

SEARCH WARRANT

OFFICE OF THE SHERIFF

SPokane Police Department

PROPERTY SHEET ADDITIONAL

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------|---------------------|--------------|
| Incident# | Date | Time | Page of | Property No. |
| 06-367462 | 12/06/06 | 1529 | 7 | |
| Incident Classification | | | Property Location | |
| HOMICIDE | | | Do Not Use | |
| Location Address | | | | |
| 18425 E. Eagle 15092 LN | | | | |
| Person Involved: (Last, First, Initial) | | | Arrested | Evid. Tech. |
| Kim, Bryan P. | | | Y N | Date |
| Person Address | | | State | Time |
| | | | Zip Code | Phone No. |
| Involvement | | | DOB | Race |
| <input checked="" type="checkbox"/> Suspect <input type="checkbox"/> Complainant <input type="checkbox"/> Victim <input type="checkbox"/> Finder <input type="checkbox"/> Other | | | | |
| Officer - Print Name | | | Evidence Referral # | Bin # |
| SHERAN | | | | |
| Officer # | | | Dept. | |
| 59115 | | | SPSO | |
| Type of Class: | | | | |
| <input type="checkbox"/> E-Evidence <input type="checkbox"/> F-Found <input type="checkbox"/> S-Safekeeping <input type="checkbox"/> D-Destroyed | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | Quantity | Property Use Only | |
| | PALMCO AB - DISH AG IN KITCHEN SINK | 1 | Wt. In | Wt. Out |
| Class | Brand Name | Model & Caliber | Serial/OAN | |
| E | | | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City/State Zip Code Phone | | | | |
| COLLECTED BY MARSKIE | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | Quantity | Property Use Only | |
| | PALMCO AB - CELL PHONE FROM KITCHEN SINK | 1 | Wt. In | Wt. Out |
| Class | Brand Name | Model & Caliber | Serial/OAN | |
| E | MOTOROLA | BLACK & BLUE | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City/State Zip Code Phone | | | | |
| COLLECTED BY MARSKIE | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | Quantity | Property Use Only | |
| | PALMCO AD - BLACK WALLET FROM WEST SIDE | 1 | Wt. In | Wt. Out |
| Class | Brand Name | Model & Caliber | Serial/OAN | |
| E | | KITCHEN COUNTER | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City/State Zip Code Phone | | | | |
| COLLECTED BY MARSKIE | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | Quantity | Property Use Only | |
| | PALMCO AE - WATCH, VARIOUS COLO, POCKET | 1 | Wt. In | Wt. Out |
| Class | Brand Name | Model & Caliber | Serial/OAN | |
| E | | KNIFE & DOCUMENTS FROM KITCHEN COUNTER | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City/State Zip Code Phone | | | | |
| COLLECTED BY MARSKIE | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | Quantity | Property Use Only | |
| | PALMCO AF - LAPTOP COMPUTER FROM TV ROOM | 1 | Wt. In | Wt. Out |
| Class | Brand Name | Model & Caliber | Serial/OAN | |
| E | TOSHIBA | ROOM | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City/State Zip Code Phone | | | | |
| COLLECTED BY MARSKIE | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | Quantity | Property Use Only | |
| | PALMCO AG - LAPTOP COMPUTER IN CASE | 1 | Wt. In | Wt. Out |
| Class | Brand Name | Model & Caliber | Serial/OAN | |
| E | GATEWAY | | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City/State Zip Code Phone | | | | |
| COLLECTED BY MARSKIE | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | Quantity | Property Use Only | |
| | PALMCO AH - BLACK BELT FROM LAWYER ROOM | 1 | Wt. In | Wt. Out |
| Class | Brand Name | Model & Caliber | Serial/OAN | |
| E | DOCKERS SIZE 32 | | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City/State Zip Code Phone | | | | |
| COLLECTED BY MARSKIE | | | | |

Returned at scene item #'s: _____

Signature of person delivering property: _____

Signature of person receiving property: _____

Copy Distribution: 1st White to Issuing Court - Canary to Records - Pink left with/at owner(s) - Last White to Property Facility

Rev.12/

SEARCH WARRANT

SPokane Police Department

PROPERTY SHEET ADDITIONAL

Office of the Sheriff

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------|-------------------------------------|---------------------|-------|
| Incident# 06-367462 | Date 12/06/06 | Time 1529 | Page of 8 | Property No. | |
| Incident Classification HOMICIDE | | | Property Location Do Not Use | | |
| Location Address 18425 E. EAGLE RIDGE LN | | | | | |
| Person Involved: (Last, First, Initial) KIM, BRYAN P. | | Arrested Y N | Evid. Tech. | Date | Time |
| Person Address City State Zip Code Phone No. | | | | | |
| Involvement <input checked="" type="checkbox"/> Suspect <input type="checkbox"/> Complainant <input type="checkbox"/> Victim <input type="checkbox"/> Finder <input type="checkbox"/> Other | | | | DOB | Race |
| Officer - Print Name SHERAN | | Officer # 59115 | Dept. 5250 | Evidence Referral # | Bin # |
| Type of Class: <input type="checkbox"/> E-Evidence <input type="checkbox"/> F-Found <input type="checkbox"/> S-Safekeeping <input type="checkbox"/> D-Destroyed | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | Quantity | Property Use Only Wt. In Wt. Out | | |
| E | PIANO AJ - TWO ONE AWAIR BULLS | 2 | | | |
| Class | Brand Name | Model & Caliber | Serial/OAN | | |
| E | | FROM TOP OF WASKER IN LAUNDRY ROOM | | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | | |
| COLLECTED BY MARSKE | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | Quantity | Property Use Only Wt. In Wt. Out | | |
| E | PIANO AJ - ONE PAIR OF BLUE JEANS FROM | 1 | | | |
| Class | Brand Name | Model & Caliber | Serial/OAN | | |
| E | 122K WOOD | SIGNATURE DRYER IN LAUNDRY ROOM | | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | | |
| COLLECTED BY MARSKE | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | Quantity | Property Use Only Wt. In Wt. Out | | |
| E | PIANO AJ - Grey T-SHIRT FROM DRYER | 1 | | | |
| Class | Brand Name | Model & Caliber | Serial/OAN | | |
| E | | IN LAUNDRY ROOM | | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | | |
| COLLECTED BY MARSKE | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | Quantity | Property Use Only Wt. In Wt. Out | | |
| E | PIANO AJ - GREEN FLEECE SWEAT FROM | 1 | | | |
| Class | Brand Name | Model & Caliber | Serial/OAN | | |
| E | | DRYER IN LAUNDRY ROOM | | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | | |
| COLLECTED BY MARSKE | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | Quantity | Property Use Only Wt. In Wt. Out | | |
| E | PIANO AJ - BLACK THERMOS LOST FROM DRYER | 1 | | | |
| Class | Brand Name | Model & Caliber | Serial/OAN | | |
| E | | IN LAUNDRY ROOM | | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | | |
| COLLECTED BY MARSKE | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | Quantity | Property Use Only Wt. In Wt. Out | | |
| E | PIANO AJ - PAIR OF BLUE PAID BOXER | 1 | | | |
| Class | Brand Name | Model & Caliber | Serial/OAN | | |
| E | | SMALLS, LAUNDRY ROOM DRYER | | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | | |
| COLLECTED BY MARSKE | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | Quantity | Property Use Only Wt. In Wt. Out | | |
| E | PIANO AJ - TWO WHITE SOCKS FROM DRYER IN | 2 | | | |
| Class | Brand Name | Model & Caliber | Serial/OAN | | |
| E | | LAUNDRY ROOM | | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | | |
| COLLECTED BY MARSKE | | | | | |

Returned at scene item #'s: _____

Signature of person delivering property _____ Signature of person receiving property _____

SEARCH WARRANT

SPOKANE POLICE DEPARTMENT

PROPERTY SHEET ADDITIONAL

OFFICE OF THE SHERIFF

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------|------------------------------------------|-----------|
| Incident# 06-367462 | Date 12/06/06 | Time 1529 | Page of 9 | Property No. | |
| Incident Classification HOMICIDE | | | Property Location Do Not Use | | |
| Location Address 18425 E. EAGLE RIDGE LN | | | | | |
| Person Involved: (Last, First, Initial) KSM, BRYAN P. | | Arrested <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Evid. Tech. | Date | Time |
| Person Address | | City | State | Zip Code | Phone No. |
| Involvement <input checked="" type="checkbox"/> Suspect <input type="checkbox"/> Complainant <input type="checkbox"/> Victim <input type="checkbox"/> Finder <input type="checkbox"/> Other | | | DOB | Race | |
| Officer - Print Name SHEAN | | Officer # 59115 | Dept. 5650 | Evidence Referral # | Bin # |
| Type of Class: <input type="checkbox"/> E-Evidence <input type="checkbox"/> F-Found <input type="checkbox"/> S-Safekeeping <input type="checkbox"/> D-Destroyed | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only Wt. In Wt. Out | |
| E | PLANO RJ - U.S. CARBURY - 1 TWENTY DOWN | | | | |
| Class | Brand Name | Model & Caliber | Serial/OAN | | |
| E | | BSL, 2 ONE DOWN | BSLS FROM OWNER IN LAUNDRY ROOM | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City/State Zip Code Phone COLLECTED BY MARSH | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only Wt. In Wt. Out | |
| E | PUSCOW RJ - LINT TRAP FROM BRYAN IN | | 1 | | |
| Class | Brand Name | Model & Caliber | Serial/OAN | | |
| E | | LAUNDRY ROOM | | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City/State Zip Code Phone COLLECTED BY MARSH | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only Wt. In Wt. Out | |
| E | PLANO AK - COMPUTER TOWER | | 1 | | |
| Class | Brand Name | Model & Caliber | Serial/OAN | | |
| E | E - MAGNESIES | | | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City/State Zip Code Phone COLLECTED BY MARSH IN OFFICE UPSTAIRS | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only Wt. In Wt. Out | |
| E | PLANO AK - LAPTOP COMPUTER | | 1 | | |
| Class | Brand Name | Model & Caliber | Serial/OAN | | |
| E | TOSHIBA | | 416658164 - 1 | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City/State Zip Code Phone COLLECTED BY MARSH IN UPSTAIRS OFFICE | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only Wt. In Wt. Out | |
| E | PLANO AM - AGREEMENT LETTER BET. | | 1 | | |
| Class | Brand Name | Model & Caliber | Serial/OAN | | |
| E | | MAM & BRYAN | | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City/State Zip Code Phone COLLECTED BY MARSH IN UPSTAIRS OFFICE | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only Wt. In Wt. Out | |
| E | PLANO AN - LETTER TO BRYAN FROM BYU | | 1 | | |
| Class | Brand Name | Model & Caliber | Serial/OAN | | |
| E | | | | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City/State Zip Code Phone COLLECTED BY MARSH IN UPSTAIRS OFFICE | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only Wt. In Wt. Out | |
| E | PLANO AO - BOBCAT BROCHURE | | 1 | | |
| Class | Brand Name | Model & Caliber | Serial/OAN | | |
| E | | | | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City/State Zip Code Phone COLLECTED BY MARSH IN UPSTAIRS OFFICE | | | | | |
| Returned at scene item #'s: | | | | | |
| Signature of person delivering property | | | Signature of person receiving property | | |

SEARCH WARRANT

SPOKANE POLICE DEPARTMENT

PROPERTY SHEET ADDITIONAL

OFFICE OF THE SHERIFF

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------|----------------------------------------|------------------------------------------|-------|
| Incident# 06-367462 | Date 12/06/06 | Time 1529 | Page of 10 | Property No. | |
| Incident Classification HOMICIDE | | | Property Location Do Not Use | | |
| Location Address 18425 E. EAGLE RIDGE LN. | | | | | |
| Person Involved: (Last, First, Initial) KSM, RAYON P. | | | Arrested Y N | Evid. Tech. Date Time | |
| Person Address City State Zip Code Phone No. | | | | | |
| Involvement <input checked="" type="checkbox"/> Suspect <input type="checkbox"/> Complainant <input type="checkbox"/> Victim <input type="checkbox"/> Finder <input type="checkbox"/> Other | | | | DOB Race | |
| Officer - Print Name SHERM | | Officer # 59115 | Dept. SPSO | Evidence Referral # | Bin # |
| Type of Class: E-Evidence F-Found S-Safekeeping D-Destroyed | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only Wt. In Wt. Out | |
| | PLACARD AP - TOWNT LETTER FROM MT. | | 1 | | |
| Class E | Brand Name | Model & Caliber SPARK N.S. | Serial/OAN | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone MANSKE / UPSTAIRS OFFICE, N/W ROOM | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only Wt. In Wt. Out | |
| | PLACARD AQ - MEDICAL TRUST FUND, CRC FILE | | | | |
| Class E | Brand Name | Model & Caliber FROM FILE CABINET UPSTAIRS | Serial/OAN | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone MANSKE / UPSTAIRS OFFICE, N/W ROOM | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only Wt. In Wt. Out | |
| | PLACARD AR - EAGLE RIDGE DOCUMENTS | | | | |
| Class E | Brand Name | Model & Caliber FROM FILE CABINET UPSTAIRS | Serial/OAN | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone MANSKE / UPSTAIRS OFFICE, N/W ROOM | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only Wt. In Wt. Out | |
| | PLACARD AS - Small screw driver, 22 | | | | |
| Class E | Brand Name | Model & Caliber BULLET | Serial/OAN | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone MANSKE / UPSTAIRS BEDROOM | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only Wt. In Wt. Out | |
| | PLACARD AT - RUGER GUN BOX AND PASSES | | | | |
| Class E | Brand Name | Model & Caliber CONTAINER | Serial/OAN | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone MANSKE / UPSTAIRS BEDROOM | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only Wt. In Wt. Out | |
| | PLACARD AU - CHICAGO 1/2" DRILL | | 1 | | |
| Class E | Brand Name CHICAGO | Model & Caliber | Serial/OAN | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone MANSKE / UPSTAIRS BEDROOM | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only Wt. In Wt. Out | |
| | PLACARD AV - 2 PLY BARS, 2 PASSES | | | | |
| Class E | Brand Name | Model & Caliber 2 PASSES | Serial/OAN | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone MANSKE / UPSTAIRS BEDROOM | | | | | |
| Returned at scene item #'s: | | | | | |
| Signature of person delivering property | | | Signature of person receiving property | | |

SEARCH WARRANT

SPokane Police Department

PROPERTY SHEET ADDITIONAL

OFFICE OF THE SHERIFF

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------|-------------------------------------|-------|
| Incident# 06-367462 | Date 12/06/06 | Time 1529 | Page of 11 | Property No. | |
| Incident Classification HOMICIDE | | | Property Location Do Not Use | | |
| Location Address 18425 E. EQUINE RIDGE LN | | | | | |
| Person Involved: (Last, First, Initial) KIM BRYAN P. | | | Arrested Y N | Evid. Tech. Date Time | |
| Person Address City State Zip Code Phone No. | | | | | |
| Involvement <input checked="" type="checkbox"/> Suspect <input type="checkbox"/> Complainant <input type="checkbox"/> Victim <input type="checkbox"/> Finder <input type="checkbox"/> Other | | | | DOB Race | |
| Officer - Print Name SHERAK | | Officer # 59115 | Dept. SESO | Evidence Referral # | Bin # |
| Type of Class: <input type="checkbox"/> E-Evidence <input type="checkbox"/> F-Found <input type="checkbox"/> S-Safekeeping <input type="checkbox"/> D-Destroyed | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) PLACARD AX - SAWZALL | | Quantity 1 | Property Use Only Wt. In Wt. Out | |
| Class E | Brand Name MILWAUKEE | Model & Caliber | | Serial/OAN | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone MANSKE / UPSTAIRS BEDROOM | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) PLACARD AX - 2 way BAND, MAND, EARPLUG | | Quantity | Property Use Only Wt. In Wt. Out | |
| Class E | Brand Name | Model & Caliber HAMMER, SAFETY GLASSES | | Serial/OAN | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone MANSKE / UPSTAIRS BEDROOM | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) PLACARD AX - 3/8" DRILL | | Quantity 1 | Property Use Only Wt. In Wt. Out | |
| Class E | Brand Name MAHITA | Model & Caliber | | Serial/OAN | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone MANSKE / UPSTAIRS | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) PLACARD AX - DRILL BITS, WIRE CUTTERS | | Quantity | Property Use Only Wt. In Wt. Out | |
| Class E | Brand Name | Model & Caliber | | Serial/OAN | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone MANSKE / UPSTAIRS BEDROOM | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) PLACARD AX - REVOLVER IN HOWEVER | | Quantity 1 | Property Use Only Wt. In Wt. Out | |
| Class E | Brand Name SMITH & WESSON | Model & Caliber | | Serial/OAN | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone MANSKE / UPSTAIRS BEDROOM | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) PLACARD AX - HAND GRINDER | | Quantity 1 | Property Use Only Wt. In Wt. Out | |
| Class E | Brand Name BLACK & DECKER | Model & Caliber | | Serial/OAN | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone MANSKE / UPSTAIRS BEDROOM | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) PLACARD AX - RED HANDLE SAWZALL BOX | | Quantity 1 | Property Use Only Wt. In Wt. Out | |
| Class E | Brand Name | Model & Caliber AND BLADES | | Serial/OAN | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone MANSKE / UPSTAIRS BEDROOM | | | | | |

Returned at scene item #'s: _____

Signature of person delivering property _____ Signature of person receiving property _____

SEARCH WARRANT

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PROPERTY SHEET ADDITIONAL

OFFICE OF THE SHERIFF

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------|-------------------------------------|------------------------------------------|-----------|
| Incident# 06-367462 | Date 12/06/06 | Time 1529 | Page of 12 | Property No. | |
| Incident Classification HOMICIDE | | | Property Location Do Not Use | | |
| Location Address 18425 E. EAGLE RIDGE LN | | | | | |
| Person Involved: (Last, First, Initial) KSM, BRYAN P. | | Arrested Y N | Evid. Tech. | Date | Time |
| Person Address | | City | State | Zip Code | Phone No. |
| Involvement <input checked="" type="checkbox"/> Suspect <input type="checkbox"/> Complainant <input type="checkbox"/> Victim <input type="checkbox"/> Finder <input type="checkbox"/> Other | | | DOB | Race | |
| Officer - Print Name SHEAR | | Officer # 59115 | Dept. SPSO | Evidence Referral # | Bin # |
| Type of Class: E-Evidence F-Found S-Safekeeping D-Destroyed | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only Wt. In Wt. Out | |
| E | PLANO AX - DRILL BIT BOX, 6 DRILL | | | | |
| Class | Brand Name | Model & Caliber | Serial/OAN | | |
| E | | BITS | | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | | |
| MANSKE / UPSTAIRS BEDROOM | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only Wt. In Wt. Out | |
| E | PLANO AX - BOX OF CARTRIDGES, BOX W/ 4 RDS. | | | | |
| Class | Brand Name | Model & Caliber | Serial/OAN | | |
| E | | PIECE OF CARTRIDGES | 2 DRILL BIT CARTRIDGES | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | | |
| MANSKE / UPSTAIRS BEDROOM | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only Wt. In Wt. Out | |
| E | PLANO AX - REVOLVER IN HOLSTER | | 1 | | |
| Class | Brand Name | Model & Caliber | Serial/OAN | | |
| E | ROGER | | | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | | |
| MANSKE / UPSTAIRS BEDROOM | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only Wt. In Wt. Out | |
| E | PLANO AZ - AMMO FROM SAFE DOOR | | | | |
| Class | Brand Name | Model & Caliber | Serial/OAN | | |
| E | | | | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | | |
| MANSKE / UPSTAIRS BEDROOM | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only Wt. In Wt. Out | |
| E | PLANO AZ - SAFE DOOR | | 1 | | |
| Class | Brand Name | Model & Caliber | Serial/OAN | | |
| E | | | | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | | |
| MANSKE / UPSTAIRS BEDROOM | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only Wt. In Wt. Out | |
| E | PLANO AZ - BROKEN DRILL BIT | | 1 | | |
| Class | Brand Name | Model & Caliber | Serial/OAN | | |
| E | | | | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | | |
| MANSKE / UPSTAIRS BEDROOM | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only Wt. In Wt. Out | |
| E | PLANO BA - BROKEN DRILL BIT | | 1 | | |
| Class | Brand Name | Model & Caliber | Serial/OAN | | |
| E | | | | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | | |
| MANSKE / UPSTAIRS BEDROOM | | | | | |

SEARCH WARRANT

SPokane Police Department

PROPERTY SHEET ADDITIONAL

Office of the Sheriff

| | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------|----------------------------------------|---------------------------|
| Incident# 06-367462 | Date 12/06/06 | Time 1529 | Page of 13 | Property No. |
| Incident Classification HOMICIDE | | | Property Location Do Not Use | |
| Location Address 18425 E. EAGLE RIDGE LN | | | | |
| Person Involved: (Last, First, Initial) KSM, Bryan P. | | | Arrested Y N | Evid. Tech. Date Time |
| Person Address City State Zip Code Phone No. | | | | |
| Involvement <input checked="" type="checkbox"/> Suspect <input type="checkbox"/> Complainant <input type="checkbox"/> Victim <input type="checkbox"/> Finder <input type="checkbox"/> Other | | | | DOB Race |
| Officer - Print Name SNEAR | | Officer # 59115 | Dept. SCSD | Evidence Referral # Bin # |
| Type of Case: <input type="checkbox"/> E-Evidence <input type="checkbox"/> F-Found <input type="checkbox"/> S-Safekeeping <input type="checkbox"/> D-Destroyed | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | Quantity | Property Use Only Wt. In Wt. Out | |
| E | PLACARD BC - BUTTON ON FLOOR | 1 | | |
| Class | Brand Name | Model & Caliber | Serial/OAN | |
| | | | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City/State Zip Code Phone | | | | |
| MARSHKE / UPSTAIRS BEDROOM | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | Quantity | Property Use Only Wt. In Wt. Out | |
| E | PLACARD BD - 2 BRASSER WHEELS, 6 each | 1 | | |
| Class | Brand Name | Model & Caliber | Serial/OAN | |
| | | 1 BROKEN DOWN BSS | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City/State Zip Code Phone | | | | |
| MARSHKE / UPSTAIRS BEDROOM | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | Quantity | Property Use Only Wt. In Wt. Out | |
| E | PLACARD BE - FOLDING CLOSET DOOR | 1 | | |
| Class | Brand Name | Model & Caliber | Serial/OAN | |
| | | | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City/State Zip Code Phone | | | | |
| MARSHKE / UPSTAIRS BEDROOM | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | Quantity | Property Use Only Wt. In Wt. Out | |
| E | PLACARD BF - CLOSET DOOR TRIM PIECE | 1 | | |
| Class | Brand Name | Model & Caliber | Serial/OAN | |
| | | | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City/State Zip Code Phone | | | | |
| MARSHKE / UPSTAIRS BEDROOM | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | Quantity | Property Use Only Wt. In Wt. Out | |
| E | PLACARD BG - KNIVES FROM SAFE | 8 | | |
| Class | Brand Name | Model & Caliber | Serial/OAN | |
| | | | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City/State Zip Code Phone | | | | |
| MARSHKE / UPSTAIRS BEDROOM | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | Quantity | Property Use Only Wt. In Wt. Out | |
| E | PLACARD BH - T. REM. PL., S.S. CARDS, CARPET | | | |
| Class | Brand Name | Model & Caliber | Serial/OAN | |
| | | CARDS, S.S. CARDS, ACCT. BOOKLET | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City/State Zip Code Phone | | | | |
| MARSHKE / UPSTAIRS BEDROOM SAFE | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | Quantity | Property Use Only Wt. In Wt. Out | |
| E | PLACARD BI - 10 GALLON SHIP VAL | 1 | | |
| Class | Brand Name | Model & Caliber | Serial/OAN | |
| | | OSP | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City/State Zip Code Phone | | | | |
| MARSHKE / MAIN FLOOR HALLWAY | | | | |
| Returned at scene item #'s: | | | | |
| Signature of person delivering property | | | Signature of person receiving property | |

SEARCH WARRANT

SPokane Police Department

PROPERTY SHEET ADDITIONAL

OFFICE OF THE SHERIFF

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------|----------------------------------------|---------------------|-----------|
| Incident# 06-367462 | Date 12-6-06 | Time 1745 | Page of 21 3 | Property No. | |
| Incident Classification MURDER 2nd | | | Property Location Do Not Use | | |
| Location Address 18425 E Eagle Ridge Lane | | | | | |
| Person Involved: (Last, First, Initial) Kim Bryan ? | | Arrested 0 N | Evid. Tech. | Date | Time |
| Person Address Above | | City | State | Zip Code | Phone No. |
| Involvement <input checked="" type="checkbox"/> Suspect <input type="checkbox"/> Complainant <input type="checkbox"/> Victim <input type="checkbox"/> Finder <input type="checkbox"/> Other | | | | DOB | Race |
| Officer - Print Name | | Officer # | Dept. | Evidence Referral # | Bin # |
| Type of Class: E-Evidence F-Found S-Safekeeping D-Destroyed | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only | |
| | Foot Swabs | | 8 | Wt. In | Wt. Out |
| Class | Brand Name | Model & Caliber | | Serial/OAN | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only | |
| | Black boots | | 2 | Wt. In | Wt. Out |
| Class | Brand Name | Model & Caliber | | Serial/OAN | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only | |
| | Plaid Underpants | | | Wt. In | Wt. Out |
| Class | Brand Name | Model & Caliber | | Serial/OAN | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only | |
| | Pants w/ Belt | | | Wt. In | Wt. Out |
| Class | Brand Name | Model & Caliber | | Serial/OAN | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only | |
| | Socks | | 2 | Wt. In | Wt. Out |
| Class | Brand Name | Model & Caliber | | Serial/OAN | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only | |
| | Blue Flannel shirt | | | Wt. In | Wt. Out |
| Class | Brand Name | Model & Caliber | | Serial/OAN | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only | |
| | Blue T shirt | | | Wt. In | Wt. Out |
| Class | Brand Name | Model & Caliber | | Serial/OAN | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | | |
| Returned at scene item #'s: | | | | | |
| Signature of person delivering property | | | Signature of person receiving property | | |

SEARCH WARRANT

SPokane Police Department

PROPERTY SHEET ADDITIONAL

Office of the Sheriff

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------|----------------------------------------|---------------------|-----------|
| Incident# 06-367462 | Date 12/06/06 | Time 1529 | Page of 14 | Property No. | |
| Incident Classification HOMICIDE | | | Property Location | | |
| Location Address 18425 E. EAGLE RIDGE LN | | | Do Not Use | | |
| Person Involved: (Last, First, Initial) KEM, BRYAN P. | | Arrested Y N | Evid. Tech. | Date | Time |
| Person Address | | City | State | Zip Code | Phone No. |
| Involvement <input checked="" type="checkbox"/> Suspect <input type="checkbox"/> Complainant <input type="checkbox"/> Victim <input type="checkbox"/> Finder <input type="checkbox"/> Other | | | DOB | Race | |
| Officer - Print Name SHERAR | | Officer # 57115 | Dept. SPD | Evidence Referral # | Bin # |
| Type of Class: <input type="checkbox"/> E-Evidence <input type="checkbox"/> F-Found <input type="checkbox"/> S-Safekeeping <input type="checkbox"/> D-Destroyed | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only | |
| | PLACARD BJ - HAND WET WADUM | | 1 | Wt. In | Wt. Out |
| Class E | Brand Name BISSEL | Model & Caliber | Serial/OAN | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | | |
| MARSH / MAIN FLOOR IN FOYER AREA | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only | |
| | PLACARD BK - SILVER PEN | | 1 | Wt. In | Wt. Out |
| Class E | Brand Name | Model & Caliber | Serial/OAN | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | | |
| MARSH / MAIN FLOOR FOYER | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only | |
| | PLACARD BK - YELLOW SPONGE FROM PEN | | 1 | Wt. In | Wt. Out |
| Class E | Brand Name | Model & Caliber | Serial/OAN | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | | |
| MARSH / MAIN FLOOR FOYER | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only | |
| | PLACARD BL - BLUE TOWEL ON FLOOR | | 1 | Wt. In | Wt. Out |
| Class E | Brand Name | Model & Caliber | Serial/OAN | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | | |
| MARSH / MAIN FLOOR FOYER | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only | |
| | PLACARD BM - BROWN LEATHER COAT | | 1 | Wt. In | Wt. Out |
| Class E | Brand Name WELSON | Model & Caliber | Serial/OAN | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | | |
| MARSH / FOYER CLOSET | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only | |
| | PLACARD BM - TAN COAT | | 1 | Wt. In | Wt. Out |
| Class E | Brand Name MOOSE CREEK | Model & Caliber | Serial/OAN | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | | |
| MARSH / FOYER CLOSET | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only | |
| | PLACARD BM - WHITE SWEATER | | 1 | Wt. In | Wt. Out |
| Class E | Brand Name SWEATER PROJECT | Model & Caliber SIZE LARGE | Serial/OAN | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | | |
| MARSH / FOYER CLOSET | | | | | |
| Returned at scene item #'s: | | | | | |
| Signature of person delivering property | | | Signature of person receiving property | | |

SEARCH WARRANT

SPokane Police Department

PROPERTY SHEET ADDITIONAL

OFFICE OF THE SHERIFF

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------|----------------------------------------|---------------------|------------|
| Incident# 06-367462 | Date 12/06/06 | Time 1529 | Page of 15 | Property No. | |
| Incident Classification HOMESTEAD | | | Property Location | | Do Not Use |
| Location Address 18425 E. EAGLE RIDGE LN | | | | | |
| Person Involved: (Last, First, Initial) KIM, Bryan P. | | Arrested Y N | Evid. Tech. | Date | Time |
| Person Address | | City | State | Zip Code | Phone No. |
| Involvement <input checked="" type="checkbox"/> Suspect <input type="checkbox"/> Complainant <input type="checkbox"/> Victim <input type="checkbox"/> Finder <input type="checkbox"/> Other | | | DOB | Race | |
| Officer - Print Name SHERAR | | Officer # 59115 | Dept. SPD | Evidence Referral # | Bin # |
| Type of Class: <input type="checkbox"/> E-Evidence <input type="checkbox"/> F-Found <input type="checkbox"/> S-Safekeeping <input type="checkbox"/> D-Destroyed | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only | |
| | PLACARD BN - 1.06 gal. 409 KETCHUM CLEANER | | 1 | Wt. In | Wt. Out |
| Class E | Brand Name | Model & Caliber | Serial/OAN | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City/State Zip Code Phone | | | | | |
| MARSHKE / MAIN FLOOR BATHROOM COUNTER | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only | |
| | PLACARD BN - BOTTLE OF SCUMMING BUBBLES | | 1 | Wt. In | Wt. Out |
| Class E | Brand Name | Model & Caliber AUTOMATIC SHOWER | Serial/OAN | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City/State Zip Code Phone | | | | | |
| MARSHKE / MAIN FLOOR BATHROOM COUNTER | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only | |
| | PLACARD BD - BLACK VACUUM HOSE | | 1 | Wt. In | Wt. Out |
| Class E | Brand Name | Model & Caliber | Serial/OAN | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City/State Zip Code Phone | | | | | |
| MARSHKE / MAIN FLOOR BATHROOM FLOOR | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only | |
| | PLACARD BD - BLUE BOXER SHORTS | | 1 | Wt. In | Wt. Out |
| Class E | Brand Name | Model & Caliber | Serial/OAN | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City/State Zip Code Phone | | | | | |
| MARSHKE / MAIN FLOOR BATHROOM FLOOR | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only | |
| | PLACARD BD - LIGHT BLUE TOWEL | | 1 | Wt. In | Wt. Out |
| Class E | Brand Name | Model & Caliber | Serial/OAN | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City/State Zip Code Phone | | | | | |
| MARSHKE / MAIN FLOOR BATHROOM FLOOR | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only | |
| | PLACARD BP - 2 WASH CLOTHS 1 LT. BLUE | | 2 | Wt. In | Wt. Out |
| Class E | Brand Name | Model & Caliber 100% BLUE | Serial/OAN | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City/State Zip Code Phone | | | | | |
| MARSHKE / MAIN FLOOR BATHROOM SINK | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only | |
| | SWABS & GEL LIFTS | | | Wt. In | Wt. Out |
| Class E | Brand Name | Model & Caliber | Serial/OAN | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City/State Zip Code Phone | | | | | |
| MARSHKE / MAIN FLOOR BATHROOM SINK | | | | | |
| Returned at scene item #'s: | | | | | |
| Signature of person delivering property | | | Signature of person receiving property | | |

SEARCH WARRANT

SPokane Police Department

PROPERTY SHEET ADDITIONAL

Office of the Sheriff

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------|----------------------|---------------------|------------------------------------------------------|------|
| Incident# 06-367462 | Date 12/06/06 | Time 1529 | Page of 16 | Property No. | | |
| Incident Classification | | | Property Location | | Do Not Use | |
| Location Address | | | | | | |
| Person Involved: (Last, First, Initial) | | | Arrested Y N | Evid. Tech. | Date | Time |
| Person Address | | City | State | Zip Code | Phone No. | |
| Involvement <input type="checkbox"/> Suspect <input type="checkbox"/> Complainant <input type="checkbox"/> Victim <input type="checkbox"/> Finder <input type="checkbox"/> Other | | | | DOB | Race | |
| Officer - Print Name | | Officer # | Dept. | Evidence Referral # | Bin # | |
| Type of Class: E-Evidence F-Found S-Safekeeping D-Destroyed | | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) Adidas Tennis Shoes | | | Quantity | Property Use Only Wt. In Wt. Out | |
| Class | Brand Name | Model & Caliber | | Serial/OAN | | |
| E | | | | | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone MARSH - 1st Basement bedroom | | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) NEWADOS SADDLES | | | Quantity | Property Use Only Wt. In Wt. Out | |
| Class | Brand Name | Model & Caliber | | Serial/OAN | | |
| 1 | | | | | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone Basement Door MARSH | | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | | Quantity | Property Use Only Wt. In Wt. Out | |
| Class | Brand Name | Model & Caliber | | Serial/OAN | | |
| | | | | | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | | Quantity | Property Use Only Wt. In Wt. Out | |
| Class | Brand Name | Model & Caliber | | Serial/OAN | | |
| | | | | | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | | Quantity | Property Use Only Wt. In Wt. Out | |
| Class | Brand Name | Model & Caliber | | Serial/OAN | | |
| | | | | | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | | Quantity | Property Use Only Wt. In Wt. Out | |
| Class | Brand Name | Model & Caliber | | Serial/OAN | | |
| | | | | | | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | | | |

Returned at scene item #'s:

Signature of person delivering property

Signature of person receiving property

SEARCH WARRANT

SPOKANE POLICE DEPARTMENT

PROPERTY SHEET ADDITIONAL

OFFICE OF THE SHERIFF

| | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------|------------------------------|------------------------------------------|
| Incident# 06-367462 | Date | Time | Page of | Property No. |
| Incident Classification Homicide | | | Property Location Do Not Use | |
| Location Address E 18425 Eagle Ridge Ln. | | | | |
| Person Involved: (Last, First, Initial) BRYAN P KIM | | | Arrested Y N | Evid. Tech. Date Time |
| Person Address | | City | State | Zip Code Phone No. |
| Involvement <input checked="" type="checkbox"/> Suspect <input type="checkbox"/> Complainant <input type="checkbox"/> Victim <input type="checkbox"/> Finder <input type="checkbox"/> Other | | | | DOB Race |
| Officer - Print Name | | Officer # | Dept. | Evidence Referral # Bin # |
| Type of Class: E-Evidence F-Found S-Safekeeping D-Destroyed | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only Wt. In Wt. Out |
| | KNIVES | | 3 | |
| Class E | Brand Name | Model & Caliber | | Serial/OAN |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only Wt. In Wt. Out |
| E | FRED MEYER bag & Receipt | | | |
| Class | Brand Name | Model & Caliber | | Serial/OAN |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only Wt. In Wt. Out |
| E | Need for Speed Video game | | | |
| Class | Brand Name | Model & Caliber | | Serial/OAN |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only Wt. In Wt. Out |
| | MINI Console & COMPASS | | | |
| Class | Brand Name | Model & Caliber | | Serial/OAN |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only Wt. In Wt. Out |
| | DUNGEONS & DRAGONS book | | | |
| Class | Brand Name | Model & Caliber | | Serial/OAN |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only Wt. In Wt. Out |
| | ZYPREXA PRESCRIPTION | | | |
| Class | Brand Name | Model & Caliber | | Serial/OAN |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only Wt. In Wt. Out |
| | bottle - bryan kim | | | |
| Class | Brand Name | Model & Caliber | | Serial/OAN |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | |

Returned at scene item #'s: _____

Signature of person delivering property _____ Signature of person receiving property _____

SEARCH WARRANT

SPokane Police Department

PROPERTY SHEET ADDITIONAL

OFFICE OF THE SHERIFF

| | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------|----------------------------------------|------------------------------------------|
| Incident# 06-367462 | Date 12-6-06 | Time 1745 | Page of 23 | Property No. |
| Incident Classification MURDER 2ND | | | Property Location Do Not Use | |
| Location Address 18425 E EAGLE RIDGE LANE | | | | |
| Person Involved: (Last, First, Initial) KIM BRYAN ? | | | Arrested Y N | Evid. Tech. Date Time |
| Person Address Above | | City | State | Zip Code Phone No. |
| Involvement <input checked="" type="checkbox"/> Suspect <input type="checkbox"/> Complainant <input type="checkbox"/> Victim <input type="checkbox"/> Finder <input type="checkbox"/> Other | | | | DOB Race |
| Officer - Print Name | | Officer # | Dept. | Evidence Referral # Bin # |
| Type of Class: E-Evidence F-Found S-Safekeeping D-Destroyed | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only Wt. In Wt. Out |
| | Debris from hair | | | |
| Class | Brand Name | Model & Caliber | Serial/OAN | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only Wt. In Wt. Out |
| | WALLET & STCU Receipt | | | |
| Class | Brand Name | Model & Caliber | Serial/OAN | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only Wt. In Wt. Out |
| | HAIR SAMPLES | | | |
| Class | Brand Name | Model & Caliber | Serial/OAN | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only Wt. In Wt. Out |
| | MOUTH SWABS | | | |
| Class | Brand Name | Model & Caliber | Serial/OAN | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only Wt. In Wt. Out |
| | HAND SWABS | | | |
| Class | Brand Name | Model & Caliber | Serial/OAN | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only Wt. In Wt. Out |
| | Knee SWABS | | | |
| Class | Brand Name | Model & Caliber | Serial/OAN | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only Wt. In Wt. Out |
| | COAT | | | |
| Class | Brand Name | Model & Caliber | Serial/OAN | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | |
| Returned at scene Item #'s: | | | | |
| Signature of person delivering property | | | Signature of person receiving property | |

SEARCH WARRANT

POKANE POLICE DEPARTMENT

PROPERTY SHEET ADDITIONAL

OFFICE OF THE SHERIFF

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------|------------------------------|------------------------------------------|--|
| Incident# 06-367462 | Date 12/6/06 | Time 1745 | Page of 3 3 | Property No. | |
| Incident Classification MURDER 2ND | | | Property Location Do Not Use | | |
| Location Address 18425 E EAGLE RIDGE LANE | | | | | |
| Person Involved: (Last, First, Initial) Kim. BRYAN P | | | Arrested Y N | Evid. Tech. Date Time | |
| Person Address 18425 E EAGLE RIDGE LANE City State Zip Code Phone No. | | | | | |
| Involvement <input checked="" type="checkbox"/> Suspect <input type="checkbox"/> Complainant <input type="checkbox"/> Victim <input type="checkbox"/> Finder <input type="checkbox"/> Other | | | | DOB Race | |
| Officer - Print Name Officer # Dept. | | | Evidence Referral # | Bin # | |
| Type of Class: E-Evidence F-Found S-Safekeeping D-Destroyed | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only Wt. In Wt. Out | |
| | HOT | | | | |
| Class | Brand Name | Model & Caliber | | Serial/OAN | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only Wt. In Wt. Out | |
| | Paper from under feet | | | | |
| Class | Brand Name | Model & Caliber | | Serial/OAN | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only Wt. In Wt. Out | |
| | | | | | |
| Class | Brand Name | Model & Caliber | | Serial/OAN | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only Wt. In Wt. Out | |
| | | | | | |
| Class | Brand Name | Model & Caliber | | Serial/OAN | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only Wt. In Wt. Out | |
| | | | | | |
| Class | Brand Name | Model & Caliber | | Serial/OAN | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | | |
| Item # | Description (If weapon, indicate barrel length, action, finish) | | Quantity | Property Use Only Wt. In Wt. Out | |
| | | | | | |
| Class | Brand Name | Model & Caliber | | Serial/OAN | |
| Owner <input type="checkbox"/> Unknown <input type="checkbox"/> See Comments <input type="checkbox"/> D.O.B. Address City /State Zip Code Phone | | | | | |

Returned at scene item #'s:

Signature of person delivering property

Signature of person receiving property