

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

Notice of Change in Water Right Ownership

RECEIVED

NOV 27 2015

1. List the numbers of all water rights and/or adjudication claim records to be changed. If you only acquired a portion of the water right or adjudication claim, check "Yes" in the "Split?" column. IDWR/NORTHERN

Water Right/Claim No.	Split?	Water Right/Claim No.	Split?	Water Right/Claim No.	Split?
95-267	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name: Clyde R and Marjanna M Denniston

Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): Clyde and Marjanna Denniston Living Trust

New owner(s) as listed on the conveyance document

Name connector ☐ and ☐ or ☐ and/or

21328 NE 79th Street

Redmond

WA

98053

Mailing address

City

State

ZIP

425-698-3175

Peterden@live.com

Telephone

Email

4. If the water rights and/or adjudication claims were split, how did the division occur?
- ☐ The water rights or claims were divided as specifically identified in a deed, contract, or other conveyance document.
- ☐ The water rights or claims were divided proportionately based on the portion of their place(s) of use acquired by the new owner.
5. Date you acquired the water rights and/or claims listed above: 1/23/1908
6. If the water right described herein has been rented from the Water Supply Bank, rental proceeds will be disbursed in the following manner regardless of any arrangements between the buyer(s) and seller(s) to the contrary:
- Rental payments will go to the lessor(s) of record at the beginning of the rental season.
 - If a change in ownership is processed by the Department during a rental season, rental payment will be made to the person or entity who is the lessor of record at the beginning of that rental season.
 - New lessor(s) of record will receive payment after the following rental season.
7. This form must be signed and submitted with the following **REQUIRED** items:
- A copy of the conveyance document – warranty deed, quitclaim deed, court decree, contract of sale, etc. The conveyance document must include a legal description of the property or description of the water right(s) if no land is conveyed.
 - Plat map, survey map or aerial photograph which clearly shows the place of use and point of diversion for each water right and/or claim listed above (if necessary to clarify division of water rights or complex property descriptions).
 - Filing fee (see instructions for further explanation):
 - \$25 per *undivided* water right.
 - \$100 per *split* water right.
 - No fee is required for pending adjudication claims.

8. Signature: Peter Denniston

Signature of new owner/claimant

Trustee, Clyde + Marjanna
Denniston Living Trust

Title, if applicable

11/24/15

Date

Signature: _____

Signature of new owner/claimant

Title, if applicable

Date

For IDWR Office Use Only:

Received by _____ Date _____ Receipt No. _____ Receipt Amt. _____

Approved by _____ Processed by _____ Date _____

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

State of Idaho
CERTIFICATE OF DEATH

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (Print, Middle, Last, Suffix) MARIJANNA DENNISTON		2. SEX FEMALE		3. SOCIAL SECURITY NUMBER NEWBURG, NEW YORK	
4a. AGE LAST BIRTHDAY (Include 1 YEAR, 1 MONTH, 1 DAY) 80 (Years) 11/25/1924 (Date of Birth)		6. CITY OR TOWN IDAHO		7a. CITY OR TOWN IDAHO	
7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY KOOTENAI		7c. CITY OR TOWN IDAHO	
7d. STREET AND NUMBER 9673 BUTTERCUP LANE		7e. APT. NO. 83835		7f. RESIDENCE CITY LIMITS? ☐ Yes ☐ No	
8. MARITAL STATUS AT TIME OF DEATH ☐ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown		9. PREVIOUS SPOUSE'S NAME (If any, give maiden name) STANLEY MANLOVE			
10. EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No		11. BIRTHPLACE (State, Territory, or Foreign Country) ILLINOIS			
12a. INFORMANT'S NAME (Type or print) PETER DENNISTON		12b. RELATIONSHIP TO DECEDENT SON		13. MAILING ADDRESS (Street and Number, City, State, Zip Code) 21328 N.E. 79TH ST., REDMOND, WA 98052	
14. METHOD OF DISPOSITION ☐ Burial ☐ Cremation ☐ Donation ☐ Removal from Idaho ☐ Other (Specify)		15. PLACE OF DISPOSITION (Place and address of cemetery, crematory, other place) YATES CREMATORY 744 NORTH FOURTH STREET COEUR D'ALENE, IDAHO 83814		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY YATES FUNERAL HOME 744 NORTH FOURTH STREET COEUR D'ALENE, IDAHO 83814	
17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: ELI D. YATES		17b. LICENSE NUMBER (Of licensee) 60832		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No	
19a. IF DEATH OCCURRED IN A HOSPITAL		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL			
☐ Inpatient ☐ Outpatient ☐ ODA ☐ Hospice facility ☐ Nursing home/long term care facility ☐ Decedent's home ☐ Other (Specify)		20. SIGNATURE OF DECEDENT (If not, specify, give street and number)			
21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE WETSPRING MEADOWS ASSISTED LIVING IDAHO 83835		22. COUNTY OF DEATH KOOTENAI			
23. DATE OF DEATH (Month/Day/Year) (Specify month) September 20, 2015		24. TIME OF DEATH (Specify) 09:00		25. DATE PROHIBITED DEAD (Month/Day/Year) (Specify month) September 20, 2015	
26. TIME OF DEATH (Specify) 09:00		27. CAUSE OF DEATH			
PART 1. Enter the immediate cause of death (Disease, injury, or complication that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascular obstruction without stating the etiology. DO NOT abbreviate. Enter only one cause on a line.) IMMEDIATE CAUSE (First disease or condition resulting in death) RESPIRATORY FAILURE		APPROXIMATE INTERVAL FROM CAUSE OF DEATH TO DEATH 12 HOURS			
28. ADULT FAILURE TO THRIVE 29. ALZHEIMER'S DISEASE		10 DAYS			
30. DUE TO (or as a consequence of)		YEARS			
PART 2. If any other contributing conditions contributed to death, but not resulting in the underlying cause given in Part 1					
HYPERTENSION					
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown		32. IF FEMALE (Aged 15-44): ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year		33. HAD AN AUTOPSY PERFORMED? ☐ Yes ☒ No	
34. DATE OF INJURY (Month/Day/Year) (Specify month) 35. TIME OF INJURY (Specify) 36. PLACE OF INJURY (Decedent's home, farm, school, construction site, nursing home, restaurant, street, etc.)		37. INJURY AT SCENE? ☐ Yes ☒ No			
38. LOCATION OF INJURY: Street and Number or Location State City/Town or County Zip Code		39. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) 40. SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable			
41. TRANSPORTATION INJURY ONLY ☐ Pedestrian ☐ Other (Specify)		42. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown			
43. CERTIFIER (Check only one, based on official capacity for this jurisdiction) ☐ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE PROFESSIONAL NURSE		44. LICENSE NUMBER M-07314			
45. CORONER ☐ On the basis of information similar investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		46. DATE SIGNED 9 / 22 / 2015			
Signature and Title of Certifier ELECTRONICALLY SIGNED: THOMAS P. MARTIN, M.D.		47. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) THOMAS P. MARTIN, 13400 N. MEYER ROAD RATHDRUM, ID 83858			
48. REGISTRATION SIGNATURE James B. Gillette		49. DATE SIGNED 9 / 23 / 2015			

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: SEP 23 2015

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

JAMES B. AYDELOTTE
STATE REGISTRAR



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

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE SIGNATURE OF THE REGISTRAR AND SEAL, SHALL BE USED AS PROOF OF THE DEATH UNDER §§ 15-111 AND 15-112, IDAHO CODE

Local Reg. No.

DECEASED	1. DECEASED'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) CLYDE ROSCOE DENNISTON		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE-Last Birthday 90 (Years)		4b. UNDER 1 YEAR Months: 02 Days: 22 Hours: 11 Minutes: 50	
TYPE OR FRONT IN PERMANENT BLACK INK DO NOT USE PENCIL TIP PEN	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. CITY OR TOWN KOOTENAI	
	7c. STREET AND NUMBER 6222 ENGLISH POINT ROAD		7d. CITY OR TOWN HAYDEN LAKE	
FOR INSTRUCTIONS SEE HANDBOOKS	8. MARITAL STATUS AT TIME OF DEATH ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) MARJANNA MANLOVE	
	10. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No		11. BIRTHPLACE (State, Territory, or Foreign Country) OHIO	
PARENTS	12a. FATHER'S NAME (First, Middle, Last, Suffix) CLYDE ROSCOE DENNISTON SR		12b. BIRTHPLACE (State, Territory, or Foreign Country) INDIANA	
	13a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) ESTHER GETTINGER		13b. BIRTHPLACE (State, Territory, or Foreign Country) INDIANA	
INFORMANT	14. INFORMANT'S NAME (Type or print) PETER DENNISTON		15. RELATIONSHIP TO DECEASED SON	
	16. ADDRESS (Street and Number, City, State, Zip Code) 21328 N.E. 79TH STREET REDMOND, WA 98053		17. DATE OF DEATH August 1, 2015	
DISPOSITION	18. METHOD OF DISPOSITION ☒ Burial ☐ Donation ☐ Removal from Idaho ☐ Other (Specify):		19. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) YATES CREMATORY 744 NORTH FOURTH STREET COEUR D'ALENE, IDAHO 83814	
	20. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY YATES FUNERAL HOME 744 NORTH FOURTH STREET COEUR D'ALENE, IDAHO 83814		21. LICENSE NUMBER (Of licensee) M0943	
PLACE OF DEATH	22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: WILLIAM B. TOLLIVER		23. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No	
	24. IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient ☐ Outpatient ☐ DCA ☐ Hospice facility ☐ Nursing home and long-term care facility ☐ Decedent's home ☐ Other (Specify):		25. PLACE OF DEATH (If not a hospital, give street and number) KOOTENAI HEALTH COEUR D'ALENE, ID 83814	
DATE OF DEATH	26. DATE OF DEATH (Month/Day/Year) (Spell month) August 1, 2015		27. TIME OF DEATH (24hr) 11:50	
	28. DATE PRONOUNCED DEAD (Month/Day/Year) (Spell month) August 1, 2015		29. TIME PRONOUNCED DEAD (24hr) 11:50	
CAUSE OF DEATH	30. CAUSE OF DEATH a. IMMEDIATE CAUSE (Final disease or condition resulting in death) ASPIRATION PNEUMONIA b. PHARYNGEAL DYSCORDINATION c. STROKE d. [REDACTED]		31. APPROXIMATE INTERVAL ONSET TO DEATH 3 DAYS 1 YEAR 2 YEARS	
	32. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I		33. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No	
ITEMS 33-35 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	34. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ No ☒ Unknown		35. IF FEMALE (Ages 10-54): ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days in 1 year before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year	
	36. DATE OF INJURY (Month/Day/Year) (Spell month) August 1, 2015		37. TIME OF INJURY (24hr) 11:50	
CERTIFIER	38. LOCATION OF INJURY: State: IDAHO City/Town or County: KOOTENAI Zip Code: 83814		39. INJURY AT WORK? ☐ Yes ☒ No	
	39. DESCRIBE HOW INJURY OCCURRED, IF TRANSPORTATION INVOLVED, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, IF APPLICABLE TRANSPORTATION 39a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify):		39b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown	
REGISTRAR	40a. REGISTRAR'S SIGNATURE JAMES B. GILLOTTE		40b. DATE SIGNED 8 / 6 / 2015	
	41. SIGNATURE AND TITLE OF CERTIFIER ROBERT M. MCFARLAND, M.D.		42. LICENSE NUMBER M-05100	

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DATE ISSUED: **AUG 06 2015**

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

PRINTED: 0121

JAMES B. GILLOTTE
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

V. G. G.

COPY

CERTIFICATION OF TRUST

STATE OF IDAHO)
) ss
COUNTY OF KOOTENAI)

We, CLYDE ROSCOE DENNISTON and MARIANNA M. DENNISTON, husband and wife, as SETTLORS and TRUSTEE of the CLYDE AND MARJANNA DENNISTON LIVING TRUST, do hereby affirm that the following statements are true and correct to the best of our knowledge and belief:

1. That the CLYDE AND MARJANNA DENNISTON LIVING TRUST currently exists and was executed on April 3, 2006.
2. That CLYDE ROSCOE DENNISTON and MARJANNA M. DENNISTON, husband and wife, are the SETTLORS and TRUSTEE of the CLYDE AND MARJANNA DENNISTON LIVING TRUST. Either SETTLOR acting as TRUSTEE may execute the duties of TRUSTEE of this Trust either individually or jointly.
3. That there are no restrictions of any kind whatsoever on the nature, grade or quality of investments which can be held In Trust. There are no restrictions of any kind whatsoever on the ability of the TRUSTEE to buy, sell and convey real property. The TRUSTEE has no limitations on its ability to make investments in its sole discretion. The TRUSTEE has the power to perform, without court authorization, every act which a prudent man would perform.
4. The Trust has not obtained a separate tax identification number. The SETTLORS' social security number should be used as the tax identification number of the Trust.
5. This TRUST AGREEMENT is executed and accepted under the laws of the State of Idaho, and shall be governed by such laws.
6. The title of each item of property transferred to the CLYDE AND MARJANNA DENNISTON LIVING TRUST shall be held as "Trustee, CLYDE AND MARJANNA DENNISTON LIVING TRUST."

The trust has not been revoked or amended any way which would make any representations contained in this certificate incorrect. The signatures affixed hereto are those of all the currently acting trustees.

As provided in Idaho Code Section 68-114, a TRUSTEE may present this certificate to any person or entity in lieu of a copy of the Trust Agreement to establish the existence or terms of the Trust. Any person who acts in reliance upon this Certification of Trust is not liable to any person for so acting, as provided in Idaho Code Section 68-117.

Dated this 3 day of April, 2006.

Clyde R. Denniston
CLYDE R. DENNISTON, Trustee

Marianna M. Denniston
MARIANNA M. DENNISTON, Trustee

On this 3 day of Apr. 1, in the year 2006, before me, a Notary Public in and for the State of Idaho, personally appeared CLYDE ROSCOE DENNISTON and MARIANNA M. DENNISTON, husband and wife, known or identified to me to be the persons who subscribed their names to the within instrument, and acknowledged to me that they executed the same in their dual capacity as SETTLORS and TRUSTEE.

WITNESS my hand and official seal.

[Signature]
Notary Public for Idaho
Comm. Exp. 1/2/09

CLYDE AND MARJANNA DENNISTON LIVING TRUST
TRUST AGREEMENT

This TRUST AGREEMENT is made by and between the SETTLORS, CLYDE ROSCOE DENNISTON and MARJANNA M. DENNISTON, and the TRUSTEE, CLYDE ROSCOE DENNISTON and MARJANNA M. DENNISTON.

ARTICLE I
PRIMARY PROVISIONS

1.1 DECLARATION OF TRUST

CLYDE ROSCOE DENNISTON and MARJANNA M. DENNISTON hereby declare, agree and acknowledge that they are acting as SETTLORS to establish and settle the CLYDE AND MARJANNA DENNISTON LIVING TRUST under the terms and provisions of this TRUST AGREEMENT.

1.2 FULL NAMES OF SETTLORS

The legal names of the SETTLORS are CLYDE ROSCOE DENNISTON, also known as "CLYDE DENNISTON", and MARJANNA M. DENNISTON, also known as "MARJANNA DENNISTON".

1.3 FORM OF TITLE

The title of each item of property transferred to the CLYDE AND MARJANNA DENNISTON LIVING TRUST shall be held as "Trustee, CLYDE AND MARJANNA DENNISTON LIVING TRUST." Provided, that title of any item of property may also be held by the CLYDE AND MARJANNA DENNISTON LIVING TRUST in any other form which designates ownership by the TRUSTEE or the TRUST.

Provided, the TRUSTEE shall have the power to hold accounts, securities, or other property in the name of the TRUST, in the name of the TRUSTEE as TRUSTEE, in the TRUSTEE's own name, or in the name of a nominee, or the TRUSTEE may hold securities unregistered in such condition that ownership will pass by delivery.

1.4 ADDRESS OF THE TRUST

The address of the TRUST is 6232 English Pt., Hayden, Idaho 83835.

1.5 NAMING THE TRUSTEE

During their joint lifetimes the TRUSTEE will be: CLYDE ROSCOE DENNISTON and MARJANNA M. DENNISTON. Upon the death or incapacity of either TRUSTEE, the survivor of

them shall continue to serve as TRUSTEE. Except as otherwise provided in this Trust Agreement, in the event any TRUSTEE or any successor as herein defined should fail to qualify as TRUSTEE hereunder, should resign, or for any reason should cease to act in such capacity, creating for any reason a vacancy in the office of TRUSTEE, the following shall act as successor or substitute TRUSTEE, in the order listed:

1. PETER S. DENNISTON
2. ROERT W. DENNISTON
3. SHARON L. BULLOCH

or as the SETTLORS may otherwise direct jointly during their lifetimes, such designation in a written notice to the TRUSTEE.

Each TRUSTEE shall have the power to act independently or together with the other TRUSTEE.

Each TRUSTEE shall have all powers to act granted under the TRUST AGREEMENT and Idaho law. A TRUSTEE has the power to perform, without court authorization, every act which a prudent man would perform, including, but not limited to, the following:

1. to acquire assets, including real estate in the name of the TRUST, and to sell, convey or dispose of an asset, for cash or on credit; and to encumber, mortgage, or pledge a TRUST asset;
2. to borrow money to be repaid from TRUST assets; and
3. to invest with TRUST assets, without restriction, in stocks, bonds, futures, options, and mutual funds; and to maintain margin accounts.

The SETTLORS, or the survivor, shall have the power to appoint a co-trustee or successor trustee by an instrument signed, dated and delivered to the TRUSTEE, and by the same method may revoke such appointments and make new ones.

1.6 SETTLORS' RIGHTS TO AMEND, CHANGE OR REVOKE THE TRUST

(A) Both SETTLORS may, during their joint lives, by signed instrument(s) delivered to the TRUSTEE:

- (1) Change the beneficiaries and remaindermen, their respective shares and the plan of distribution;
- (2) Amend this Trust Agreement in any other respect;
- (3) Revoke this Trust in its entirety or any provision therein; provided, however, the duties and responsibilities of the TRUSTEE shall not be enlarged without the TRUSTEE's consent nor without satisfactory adjustment of the TRUSTEE's compensation.

ARTICLE II
ADMINISTRATION DURING SETTLORS' LIVES

2.1 DISPOSITION OF INCOME AND PRINCIPAL DURING LIVES OF SETTLORS

(A) The TRUSTEE shall hold, administer and distribute the Trust Estate during the joint lives of the SETTLORS as follows:

(1) The TRUSTEE shall hold, manage, invest and reinvest the Community Estate (if any requires such management and investment) and shall collect the income, if any, therefrom and shall dispose of the net income and principal during the joint lives of the SETTLORS as follows:

(a) The TRUSTEE shall pay to or apply for the benefit of the SETTLORS as Community Property all the net income of the Community Estate.

(b) The TRUSTEE may pay to or apply for the benefit of the SETTLORS as Community Property such sums from the principal of the Community Estate as in its sole discretion shall be necessary or advisable from time to time for the health, education, support and maintenance of the SETTLORS, taking into consideration to the extent the TRUSTEE deems advisable any other income or resources of the SETTLORS known to the TRUSTEE.

(c) Either SETTLOR may at any time during the joint lives of the SETTLORS and from time to time withdraw all or any part of the principal of the Community Estate, FREE OF TRUST, by delivering an instrument in writing duly signed by him or her to the TRUSTEE and to the other SETTLOR, describing the property or portion thereof desired to be withdrawn. Upon receipt of such instrument, the TRUSTEE shall thereupon convey and deliver to the SETTLORS, as Community Property, FREE OF TRUST, the property described in such instrument.

(2) The TRUSTEE shall hold, manage, invest and reinvest the Separate Estate of each SETTLOR (if any requires such management and investment) and shall collect the income, if any, therefrom and shall dispose of the net income and principal during the joint lives of the SETTLORS as follows:

(a) The TRUSTEE shall pay to or apply for the benefit of both SETTLORS as Community Property all of the net income of each SETTLOR's Separate Estate.

(b) The TRUSTEE may pay to or apply for the benefit of the SETTLOR who contributed such Separate Estate such sums from the principal thereof as in its sole discretion shall be necessary or advisable from time to time for the health, education, support and maintenance of such SETTLOR, taking into consideration to the extent the TRUSTEE deems advisable, any other income and resources of such SETTLOR known to the TRUSTEE.

ARTICLE VI

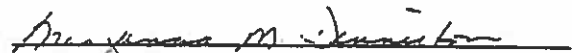
EXECUTION

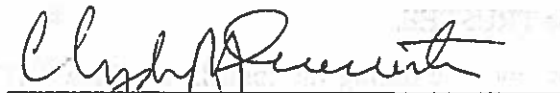
6.1 PLACE OF ADMINISTRATION AND REGISTRATION OF TRUST

The place of administration of this TRUST shall be Kootenai County, Idaho. Pursuant to Idaho Code Sections 15-7-101 -- 15-7-105, the TRUSTEE shall register the TRUST in Kootenai County, Idaho and all legal proceedings involving the CLYDE AND MARJANNA DENNISTON LIVING TRUST shall be in District Court in and for said County.

DATED this 3 day of April, in the year 2006.


CLYDE R. DENNISTON, SETTLOR


MARJANNA M. DENNISTON, SETTLOR


CLYDE R. DENNISTON, TRUSTEE

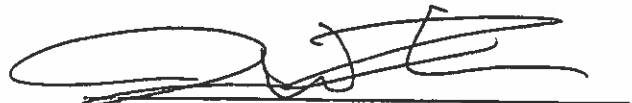

MARJANNA M. DENNISTON, TRUSTEE

STATE OF IDAHO

COUNTY OF KOOTENAI

On this 3 day of April, in the year 2006, before me, a Notary Public in and for the State of Idaho, personally appeared CLYDE ROSCOE DENNISTON and MARJANNA M. DENNISTON, husband and wife, known to me to be the persons who subscribed their names to the within instrument, and acknowledged to me that they executed the same in their dual capacities as SETTLOR and TRUSTEE.

WITNESS my hand and official seal.



Notary Public for Idaho

Comm. Exp.: 1/0/09