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**LACK OF PROBATE AFFIDAVIT
STATE OF WASHINGTON
FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, OR JOINT TENANCY PROPERTY**

Title Insurance Commitment No: 633143

STATE OF Washington)
 SS:
COUNTY OF Asotin)

(herein, "Affiant"), being first duly sworn, on oath deposes and says:

That Affiant is (check one):

- ☐ the lawful surviving spouse of the Decedent
☒ Surviving child of the Decedent
☐ Registered domestic partner of the Decedent
☐ One of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on _____ [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington,
☐ other (identify): _____

All with respect to the estate of Gary A. Babino (herein "Decedent"), who died on 10/14/21, in the County of Asotin, State of WA, then being a resident of the City of Clarkston, County of ~~WA~~ Asotin, State of ~~WA~~ WA (A copy of the death certificate is attached hereto.)

That Affiant has herein below identified each and all of the heirs at law and next of kin of decedent, including but not limited to children, adopted children, the issue of any predeceased child or adopted child (if decedent left no surviving children, then Affiant has listed below all of the surviving parents, brothers and sisters of decedent), spouse, registered domestic partner, and *including all parties who would have been heirs at law if the decedent had not been married or a registered domestic partner on the date of death:*

That the heirs at law and next of kin of the decedent are (list all parties, using the reverse side or attaching a list if necessary):

56001

Name & relationship Brigette Harris Daughter
Address: 1343 Poplar Street, Clarkston, WA 99403 (FWD)
Name & relationship _____
Address: _____
Name & relationship _____
Address: _____
Name & relationship _____
Address: _____

That among items of real property owned by the Decedent at the time of death was real estate located in
Asotin County, Washington, and described in the above referenced Title Insurance
Commitment.

As to the Decedent, said real estate was [check one]

- ☒ Community property
☐ Separate property
☐ Joint tenancy property

CHECK ALL BOXES WHICH APPLY IN EACH SECTION:

1. That on the date the real property was purchased the Decedent was:
☒ married to Mary B. Babino
☐ unmarried, not a registered domestic partner
☐ unmarried, a registered domestic partner of _____
2. That on the date of death the Decedent was
☒ married to Mary B. Babino
☐ unmarried, not a registered domestic partner
☐ unmarried, a registered domestic partner of _____
3. ☐ That the decedent left a Will, a copy of which is attached hereto.
☒ That the decedent left no Will.
☐ That the decedent executed a Community Property Agreement. It was recorded under _____
County recording number _____. (if unrecorded, attach a copy)
4. ☒ That the decedent's estate is not being probated.

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☐ That the decedent's estate is subject to probate proceedings in _____ County, State of _____, under Probate No. _____

5. ☒ That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.
☐ That State and/or Federal succession or inheritance taxes in the amount of \$_____ have been paid. Copies of the release/discharge are attached hereto.
☐ That State and/or Federal succession or inheritance taxes are due, but have not been paid.
5. ☒ That the decedent has not received assistance from the State of Washington for medical care.
☐ That the decedent has received assistance from the State of Washington for medical care.
☐ That the State of Washington has been fully reimbursed for assistance for medical care.

That, with respect to the property, if any, owned by the Decedent in joint tenancy as described above, at all times from the time of the execution of the instrument by which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the above described joint tenancy property was held in joint tenancy, and that the interest of no one or more of said joint tenants has ever been conveyed, encumbered or otherwise separated from the interest of the other joint tenant(s), either voluntarily or involuntarily, whether by specific act or by operation of law; and that said joint tenancy continued in full force until the death of the Decedent with respect to the interest of the Decedent and, if there are two or more surviving joint tenants, including the Affiant, the joint tenancy continues with respect to the interests of the said surviving joint tenants.

That Affiant knows of the Affiant's own knowledge, and so states, that each and all of the obligations against the estate of said Decedent (including, but not limited to: all the debts of decedent; all of the expenses of Decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon Decedent's estate, if applicable) have been paid in full, except as follows (use reverse side or attach a list if necessary): _____

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ 190,000, including the value of community property of Decedent and Decedent's surviving spouse, if any, of approximately \$ 190,000, and including the value of Decedent's separate property, if any, of approximately \$ 0 and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ 0.

This affidavit is made to induce Chicago TITLE INSURANCE COMPANY (the Company) to insure real property covered by the Company's order number set forth above, in which Decedent held an interest at the time of the Decedent's death. Affiant urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein. The Affiant, for the Affiant and for the Affiant's heirs, executors and administrators, covenants to indemnify said Company or any other person, including a purchaser of said real estate, for any loss arising from reliance on any misstatement of fact herein.

DATED: April 18, 2023

Briette Harris
(Signature)

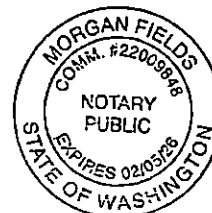
Briette Harris
(Print or type Affiant's full name)

503-739-6386
(Full address and telephone number)

1343 Poplar St. Clarkston, WA 99403 (FWD)

SUBSCRIBED and SWORN TO before me this 18th day of April, 2023

[Signature]
Notary Public in and for the State of
Washington, residing at Lewiston, ID



56001



STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



DATE ISSUED: 10/15/2021
FEE NUMBER:

CERTIFICATE NUMBER: 2021-051797

FIRST AND MIDDLE NAME(S): GARY ALBERT
LAST NAME(S): BABINO

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: OCTOBER 14, 2021
HOUR OF DEATH: 07:00 AM

SEX: MALE AGE: 74 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: JUNE 24, 1947
BIRTH PLACE: BEAR CREEK, WI

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: MEATCUTTER
INDUSTRY: GROCERY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: BRIGETTE A HARRIS
RELATIONSHIP: DAUGHTER
ADDRESS: 1343 POPLAR STREET - CLARKSTON, WASHINGTON 99403

CAUSE OF DEATH:
A: CORONARY ARTERY DISEASE
INTERVAL: YEARS

B: INTERVAL:

C: INTERVAL:

D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC OBSTRUCTIVE LUNG
FAILURE TO THRIVE

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

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 1343 POPLAR STREET
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 1343 POPLAR STREET
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: YES COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: VICTOR C BABINO
MOTHER: ERIA E GATES

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

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: OCTOBER 14, 2021

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES
LLC

ADDRESS: PO BOX 107
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
FUNERAL DIRECTOR: RICHARD LASSITER

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

CERTIFIER NAME: CHERYL A. LOETSCHER, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 1522 17TH STREET
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
DATE SIGNED: OCTOBER 14, 2021

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: CHERYL LOETSCHER, ARNP

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: OCTOBER 14, 2021

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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			
Required	Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ 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 Person on Record: ☐ Self ☐ Guardian ☐ Informant ☐ Hospital ☐ Parent(s) ☐ Funeral Director ☐ 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 foregoing is true and correct			
16a. Signature:		16b. Signature of 2nd 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



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

CERTIFIED

OCT 15 2021

Dr. Daniel Kaminsky
 Dr. Daniel Kaminsky
 Health District Officer
 Garfield County Health District



03219888

Title Insurance Commitment No: 633143

That Affiant is (check one):

- All with respect to the estate of Mary B. Babino (herein "Decedent"), who died on 6/29/17, in the County of Nez Perce, State of ID, then being a resident of the City of Clarkston, County of Asotin, State of WA. (A copy of the death certificate is attached hereto.)

That the heirs at law and next of kin of the decedent are (list all parties, using the reverse side or attaching a list if necessary):

Name & relationship Briette Harris - Daughter
Address: 1343 Poplar St. Clarkston, WA 99403 (FWD)
Name & relationship _____
Address: _____
Name & relationship _____
Address: _____
Name & relationship _____
Address: _____

That among items of real property owned by the Decedent at the time of death was real estate located in
Asotin County, Washington, and described in the above referenced Title Insurance
Commitment.

As to the Decedent, said real estate was [check one]

- ☒ Community property
☐ Separate property
☐ Joint tenancy property

CHECK ALL BOXES WHICH APPLY IN EACH SECTION:

1. That on the date the real property was purchased the Decedent was:
☒ married to Gary A. Babino
☐ unmarried, not a registered domestic partner
☐ unmarried, a registered domestic partner of _____
2. That on the date of death the Decedent was
☒ married to Gary A. Babino
☐ unmarried, not a registered domestic partner
☐ unmarried, a registered domestic partner of _____
3. ☐ That the decedent left a Will, a copy of which is attached hereto.
☐ That the decedent left no Will.
☐ That the decedent executed a Community Property Agreement. It was recorded under _____
County recording number _____. (if unrecorded, attach a copy)
4. ☐ That the decedent's estate is not being probated.

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☐ That the decedent's estate is subject to probate proceedings in _____ County, State of _____, under Probate No. _____

5. ☒ That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.
- ☐ That State and/or Federal succession or inheritance taxes in the amount of \$ _____ have been paid. Copies of the release/discharge are attached hereto.
- ☐ That State and/or Federal succession or inheritance taxes are due, but have not been paid.
5. ☒ That the decedent has not received assistance from the State of Washington for medical care.
- ☐ That the decedent has received assistance from the State of Washington for medical care.
- ☐ That the State of Washington has been fully reimbursed for assistance for medical care.

That, with respect to the property, if any, owned by the Decedent in joint tenancy as described above, at all times from the time of the execution of the instrument by which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the above described joint tenancy property was held in joint tenancy, and that the interest of no one or more of said joint tenants has ever been conveyed, encumbered or otherwise separated from the interest of the other joint tenant(s), either voluntarily or involuntarily, whether by specific act or by operation of law; and that said joint tenancy continued in full force until the death of the Decedent with respect to the interest of the Decedent and, if there are two or more surviving joint tenants, including the Affiant, the joint tenancy continues with respect to the interests of the said surviving joint tenants.

That Affiant knows of the Affiant's own knowledge, and so states, that each and all of the obligations against the estate of said Decedent (including, but not limited to: all the debts of decedent; all of the expenses of Decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon Decedent's estate, if applicable) have been paid in full, except as follows (use reverse side or attach a list if necessary): _____

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That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ 190,000, including the value of community property of Decedent and Decedent's surviving spouse, if any, of approximately \$ 190,000, and including the value of Decedent's separate property, if any, of approximately \$ 0, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ 0.

This affidavit is made to induce Chicago TITLE INSURANCE COMPANY (the Company) to insure real property covered by the Company's order number set forth above, in which Decedent held an interest at the time of the Decedent's death. Affiant urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein. The Affiant, for the Affiant and for the Affiant's heirs, executors and administrators, covenants to indemnify said Company or any other person, including a purchaser of said real estate, for any loss arising from reliance on any misstatement of fact herein.

DATED: April 18, 2023

Brigitte Harris

(Signature)

Brigitte Harris

(Print or type Affiant's full name)

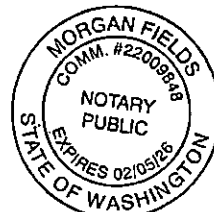
503-739-6386

(Full address and telephone number)

1343 Poplar St Clarkston, WA 99403(FND)

SUBSCRIBED and SWORN TO before me this 18th day of April, 2023

[Signature]
Notary Public in and for the State of
Washington, residing at Lewiston, ID



56001

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JAMES B. AYELLOTT
STATE REGISTRAR

DATE ISSUED: JUL 05 2017

This is a true and correct reproduction of the original record as filed with the Idaho Bureau of Vital Records and Health Statistics.

REGISTRAR'S SIGNATURE
JAMES B. AYELLOTT
JUL 05 2017

REGISTRATION NUMBER
123456789

DATE OF BIRTH
JUL 05 2017

PLACE OF BIRTH
MAGALENA GREENE, 416 SOUTH STREET, LEVISTON, ID 83501

DATE OF DEATH
JUL 05 2017

PLACE OF DEATH
MAGALENA GREENE, 416 SOUTH STREET, LEVISTON, ID 83501

CAUSE OF DEATH
1. ELECTRONICALLY FILED: GARY B. BABINO
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STATE OF IDAHO
CERTIFICATION OF VITAL RECORD
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS



000864673

STATE OF IDAHO County of Lewiston

This copy of a death certificate was issued
by the District Health Department on behalf of
the Bureau of Vital Records and Health
Statistics.

Pauline Durst

Local Vital Statistics Registration Official

56001