



**201812100119**

12/10/2018 02:27 PM Pages: 1 of 21 Fees: \$119.00  
Skagit County Auditor

After recording, return to:

Curtis, Laskel & Palmer  
221018 Botnell Everett Hwy # D  
Botnell WA. 98021

Grantor (Name of Decedent): Bradley Maxim

Grantee (Heirs): Tracy Melnick, Todd Melnick, Marcie Moore, Julie Maxim, Thomas Maxim

Abbreviated Legal Description: Lot(s): 5-10 PTN 4 AND 11 Block: 40 FIDALGO CITY

Tax Parcel No.(s): P73041 / 4101-040-011-0003

# **INHERITANCE LACK OF PROBATE AFFIDAVIT**

**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**

STATE OF Washington

COUNTY OF Skagit

The undersigned, Tracy Melnick, Todd Melnick, Marcie Moore, Julie Maxim & Thomas Maxim, executes this affidavit relating to the estate of

Bradley Maxim (herein "Decedent"), who died on 10-1-2018,

in the County of King, State of Washington, then being a resident of the

City of Monroe, County of Snohomish, State of Washington.

**(A copy of the death certificate is attached hereto.)**

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

## **Relationship of the Affiant to the Decedent**

2. The undersigned is (check one):

- ☐ the lawful surviving spouse of the Decedent
- ☐ Registered domestic partner of the Decedent
- ☒ Surviving child of the Decedent
- ☐ One (1) 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): \_\_\_\_\_

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
2018 5380

DEC 10 2018

Amount Paid \$0  
Skagit Co. Treasurer  
By mm Deputy

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**  
(continued)

**Names of All Heirs of the Decedent**

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.  
[Use the reverse side or attach a list if necessary]

Name and relationship: Tracy Melnick - step daughter  
Name and relationship: Todd Melnick - stepson  
Name and relationship: Marcie Moore - sister, Julie Maxim - sister  
Name and relationship: Thomas Maxim - brother

**Description of the Property**

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

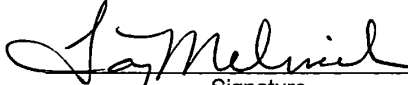
The South 1/2 of Lot 4 and the South 1/2 of Lot 11, and all of Lots 5, 6, 7, 8, 9 and 10, all located within Block 40, Plat of Fidalgo City, according to the plat thereof recorded in Volume 2 of Plats, page 113, records of Skagit County, Washington;

TOGETHER WITH those portions of abutting vacated streets and alleyway, as vacated by Agreed Judgment Quieting Title filed November 1, 1991 under Skagit County Superior Court Case No. 91-2-00549-7 and also recorded under Auditor's File No. 9111010074, records of Skagit County, Washington.

5. **Status of the Will (if any)**

- ☒ The decedent left a Will that devises real property.  
☐ The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

  
Signature  
Tracy Melnick  
Print Name

11-29-18  
Date

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**  
(continued)

State of Washington

County of SnohomishSigned and sworn to (or affirmed) before me on November 29, 2017 by \_\_\_\_\_  
Tracy Melnick (name of person making statement).

Lynn Johnson  
Name: Lynn Johnson  
Notary Public in and for the State of Washington,  
Residing at: Snohomish  
My appointment expires:  
4-29-21

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**  
 (continued)

**Names of All Heirs of the Decedent**

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.  
 [Use the reverse side or attach a list if necessary]

Name and relationship: Troy Melnick - Stepdaughter

Name and relationship: Todd Melnick - Stepson

Name and relationship: Maxie More Sister - John Maxim - Sister

Name and relationship: Thomas Maxim - brother

**Description of the Property**

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

The South 1/2 of Lot 4 and the South 1/2 of Lot 11, and all of Lots 5, 6, 7, 8, 9 and 10, all located within Block 40, Plat of Fidalgo City, according to the plat thereof recorded in Volume 2 of Plats, page 113, records of Skagit County, Washington;

TOGETHER WITH those portions of abutting vacated streets and alleyway, as vacated by Agreed Judgment Quieting Title filed November 1, 1991 under Skagit County Superior Court Case No. 91-2-00549-7 and also recorded under Auditor's File No. 911010074, records of Skagit County, Washington.

**5. Status of the Will (if any)**

- ☐ The decedent left a Will that devises real property.  
☐ The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

  
 Signature

X 12-05-18  
 Date

X Todd Melnick  
 Print Name

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**  
 (continued)

**Names of All Heirs of the Decedent**

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.  
 [Use the reverse side or attach a list if necessary]

Name and relationship: Tracy Melnick - stepdaughter  
 Name and relationship: DOD Melnick - stepson  
 Name and relationship: Murder Moore - sister, Julie Munin - sister  
 Name and relationship: Thomas Maxim - brother

**Description of the Property**

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

The South 1/2 of Lot 4 and the South 1/2 of Lot 11, and all of Lots 5, 6, 7, 8, 9 and 10, all located within Block 40, Plat of Fidalgo City, according to the plat thereof recorded in Volume 2 of Plats, page 113, records of Skagit County, Washington;

TOGETHER WITH those portions of abutting vacated streets and alleyway, as vacated by Agreed Judgment Quietening Title filed November 1, 1991 under Skagit County Superior Court Case No. 91-2-00549-7 and also recorded under Auditor's File No. 9111010074, records of Skagit County, Washington.

5. **Status of the Will (if any)**

- ☐ The decedent left a Will that devises real property.  
☐ The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

X Thomas G. W.  
 Signature

X 12/6/18  
 Date

X Thomas G. Maxim  
 Print Name

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**  
(continued)

State of Washington

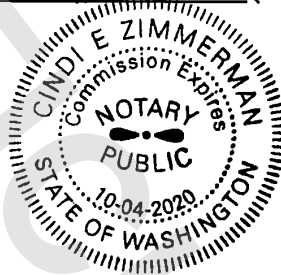
County of WhatcomSigned and sworn to (or affirmed) before me on December 6, 2018 by  
Thomas G Maxim (name of person making statement).

Evelyn M Turner  
Name: Evelyn M Turner  
Notary Public in and for the State of Washington,  
Residing at: Hyden WA  
My appointment expires: May 12, 2021



**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)  
(continued)

State of Washington

County of IslandSigned and sworn to (or affirmed) before me on Dec 5, 2018 by \_\_\_\_\_  
Todd Meinick (name of person making statement)

Cindi E. Zimmerman  
Name: Cindi E. Zimmerman  
Notary Public in and for the State of Washington,  
Residing at: Oak Harbor  
My appointment expires: 10-04-20

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**  
(continued)

**Names of All Heirs of the Decedent**

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.  
[Use the reverse side or attach a list if necessary]

Name and relationship: Tanya Melnick - daughter

Name and relationship: Todd Melnick - stepson

Name and relationship: Marcie Moore - sister, Julie Maxim - sister

Name and relationship: Thomas Maxim - brother

**Description of the Property**

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

The South 1/2 of Lot 4 and the South 1/2 of Lot 11, and all of Lots 5, 6, 7, 8, 9 and 10, all located within Block 40, Plat of Fidalgo City, according to the plat thereof recorded in Volume 2 of Plats, page 113, records of Skagit County, Washington;

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5. **Status of the Will (if any)**

- ☐ The decedent left a Will that devises real property.  
☐ The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

X Juli Maxim  
Signature

X 12-05-18  
Date

X Julie Maxim  
Print Name



**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**  
(continued)

State of Washington

County of

Snohomish

Signed and sworn to (or affirmed) before me on

12.5.18

by

Julie

(name of person making statement).

Maxim

Name:

Notary Public in and for the State of Washington,

Residing at:

My appointment expires:

1.16.20

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**  
 (continued)

**Names of All Heirs of the Decedent**

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.  
 [Use the reverse side or attach a list if necessary]

Name and relationship: Troy Melnick - stepdaughter

Name and relationship: Jojo Melnick - stepson

Name and relationship: Marcie Moore - Sister, Julie Maxim - sister

Name and relationship: Thomas Maxim - brother

**Description of the Property**

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

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**5. Status of the Will (if any)**

- ☐ The decedent left a Will that devises real property.  
☐ The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

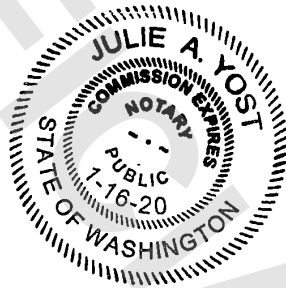
Marcie J Moore  
 Signature

12/5/2018  
 Date

Marcie J Moore  
 Print Name

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**  
(continued)

State of Washington

County of SnohomishSigned and sworn to (or affirmed) before me on 12.5.18 by Marie  
J. Moore (name of person making statement).Name: Julie A. Yost  
Notary Public in and for the State of Washington,  
Residing at: Moore  
My appointment expires: 7.16.20

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-042627

DATE ISSUED: 10/04/2018  
FEE NUMBER: 311018

FIRST AND MIDDLE NAME(S): BRADLEY HOWARD

LAST NAME(S): MAXIM

COUNTY OF DEATH: KING

DATE OF DEATH: OCTOBER 01, 2018

HOUR OF DEATH: 09:05 AM

SEX: MALE

AGE: 65 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: TACOMA, WA

MARITAL STATUS: WIDOWED

SPOUSE: NOT APPLICABLE

OCCUPATION: CEMENT TECH

INDUSTRY: CONSTRUCTION

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: TRACY MELNICK

RELATIONSHIP: DAUGHTER

ADDRESS: 13308 46TH AVE SE APT 102 MILL CREEK, WA 98012

CAUSE OF DEATH:

A: PROSTATE CANCER

INTERVAL: UNKNOWN

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: HOSPICE

FACILITY OR ADDRESS: HOSPICE OF KIRKLAND

CITY, STATE, ZIP: KIRKLAND, WASHINGTON 98034

RESIDENCE STREET: 13308 46TH AVE SE APT 102

CITY, STATE, ZIP: MILL CREEK, WA 98012-4313

INSIDE CITY LIMITS: YES COUNTY: SNOHOMISH

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 14 DAYS

FATHER/PARENT: HOWARD GORDON ELVEBAK

MOTHER/PARENT: BETTY MARIE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON

DISPOSITION DATE: OCTOBER 04, 2018

FUNERAL FACILITY: BAUER FUNERAL CHAPEL

ADDRESS: 701 FIRST STREET

CITY, STATE, ZIP: SNOHOMISH, WASHINGTON 98290

FUNERAL DIRECTOR: BRIAN M. HALBEISEN

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

CERTIFIER NAME: ANN MARIE O'NEILL, ARNP

TITLE: ARNP

CERTIFIER ADDRESS: 12040 NE 128TH ST, MS9

CITY, STATE, ZIP: KIRKLAND, WA 98034

DATE SIGNED: OCTOBER 02, 2018

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DIANE BOGAN

DATE RECEIVED: OCTOBER 02, 2018

DOH 422-132 Snohomish (10/17)

NOT VALID IF PHOTOCOPIED OR ALTERED



# Affidavit for Correction 201812100119

This is a legal document. Complete in ink and do not alter.

Issued to: Center for Health Statistics  
12/10/2018 02:27 PM  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required	Required information must match current information on record			
	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 Legal 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: P.O. Box or Street Address City State Zip
---

Telephone Number: ( )	Email Address:
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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: Printed name: Date:	16b. Signature of 2 <sup>nd</sup> parent (if required): Printed name: Date:
--	--

## INSTRUCTIONS – go to [www.doh.wa.gov](http://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, 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)

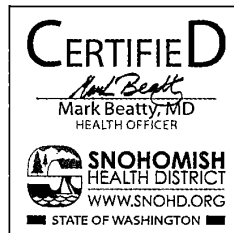
### Death Certificates

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). The informant may change marital status with proof. 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 October 2015



0 2 4 7 3 8 1 7

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

*THE  
LAST WILL AND TESTAMENT  
OF*

*Bradley Maxim*

**DECLARATION**

I, Bradley Maxim, a resident of the state of Washington and county of Snohomish; and being of sound mind and memory, do hereby make, publish, and declare this to be my last will and testament, thereby revoking and making null and void any and all other last will and testaments and/or codicils to last will and testaments heretofore made by me. All references herein to "this Will" refer only to this last will and testament.

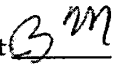
**FAMILY**

At the time of executing this Will, I am married to Judy Maxim. I have no children.

**DEBT**

I direct that as soon as is practical after my death, the executor named pursuant to this Will review all of my just debts and obligations, including last illness and funeral expenses, except for those secured long-term debts that may be assumed by the beneficiary of such property, unless such assumption is prohibited by law or on agreement by the beneficiary. The executor is further directed to pay any attorneys' fees and any other estate administration expenses. The executor shall pay these just debts only after a creditor provides timely and sufficient evidence to support its claim and in accordance with applicable state law.

I direct that any estate, inheritance, and succession taxes, including any interest and penalties thereon, imposed by the federal government or any state, district, or territory, attributable to assets includible in my estate, passing either under or outside of this Will, be apportioned among the persons interested in my

Page 1 of my Last Will and Testament  (initial)  
DOC#510552505

estate in accordance with applicable state and federal law. My executor is authorized and directed to seek reimbursement from the beneficiaries of my estate of any taxes paid by my executor to the extent allowed by law.

If my executor cannot collect from any person interested in the estate the amount of tax apportioned to that person, the amount not recoverable will be equitably apportioned among the other persons interested in the estate who are subject to apportionment.

If a person is charged with or required to pay tax in an amount greater than his or her prorated amount because another person does not pay his or her prorated amount, the person charged with or required to pay the greater amount has a right of reimbursement against the other person.

I further direct that if any beneficiary named in this Will is indebted to me at the time of my death, and evidence of such indebtedness is provided or made available to my executor, that share of my estate that I give to any and each such beneficiary be reduced in value by an amount equal to the proven indebtedness of such beneficiary unless: (i) I have specifically provided in this Will for the forbearance of such debt, or (ii) such beneficiary is the sole principal beneficiary.

#### PRINCIPAL REMAINDER DISTRIBUTION

If my spouse, Judy Maxim, survives me, I give, devise, and bequeath to my spouse all of the rest, residue, and remainder of my property and estate, real, personal, and mixed, tangible and intangible, of whatever nature and wherever situated, including all property I may acquire or become entitled to after the execution of this Will, including all lapsed legacies and devises (but excluding any property over which I may have a power of appointment, it being my intention not to exercise any such power), outright and free of trust, after payment of all my just debts, expenses, taxes, and specific bequests, if any.

### ALTERNATE REMAINDER BENEFICIARIES

If Judy Maxim does not survive me, I give to the persons named below (my "Alternate Remainder Beneficiaries"), all of the residue and remainder of my gross estate, real and personal, wherever situated, after payment of all my just debts, expenses, taxes and specific bequests, if any, in the percentages set forth below. Unless otherwise indicated in my Will, these shares shall be distributed outright and free of trust.

1. Name: Todd Garret Melnick  
Relation: Stepson  
Percentage: 50%

If such beneficiary does not survive me, I direct that the share of my estate allocated to said beneficiary be distributed to: Tracy Lynn Rierson.

2. Name: Tracy Lynn Rierson  
Relation: Stepdaughter  
Percentage: 50%

If such beneficiary does not survive me, I direct that the share of my estate allocated to said beneficiary be distributed to: Todd Garret Melnick.

### DISTRIBUTION IF NO LIVING BENEFICIARIES

If at any time before full distribution of my estate all of my beneficiaries are deceased and this instrument directs no other disposition of the property, the remaining portion of my estate will then be distributed to my heirs determined according to the laws of intestate succession, unless specifically disinherited elsewhere in this Will.

### EXECUTOR NOMINATION

I nominate my stepdaughter, Tracy Lynn Rierson, to be the executor of this Will.

Page 3 of my Last Will and Testament BM. (initial)



If, for any reason, my first nominee executor is unable or unwilling to serve or to continue to serve as executor of this Will, I nominate my stepson, Todd Garret Melnick, to be the successor executor.

If none of the nominated executors are able, willing, and authorized to serve or to continue to serve, and the vacancy is not filled as set forth above, the majority of estate beneficiaries shall nominate a successor executor. If the majority of estate beneficiaries are unable to nominate a successor executor, the vacancy will be filled pursuant to a petition filed by the resigning executor or any person interested in the estate in a court of competent jurisdiction.

#### MISCELLANEOUS EXECUTOR PROVISIONS

The term "executor" includes any executrix, personal representative, or administrator, if those terms are used in the statutes of any state that has jurisdiction over all or any portion of my estate.

My executor will have broad and reasonable discretion in the administration of my estate to exercise all of the powers permitted to be exercised by an executor under state law, including the power to sell estate assets with or without notice, at either public or private sale, and to do everything he or she deems advisable and in the best interest of my estate and the beneficiaries thereof, all without the necessity of court approval or supervision. I direct that my executor perform all acts and exercise all such rights and privileges, although not specifically mentioned in this Will, with relation to any such property, as if the absolute owner thereof and, in connection therewith, to make, execute, and deliver any instruments, and to enter into any covenants or agreements binding my estate or any portion thereof.

If there are two co-executors serving, they shall act by unanimous agreement. If there are more than two co-executors serving, they shall act in accordance with the decision made by the majority of co-executors.

Subject to specific provisions to the contrary, I authorize my executor to distribute a share of my estate given to a minor beneficiary, up to the whole thereof, to a custodian under the applicable Transfers to Minors Act or Gifts to Minors Act, if in the executor's discretion, it is in the best interests of the beneficiary. The executor may also make distributions to a minor by making distributions to the trustee of a trust created under this Will for a minor beneficiary, the guardian of the minor's person, or the guardian of the minor's estate.

Page 4 of my Last Will and Testament BM. (initial)

No person named as an executor is required to post any bond.

I authorize my executor to make the following choices or elections in my executor's absolute discretion, regardless of the resulting effect on any other provisions of this Will or on any person interested in my estate or in the amount of any of the taxes referred to: (a) choose a valuation date for estate or inheritance tax purposes or choose the methods to pay estate or inheritance taxes; (b) elect to treat or use an item, for either federal or state tax purposes, as either an income tax deduction or as a deduction for estate or inheritance tax purposes; (c) determine when a particular item is to be treated as taken into income or used as a tax deduction, to the extent the law provides that choice; and (d) disclaim all or any portion of any interest in property passing to my estate at or after my death, even though any of these actions may subject my estate to additional tax liabilities. No person adversely affected by my executor's exercise of discretion under this clause is entitled to any reimbursement or adjustment, and my executor is not required to make any adjustment between income and principal or in the amount of any property passing under this Will as a result of any election under this provision.

I authorize my executor, without obtaining court approval, to employ professional investment counsel on such terms as my executor considers proper, and to pay the fees of investment counsel as an expense of administration of my estate. However, my executor is under no obligation to employ any investment counsel.

I authorize my executor either to continue the operation of any business belonging to my estate for such time and in such manner as my executor may consider advisable and in the best interest of my estate, or to sell or liquidate the business at such time and on such terms as my executor may consider advisable and in the best interest of my estate. Any such good faith operation, sale, or liquidation by my executor will be at the risk of my estate and without liability on the part of my executor for any losses that may result.

#### SIMULTANEOUS DEATH

If it cannot be established if a beneficiary of my estate survived me, the provisions of the applicable Uniform Simultaneous Death Act, as amended, or any substantially similar successor act effective on the date of my death, will apply.

Page 5 of my Last Will and Testament B.M. (initial)

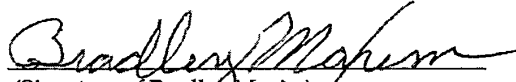
### NONLIABILITY OF FIDUCIARIES

Any fiduciary, including my executor and any trustee, who in good faith endeavors to carry out the provisions of this Will, will not be liable to me, my estate, my heirs, or my beneficiaries for any damages or claims arising because of their actions or inaction, or the actions of any predecessor fiduciary acting pursuant to this Will. My estate will indemnify and hold them harmless.

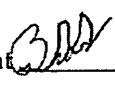
### SAVINGS CLAUSE

If a court of competent jurisdiction at any time invalidates or finds unenforceable any provision of this Will, such invalidation will not invalidate the whole of this Will. All of the remaining provisions will be undisturbed as to their legal force and effect. If a court finds that an invalidated or unenforceable provision would become valid if it were limited, then such provision will be deemed to be written, deemed, construed, and enforced as so limited.

IN WITNESS WHEREOF, I, the undersigned testator, declare that I sign and execute this instrument on the date written below as my last will and testament and further declare that I sign it willingly, that I execute it as my free and voluntary act for the purposes expressed in this document, and that I am eighteen years of age or older, of sound mind and memory, and under no constraint or undue influence.

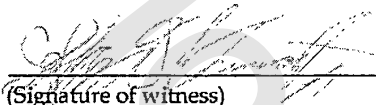

  
(Signature of Bradley Maxim)

Date: 07-28-2014

Page 7 of my Last Will and Testament  (initial)

## ATTESTATION

This last will and testament, which has been separately signed by Bradley Maxim, the testator, was on the date indicated below signed and declared by the above named testator as his or her last will and testament in the presence of each of us. We, in the presence of the testator and each other, at the testator's request, under penalty of perjury, hereby subscribe our names as witnesses to the declaration and execution of the last will and testament by the testator, and we declare that, to the best of our knowledge, said testator is eighteen years of age or older, of sound mind and memory and under no constraint or undue influence.

1.  Jeffrey D Schwartz  
(Signature of witness) (Print Name)  
Date: 7/29/14 14751 N 16th St Ste 105  
(Address)  
Phoenix, AZ 85022  
(City, State, ZIP)
2.  Jack R Board  
(Signature of witness) (Print Name)  
Date: 7/20/2014 14751 N 16th St Ste 105  
(Address)  
Phoenix, AZ 85022  
(City, State, ZIP)