 79 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 2530 RESERVOIR RD
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

RESIDENCE STREET: 2530 RESERVOIR RD
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: POCATELLO, ID

FATHER: WALLACE J STUART
MOTHER: EVELYN PEARL MILES

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: DIANE LYNN STEWART

METHOD OF DISPOSITION: REMOVAL FROM STATE
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

OCCUPATION: CRAFTSMAN
INDUSTRY: CANVASES & LEATHER WORK
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: NO

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: NOVEMBER 16, 2020

INFORMANT: DIANE STUART
RELATIONSHIP: WIFE
ADDRESS: 2530 RESERVOIR RD, CLARKSTON WA, 99403

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME

ADDRESS: 3521 7TH STREET
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
FUNERAL DIRECTOR: RICHARD LASSITER

CAUSE OF DEATH:
A: CONGESTIVE HEART FAILURE
INTERVAL: 10 YEARS
B: CORONARY ARTERY DISEASE
INTERVAL: UNKNOWN
C:
INTERVAL:
D:
INTERVAL:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSE

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC OBSTRUCTIVE
PULMONARY DISEASE, TYPE 2 DIABETES

CERTIFIER NAME: ELIZABETH N. BLACK, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1271 HIGHLAND AVE STE B
CITY, STATE, ZIP: CLARKSTON, WA 99403
DATE SIGNED: NOVEMBER 13, 2020

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

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

LOCATION OF INJURY:

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

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: NOVEMBER 13, 2020

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE



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
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Required information must match current information on record

Required	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 Birth 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: PO 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: Date:	Printed name: 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 using this form, 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 422-032)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. 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). 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 422-034 January 2015

CERTIFIED

NOV 17 2020

Glenn Houser MD
 Dr. Glenn Houser
 Health District Officer
 Garfield County Health District



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.



0 3 2 1 9 1 1 2

**LAST WILL
OF
DENNIS W. STUART**

I, DENNIS W. STUART, of CLARKSTON, Washington, being of sound mind, revoke all previous Wills and Codicils I may have made and make this my Will.

**ARTICLE I
FAMILY INFORMATION**

A. *Marital Status.* I am married to DIANE L. STUART, who is referred to in this Will as my "spouse."

B. *My Children.* My children are SCOTT D. STUART and MICHELLE STUART. References in this Will to my "children" shall refer to all children of mine whether born or adopted subsequent to the date of this Will.

**ARTICLE II
PAYMENT OF MY FINAL DEBTS AND EXPENSES**

Upon my death, I direct that my Personal Representative shall pay out of the residuary of my estate all (a) legally enforceable debts, except debts which are a lien or encumbrance on property as security for payment of a loan, (b) expenses of last illness and funeral, (c) administration expenses payable by reason of my death, and (d) estate and inheritance taxes (including interest and penalties, if any) payable in any jurisdiction by reason of my death, as soon as practicable after my death, without apportionment to any beneficiary.

**ARTICLE III
DISTRIBUTION OF MY TANGIBLE PERSONAL PROPERTY**

I give certain items of tangible personal property (items such as family heirlooms, furniture, vehicles, household goods, collectibles, and jewelry) in accordance with a written list which I intend to leave at my death with this Will.

If there is more than one such written list, all shall be given effect. However, to the extent there are any inconsistencies between such written lists, the last dated written list shall control the disposition of any such item. All gifts shall be net gifts after payment of all taxes, debts and expenses of my estate.

If no such written list is found with this Will, then this provision shall be of no effect. Any tangible personal property that is not otherwise disposed of by this Article shall be distributed to my spouse, if living, otherwise disposed of in the discretion of my Personal Representative with the proceeds of any sale added to my residuary estate to be held or distributed in accordance with Article V of this Will.

ARTICLE IV
DISTRIBUTION OF SPECIFIC BEQUESTS

I have not provided for any specific gifts under the provisions of this Will.

ARTICLE V
DISTRIBUTION OF MY RESIDUARY ESTATE

Upon my death, I direct that my residuary estate (everything that I own at my death that is subject to this Will and remains after payment of debts and expenses and that has not been left as a specific gift) be distributed as follows:

- A. *Spouse.* I direct that my residuary estate be distributed to my spouse, if living.
- B. *Children.* If my spouse does not survive me, then I give my residuary estate to my children in equal shares. If a child of mine predeceases me, this child's share shall be distributed to the deceased child's children, in equal shares, per stirpes. If a child of mine predeceases me leaving no surviving descendants, the child's share shall be distributed in equal shares to my other children, per stirpes. Each share shall be distributed to such beneficiary outright and free of any trust.
- C. *Disaster Clause.* If any portion of my residuary estate is not effectively disposed of under the provisions of this Will, then I direct my Personal Representative to distribute such portion of my residuary estate as follows:

100% share to SHAWN S. STUART, if living.

ARTICLE VI
APPOINTMENT OF PERSONAL REPRESENTATIVE

A. *Personal Representative.* I nominate DIANE L. STUART to serve as Personal Representative(s). Should such person(s) fail or refuse to serve as Personal Representative, I nominate SCOTT D. STUART to serve as Successor Personal Representative. For all purposes of this Will, the term "Personal Representative" shall mean any executor or administrator, as applicable, if such other term is used in the statutes of the applicable jurisdiction.


B. *Powers of Personal Representative.* My fiduciaries shall have all of the powers conferred upon fiduciaries under the applicable state law and Internal Revenue Code in effect on my death, in each case to be exercised in the discretion of my fiduciaries and without order of Court including the power to sell real estate. I direct that my fiduciaries shall be permitted to serve without bond.

C. *Compensation of Personal Representative.* My Personal Representative shall be entitled to receive from my estate fair and reasonable compensation for services rendered as Personal Representative as well as reimbursement for all reasonable expenses incurred in the management, protection, and distribution of my estate.

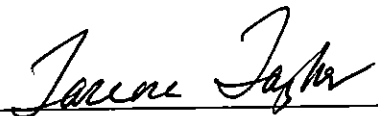
ARTICLE VII
GOVERNING LAW

I direct that all questions pertaining to the validity, construction, and administration of this Will shall be determined in accordance with the laws of the State of Washington.

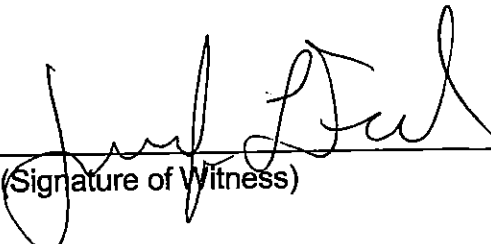
I, DENNIS W. STUART, do hereby declare that I sign and execute this instrument as my Last Will, that I sign it willingly in the presence of each of the undersigned witnesses, and that I execute it as my free and voluntary act for the purposes herein expressed, on December 13, 2019.


_____ **DENNIS W. STUART**, Testator

The foregoing instrument, was subscribed at the end thereof by DENNIS W. STUART, the Testator, on December 13, 2019, and by the Testator signed, sealed, published and declared to be the Testator's Last Will and Testament, in the presence of us and each of us, who thereupon, at the Testator's request, in the Testator's presence, and in the presence of each other, have hereunto subscribed our names as attesting witnesses thereto.


_____ **Joanne Taylor**
(Signature of Witness)

Tarina Taylor
(Printed Name of Witness)


_____ **Jennifer LaFord**
(Signature of Witness)

Jennifer LaFord
(Printed Name of Witness)

AFFIDAVIT

State of Washington)
) ss.
County of Asotin)

Before me, the undersigned authority, on this day personally appeared, DENNIS W. STUART, Tarina Taylor and Jennifer LaFord known to me to be the Testator and the witnesses, respectively, whose names are signed to the attached or foregoing instrument and, all of these persons being by me first duly sworn DENNIS W. STUART, the Testator, declared to me and to the witnesses in my presence that the instrument is the Testator's last will and that had willingly signed or directed another to sign for the Testator, and that the Testator executed it as a free and voluntary act for the purposes therein expressed; and each of the witnesses stated to me, in the presence and hearing of the Testator, that the witness signed the will as witness and that to the best of the witness' knowledge the Testator was eighteen (18) years of age or over, of sound mind and under no constraint or undue influence.

[Signature]
DENNIS W. STUART, Testator

[Signature]
(Signature of Witness)

Tarina Taylor
(Printed Name of Witness)

[Signature]
(Signature of Witness)

Jennifer LaFord
(Printed Name of Witness)

Subscribed, sworn and acknowledged before me by DENNIS W. STUART, the Testator, subscribed and sworn before me by ~~Star~~ Tarina Taylor and Jennifer LaFord, witnesses, on December 13, 2019.



[Signature]
NOTARY PUBLIC