

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

Only for sales in a single location code on or after April 1, 2024.
This affidavit will not be accepted unless all areas on all pages are fully and accurately completed.
This form is your receipt when stamped by cashier. *Please type or print.*

Check box if partial sale, indicate % _____ sold.

List percentage of ownership acquired next to each name.

1 Seller/Grantor
Name COLLEEN M. BARNETT, Successor Trustee of
The WEISSENFELS 1994 REVOCABLE LIVING TRUST
Mailing address 4814 White Dr.,
City/state/zip Richland, Washington 99352
Phone (including area code) (509) 528-8281

2 Buyer/Grantee
Name COLLEEN M. MURDOCK,
a married person, as her sole and separate property
Mailing address 4814 White Dr.,
City/state/zip Richland, Washington 99352
Phone (including area code) (509) 528-8281

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>3 007 45 010 1200 0000</u>	<input type="checkbox"/>	<u>\$ 2,600.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>
_____	<input type="checkbox"/>	<u>\$ 0.00</u>

4 Street address of property 2420 Smyth Road, Asotin County, Washington
This property is located in Asotin County (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).

Northwest Quarter of the Northeast Quarter (NW1/4 NE1/4) Section 10, Township 7, North of Range 45, East of the Willamette Meridian.

5 99 - Other undeveloped land
Enter any additional codes _____
(see back of last page for instructions)

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

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 predominately used for timber (as classified under RCW 84.34 and 84.33) or agriculture (as classified under RCW 84.34.020) and will continue in it's current use? If yes and the transfer involves multiple parcels with different classifications, complete the predominate use calculator (see instructions) Yes No

If claiming an exemption, enter exemption code WAC
exemption. *See dor.wa.gov/REET for exemption 458-61A-202 (1)
WAC number (section/subsection) WAC 458-61A-202 (1)(b)(e)
Reason for exemption
Administration and Distribution of Trust Estate (Inheritance)

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

Type of document	Gross selling price
<u>GRANT DEED BY SUCCESSOR TRUSTEE</u>	<u>0.00</u>
Date of document <u>4-9-24</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
	Less than \$525,000.01 at 1.1% <u>0.00</u>
	From \$525,000.01 to \$1,525,000 at 1.28% <u>0.00</u>
	From \$1,525,000.01 to \$3,025,000 at 2.75% <u>0.00</u>
	Above \$3,025,000 at 3% <u>0.00</u>
	Agricultural and timberland at 1.28% <u>0.00</u>
	Total excise tax: state <u>0.00</u>
	0.0025 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>
	Affidavit processing fee <u>5.00</u>
	Total due <u>10.00</u>

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 _____ Signature _____
Print name _____ Print name _____

8 I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT
Signature of grantor or agent Colleen M Barnett Signature of grantee or agent Colleen M Murdock
Name (print) COLLEEN M. BARNETT, Successor Trustee Name (print) COLLEEN M. MURDOCK
Date & city of signing 4/9/2024; Kennewick, WA Date & city of signing 4/9/2024; Kennewick, WA

Perjury in the second degree is a class C felony which is punishable by confinement in a state correctional institution for a maximum term of five years, or by a fine in an amount fixed by the court of not more than \$10,000, or by both such confinement and fine (RCW 9A.72.030 and RCW 9A.20.021(1)(c)).
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.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-008923

DATE ISSUED: 04/01/2015

FEE NUMBER: 0030201116

GIVEN NAMES: LAVERNE MAY
LAST NAME: WEISSENFELS

COUNTY OF DEATH: BENTON
DATE OF DEATH: MARCH 30, 2015
HOUR OF DEATH: 10:25 A.M.
SEX: FEMALE
AGE: 85 YEARS

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: KADLEC REGIONAL MEDICAL CENTER
CITY, STATE, ZIP: RICHLAND, WASHINGTON 99352

RESIDENCE STREET: 1613 BUTTERNUT AVE
CITY, STATE, ZIP: RICHLAND, WASHINGTON 99354
INSIDE CITY LIMITS? YES

COUNTY: BENTON
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 19 YEARS

FATHER: FRANK CARL KRUSE
MOTHER: BERTHA MAY ALLBRIGHT

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: SUNSET MEMORIAL GARDENS
CITY, STATE: RICHLAND, WA
DISPOSITION DATE: APRIL 07, 2015

FUNERAL FACILITY: EINAN'S DESERET MEMORIAL CHAPEL
ADDRESS: P O BOX 90
CITY, STATE, ZIP: RICHLAND WA 99352
FUNERAL DIRECTOR: ASHLEY N LATHAM

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: APRIL 11, 1929
BIRTHPLACE: ASOTIN, ASOTIN CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: KENNETH F WEISSENFELS

OCCUPATION: CASHIER/CLERK
INDUSTRY: GROCERY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

INFORMANT: KENNETH F WEISSENFELS
RELATIONSHIP: HUSBAND
ADDRESS: 1613 BUTTERNUT AVE, RICHLAND, WA 99354

- CAUSE OF DEATH:
- A. MULTI ORGAN FAILURE
INTERVAL: DAYS
 - B. MOTOR VEHICLE ACCIDENT
INTERVAL: DAYS
 - C. INTERVAL:
 - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: MARCH 13, 2015
HOUR OF INJURY: 06:00 A.M. PRESUMED
INJURY AT WORK? NO
PLACE OF INJURY: STREET

LOCATION OF INJURY: UNKNOWN

CITY, STATE, ZIP: UNKNOWN
COUNTY:

DESCRIBE HOW INJURY OCCURRED:
THE PATIENT WAS STRUCK BY A MOTORCYCLE DRIVING 40
MILES PER HOUR WHILE CROSSING THE STREET.

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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

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

CERTIFIER NAME: DANY GHANNAM, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 888 SWIFT BLVD
CITY, STATE, ZIP: RICHLAND WA 99352
DATE SIGNED: MARCH 30, 2015



CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NJA
ATTENDING PHYSICIAN:
DANY GHANNAM MD

LOCAL DEPUTY REGISTRAR:
SUSANA MARTINEZ
DATE RECEIVED: MARCH 31, 2015

56763

DOH 01-003 (1/14)



Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300
www.doh.wa.gov

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: _____

4. Father/Parent Full Birth Name _____ 5. Mother/Parent Full Birth Name _____

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: _____
(Printed Name)

All vital records are registered as received. Most changes must be established by documentary proof submitted with the affidavit. We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.

Examples of acceptable documentary proof:

Birth Record	Numident Report (Social Security Administration)	School Transcripts (Official)
Certificate of Naturalization	Marriage/Divorce Record	Alien Registration (front and back)
Military Record (DD-214)	Life Insurance Policy	
Passport	Hospital /Medical Record	

Birth Certificates

- Only a parent, legal guardian (if the child is under 18), or the named individual (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/parent full birth name, father/parent full birth 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 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.
- 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, 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
 - 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 DOH 422-032)

Death Certificates

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

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.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH 422-034 January 2014

CERTIFIED

56763 APR 01 2015

Amy D. Person
Amy D. Person, M.D.

Benton-Franklin County Health District

AA00063573

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-021575

DATE ISSUED: 05/04/2023
FEE NUMBER: 0201-116

FIRST AND MIDDLE NAME(S): KENNETH FLOYD
LAST NAME(S): WEISSENFELS

COUNTY OF DEATH: FRANKLIN
DATE OF DEATH: APRIL 28, 2023
HOUR OF DEATH: 09:28 PM
SEX: MALE AGE: 95 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: LOURDES MEDICAL CENTER
CITY, STATE, ZIP: PASCO, WASHINGTON 99301

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

RESIDENCE STREET: 1613 BUTTERNUT AVE
CITY, STATE, ZIP: RICHLAND, WA 99354
INSIDE CITY LIMITS: YES COUNTY: BENTON
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 28 YEARS

BIRTH DATE: MARCH 29, 1928
BIRTHPLACE: ANATONE, WA

FATHER: WILLIAM WEISSENFELS
MOTHER: BARBARA KIEIESECKER

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: SUNSET MEMORIAL GARDENS

OCCUPATION: LABORER
INDUSTRY: NUCLEAR
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

CITY, STATE: RICHLAND, WASHINGTON
DISPOSITION DATE: MAY 15, 2023

INFORMANT: COLLEEN BARNETT
RELATIONSHIP: DAUGHTER
ADDRESS: 4814 WHITE DRIVE RICHLAND WA 99352

FUNERAL FACILITY: EINAN'S DESERET MEMORIAL CHAPEL

ADDRESS: P O BOX 90
CITY, STATE, ZIP: RICHLAND, WASHINGTON 99352
FUNERAL DIRECTOR: HOLLEY SOWARDS

- CAUSE OF DEATH:
- A: ASPIRATION PNEUMONIA
INTERVAL: DAYS
 - B: ACUTE ENCEPHALOPATHY
INTERVAL: DAYS
 - C:
INTERVAL:
 - D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

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

CERTIFIER NAME: REJEESH MENON, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 520 N 4TH AVENUE
CITY, STATE, ZIP: PASCO, WASHINGTON 99301
DATE SIGNED: MAY 02, 2023

LOCATION OF INJURY:

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

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: SUSANA MARTINEZ
DATE RECEIVED: MAY 03, 2023

56763

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 Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital- <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 currently shows:		The true fact is:	
8.		9.	
10.		11.	
12.		13.	

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

14a. Signature:	14b. Signature of 2 nd parent (if required):
Printed name: Date:	Printed name: Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Copy of Passport / Enhanced ID
- Green/Permanent Resident card (I-551)

You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

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. Proof documentation must be five or more years old or established within five years of birth.
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

Child under 18

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required.
- To correct the sex of the child, one proof documentation 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 proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation 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.

Death Certificates

1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified 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 proof documentation.
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.



CERTIFIED

MAY 04 2023

56713

Larry D. Jecha, M.D.
Benton-Franklin County Health District



0 6 0 1 3 4 4 5

NOTICE OF IMMEDIATE APPOINTMENT OF CO-TRUSTEE

This Agreement is made this 2nd day of July, 2019, by and between Kenneth Floyd Weissenfels, as Co-Grantor and Trustee of THE WEISSENFELS 1994 REVOCABLE LIVING TRUST, dated April 27, 1994; and by Colleen M. Barnett, as successor Trustee of THE WEISSENFELS 1994 REVOCABLE LIVING TRUST.

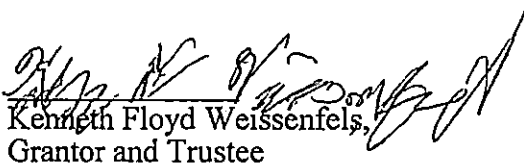
Pursuant to ARTICLE FIVE, Paragraph H. of THE WEISSENFELS 1994 REVOCABLE LIVING TRUST, upon the death, incapacity or resignation of both Kenneth Floyd Weissenfels and Laverne May Weissenfels as Co-Trustees of the said Trust, then Ron D. Weissenfels is appointed as successor Trustee of THE WEISSENFELS 1994 REVOCABLE LIVING TRUST; and upon the death, incapacity or resignation of Ron D. Weissenfels as Trustee of the said Trust, then Colleen M. Barnett is designated as successor Trustee of THE WEISSENFELS 1994 REVOCABLE LIVING TRUST.

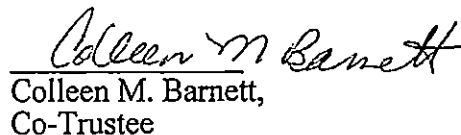
Laverne May Weissenfels passed away on March 30, 2015; pursuant to the said Trust Agreement, Kenneth Floyd Weissenfels continues as (Successor) Trustee of THE WEISSENFELS 1994 REVOCABLE LIVING TRUST. On May 26, 2015, Kenneth Floyd Weissenfels appointed Ron D. Weissenfels as Co-Trustee of THE WEISSENFELS 1994 REVOCABLE LIVING TRUST (with Kenneth Floyd Weissenfels as Co-Trustee); however, Ron D. Weissenfels subsequently passed away on September 6, 2015, and Kenneth Floyd Weissenfels has continued to act as Trustee of THE WEISSENFELS 1994 REVOCABLE LIVING TRUST since that date.

Kenneth Floyd Weissenfels does hereby ratify and consent to the immediate appointment of Colleen M. Barnett as Co-Trustee of THE WEISSENFELS 1994 REVOCABLE LIVING TRUST (with Kenneth Floyd Weissenfels as Co-Trustee), with all authority appurtenant thereto, **WITH EACH CO-TRUSTEE HAVING AUTHORITY TO ACT INDEPENDENTLY OF THE OTHER CO-TRUSTEE.**

And the said Colleen M. Barnett hereby consents to her immediate appointment as Co-Trustee of THE WEISSENFELS 1994 REVOCABLE LIVING TRUST, with all authority appurtenant thereto, and hereby agrees to perform the duties of Trustee (with Kenneth Floyd Weissenfels as Co-Trustee) in accordance with the said WEISSENFELS 1994 REVOCABLE LIVING TRUST, dated March 8, 1994, and first amended October 20, 1999, or as it may from time to time be hereafter amended, **WITH EACH CO-TRUSTEE HAVING AUTHORITY TO ACT INDEPENDENTLY OF THE OTHER CO-TRUSTEE.**

IN WITNESS WHEREOF, the parties have hereunto set their hands the day and year first above written.

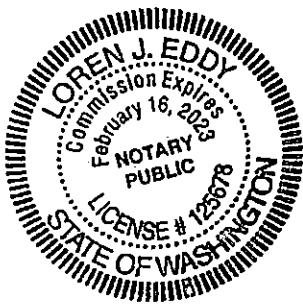

Kenneth Floyd Weissenfels,
Grantor and Trustee


Colleen M. Barnett,
Co-Trustee

STATE OF WASHINGTON)
County of Benton) ss.

This is to certify that on this 2nd day of July, 2019, before me, the undersigned, a Notary Public in and for the State of Washington duly commissioned and sworn, personally came Kenneth Floyd Weissenfels to me known to be the individual described in and who executed the within instrument, and acknowledged to me that he signed and sealed the same as his free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal the day and year in this certificate first above written.



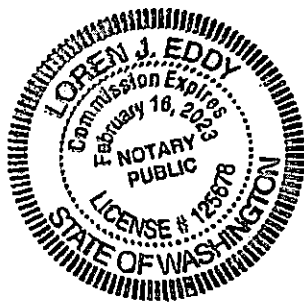
[Signature]

Notary Public in and for said State,
residing at Richland therein.
My Commission Expires: February 16, 2023
(SEAL)

STATE OF WASHINGTON)
County of Benton) ss.

This is to certify that on this 2nd day of July, 2019, before me, the undersigned, a Notary Public in and for the State of Washington duly commissioned and sworn, personally came Colleen M. Barnett to me known to be the individual described in and who executed the within instrument, and acknowledged to me that she signed and sealed the same as her free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal the day and year in this certificate first above written.



[Signature]

Notary Public in and for said State,
residing at Richland therein.
My Commission Expires: February 16, 2023
(SEAL)

5/6/7/6/3