

DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency

OMB Control No. 1660-0040  
Expires: 09-30-2023

**STANDARD FLOOD HAZARD DETERMINATION FORM (SFHDF)**

| SECTION I - LOAN INFORMATION                                                                                                                                                                                                                           |                                                                 |                                                                                                                                                                                                               |                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| 1. LENDER/SERVICER NAME AND ADDRESS<br><br>State Bank Northwest<br>12902 E Sprague Ave, Spokane Valley, WA,<br>Spokane - 99216                                                                                                                         |                                                                 | 2. COLLATERAL DESCRIPTION (Building/Mobile Home/Property) (See instructions for more information.)<br><br>Thomas Davis & Alix Davis<br>28102 N Hardesty, Chattaroy, Spokane WA 99003<br>Parcel No: 38242.9092 |                                         |
| 3. LENDER/SERVICER ID #<br><br>2945                                                                                                                                                                                                                    | 4. LOAN IDENTIFIER                                              | 5. AMOUNT OF FLOOD INSURANCE REQUIRED                                                                                                                                                                         |                                         |
| SECTION II                                                                                                                                                                                                                                             |                                                                 |                                                                                                                                                                                                               |                                         |
| A. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) COMMUNITY JURISDICTION                                                                                                                                                                                      |                                                                 |                                                                                                                                                                                                               |                                         |
| 1. NFIP Community Name<br><br>SPOKANE COUNTY                                                                                                                                                                                                           | 2. County(ies)<br><br>SPOKANE                                   | 3. State<br><br>WA                                                                                                                                                                                            | 4. NFIP Community Number<br><br>530174  |
| B. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) DATA AFFECTING BUILDING/MOBILE HOME                                                                                                                                                                         |                                                                 |                                                                                                                                                                                                               |                                         |
| 1. NFIP Map Number or Community-Panel Number<br>(Community name, if not the same as "A")<br><br>53063 C 0215 D                                                                                                                                         | 2. NFIP Map Panel Effective /<br>Revised Date<br><br>07/06/2010 | 3. Is there a Letter of Map Change (LOMC)?<br><br><input checked="" type="radio"/> NO<br><input type="radio"/> YES (If yes, and LOMC date/no. is available,<br>enter date and case no. below).                |                                         |
| 4. Flood Zone<br><br>X                                                                                                                                                                                                                                 | 5. No NFIP Map                                                  | Date                                                                                                                                                                                                          | Case No.                                |
| C. FEDERAL FLOOD INSURANCE AVAILABILITY (Check all that apply.)                                                                                                                                                                                        |                                                                 |                                                                                                                                                                                                               |                                         |
| 1. <input checked="" type="checkbox"/> Federal Flood Insurance is available (community participates in the NFIP). <input checked="" type="checkbox"/> Regular Program <input type="checkbox"/> Emergency Program of NFIP                               |                                                                 |                                                                                                                                                                                                               |                                         |
| 2. <input type="checkbox"/> Federal Flood Insurance is not available (community does not participate in the NFIP).                                                                                                                                     |                                                                 |                                                                                                                                                                                                               |                                         |
| 3. <input type="checkbox"/> Building/Mobile Home is in a Coastal Barrier Resources Area (CBRA) or Otherwise Protected Area (OPA). Federal Flood Insurance may not be available.<br><br>CBRA/OPA Designation Date: _____                                |                                                                 |                                                                                                                                                                                                               |                                         |
| D. DETERMINATION                                                                                                                                                                                                                                       |                                                                 |                                                                                                                                                                                                               |                                         |
| IS BUILDING/MOBILE HOME IN SPECIAL FLOOD HAZARD AREA (ZONES CONTAINING THE LETTERS "A" OR "V")? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                                                                    |                                                                 |                                                                                                                                                                                                               |                                         |
| If yes, flood insurance is required by the Flood Disaster Protection Act of 1973.<br>If no, flood insurance is not required by the Flood Disaster Protection Act of 1973. Please note, the risk of flooding in this area is only reduced, not removed. |                                                                 |                                                                                                                                                                                                               |                                         |
| This determination is based on examining the NFIP map, any Federal Emergency Management Agency revisions to it, and any other information needed to locate the building /mobile home on the NFIP map.                                                  |                                                                 |                                                                                                                                                                                                               |                                         |
| E. COMMENTS (Optional)                                                                                                                                                                                                                                 |                                                                 |                                                                                                                                                                                                               |                                         |
| Life of Loan Tracking will be performed on this property and is transferable.                                                                                                                                                                          |                                                                 |                                                                                                                                                                                                               |                                         |
| F. PREPARER'S INFORMATION                                                                                                                                                                                                                              |                                                                 |                                                                                                                                                                                                               |                                         |
| NAME, ADDRESS, TELEPHONE NUMBER (If other than Lender)<br>Zenith Real Estate Tax Service Inc<br>2605 Maitland Center Pkwy-STE B, Maitland, FL 32751<br>Number: LL-SO-02004                                                                             |                                                                 |                                                                                                                                                                                                               | DATE OF DETERMINATION<br><br>01/29/2025 |