Department of Revenue

MOBILE HOME
REAL ESTATE EXCISE TAX AFFIDAVIT

Submit to County Treasurer of the county in which property is located.

Chapter 82.45 RCW
Chapter 458-61A WAC

This form is your receipt when stamped by cashier.

FOR USE WHEN TRANSFERRING TITLE TO MOBILE HOME ONLY

PLEASE TYPE OR PRINT
INCOMPLETE AFFIDAVITS WILL NOT BE ACCEPTED

REGISTERED OWNER
Name: Francis B. Boyd
Shirley J. Boyd
Street: PO. Box 121
City: Teton Village, Wy State: Zip Code: 83025

NEW REGISTERED OWNER
Name: TSMH-Aquavia, LLC
Street: 1221 Highland Ave.
City: Clarkston State: WA Zip Code: 99403

LOCATION OF MOBILE HOME
Name: Nobles Mobile Home Park
Street: 1115 Highland Ave. Space 79
City: Clarkston State: WA Zip Code: 99403

LEGAL OWNER
Name: TSMH-Aquavia, LLC
Street: 1221 Highland Ave.
City: Clarkston State: WA Zip Code: 99403

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-004-15-001-0000-0790
LIST ASSESSED VALUE(S): $ 1900

REAL PROPERTY PARCEL or ACCOUNT NO. 1-004-15-001-0000-0000
LIST ASSESSED VALUE(S): $

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.
BUDGR	1969		40/15	S5413	

Date of Sale: 04/30/2015
Taxable Sale Price ..... $ 500.00
Excise Tax: State ..... $ 6.40
Asotin County Local ..... $ 1.25
Delinquent Interest: State ..... $
0.0025 Local ..... $
Delinquent Penalty ..... $
Subtotal ..... $ 7.65
State Technology Fee ..... $ 5.00
Affidavit Processing Fee ..... $
Total Due ..... $ 12.65

If exemption claimed, WAC number & title:
WAC No. (Sec/Sub)
WAC Title

A MINIMUM OF $10.00 IS DUE IN FEE(S) AND/OR TAX.

AFFIDAVIT

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

Signature of **Grantor/Agent** Nellie Heagy
Name (print) Estate of Francis B. Boyd
Date and Place of Signing: 4/27/2015 - Clarkston, WA

Signature of **Grantee/Agent** Donald J. Wee
Name (print) Donald J. Wee, Authorized Signator
Date & Place of Signing: 04/27/2015 - Clarkston, WA

TREASURER'S CERTIFICATE

I hereby certify that property taxes due Asotin County on the mobile home described hereon have been paid to and including the year 2015.

5/27/15 Date — Vicki Allen County Treasurer or Deputy

If, in selling (or otherwise transferring ownership of) a mobile home which possesses a tax lien, the seller does not inform the buyer (new owner) of such a lien, the seller is guilty of deliberate deception as it applies to Fraud and/or Theft as defined in Title 9 and 9A RCW (RCW 9.45.060, RCW 9A.56.010 (4d), and RCW 9A.56.020).

THIS SPACE - TREASURER'S USE ONLY

REV 84 0003e (4/9/08) COUNTY TREASURER

ATCE EK# 11377

PAID
MAY 27 2015
ASOTIN COUNTY TREASURER

48436
48436

STATE OF WASHINGTON

TD-420-002 (R/3/85)

#79

VEHICLE CERTIFICATE OF TITLE

TITLE NUMBER 8606604516

LICENSE NUMBER	DATE OF APPLICATION	MODEL YR	MAKE	POWER/USE	SERIES & BODY STYLE
896530	02/26/86	69	BUDGR	/MOB	40E/15

VEHICLE IDENTIFICATION NUMBER (VIN)	FLEET/EQUIP. NUMBER	SCALE WT.	MILEAGE	PRIOR TITLE STATE	PRIOR TITLE NUMBER
S5413					8409305202

SPECIFIC COMMENTS:

SAME AS LEGAL OWNER BELOW

REGISTERED OWNER

LEGAL OWNER

BOYD,FRANCIS B
BOYD,SHIRLEY I
1432 10TH ST 79
CLARKSTON WA 99403

SIGNATURE(S) OF REGISTERED OWNER(S) BELOW, HEREBY RELEASES ALL INTEREST IN VEHICLE DESCRIBED ABOVE.

BY _____ REGISTERED OWNER SIGNATURE _____ DATE OF SALE

BY _____ REGISTERED OWNER SIGNATURE _____ DATE OF SALE

MILEAGE READING AT TIME OF SALE _____

SALE PRICE _____

SIGNATURE(S) OF LEGAL OWNER(S) BELOW, HEREBY RELEASES ALL INTEREST IN VEHICLE DESCRIBED ABOVE.

BY _____ FIRST LEGAL OWNER - SIGNATURE & TITLE _____ DATE RELEASED

BY _____ SECOND LEGAL OWNER - SIGNATURE & TITLE _____ DATE RELEASED

I CERTIFY THAT THE RECORDS OF THE DEPARTMENT OF LICENSING SHOW PERSONS NAMED HEREON AS REGISTERED OWNERS AND LEGAL OWNERS OF THE VEHICLE DESCRIBED.

DIRECTOR - DEPARTMENT OF LICENSING

LEGAL OWNER: When lien is satisfied, release interest above and transmit this document to County Auditor or Agent with proper fee. Failure to properly release and transmit the Title within 10 days after lien is satisfied may result in liability to the debtor for $100 or more pursuant to RCW 46.12.170.

PURCHASER: New Title must be applied for within 15 days -- see reverse side for transfer information. **SELLER:** See second page for Seller's Report of Sale (White Form).

KEEP IN A SAFE PLACE

ANY ALTERATION OR ERASURE VOIDS THIS TITLE

48436

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

CITY OF LONG BEACH

DEPARTMENT OF HEALTH AND HUMAN SERVICES

LONG BEACH, CALIFORNIA

COPY

3

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS

VS-11 REV 2/03

STATE FILE NUMBER | LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT — FIRST (Given): Francis
2. MIDDLE: B
3. LAST (Family): Boyd
AKA. ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST):
4. DATE OF BIRTH mm/dd/ccyy: 09/19/1920
5. AGE Yrs.: 82
If UNDER ONE YEAR: Months | Days
If UNDER 24 HOURS: Hours | Minutes
6. SEX: Male
9. BIRTH STATE/FOREIGN COUNTRY: ID
10. SOCIAL SECURITY NUMBER: 562-28-1901
11. EVER IN U.S. ARMED FORCES? [X] YES [ ] NO [ ] UNK
12. MARITAL STATUS (at Time of Death): Married
7. DATE OF DEATH mm/dd/ccyy: 06/02/2003
8. HOUR (24 Hours): 1936
13. EDUCATION — Highest Level/Degree (See instructions on back): Some College
14/15. WAS DECEDENT SPANISH/HISPANIC/LATINO? (If yes, see checkbook on back.) [ ] YES [X] NO
16. DECEDENT'S RACE — Up to 8 races may be listed (see checkbook on back): White
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED: Business Owner
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.): Real Estate Sales
19. YEARS IN OCCUPATION: 31

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number or location): 264 Tivoli Drive
21. CITY: Long Beach
22. COUNTY/PROVINCE: Los Angeles
23. ZIP CODE: 90803
24. YEARS IN COUNTY: 58
25. STATE/FOREIGN COUNTRY: CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP: Shirley Boyd - Wife
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP): 264 Tivoli Drive Long Beach CA 90803

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE — FIRST: Shirley
29. MIDDLE: I
30. LAST (Maiden Name): Jorgensen
31. NAME OF FATHER — FIRST: Vernon
32. MIDDLE: -
33. LAST: Boyd
34. BIRTH STATE: KY
35. NAME OF MOTHER — FIRST: Winifred
36. MIDDLE: -
37. LAST (Maiden): Yeoman
38. BIRTH STATE: ID

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy: 06/09/2003
40. PLACE OF FINAL DISPOSITION: Off the Coast of Long Beach, Los Angeles County, CA
41. TYPE OF DISPOSITION(S): Cr/Sea
42. SIGNATURE OF EMBALMER: Not Embalmed
43. LICENSE NUMBER: -
44. NAME OF FUNERAL ESTABLISHMENT: McKenzie Mortuary
45. LICENSE NUMBER: FD-1539
46. SIGNATURE OF LOCAL REGISTRAR: Darryl M. Sexton MD
47. DATE mm/dd/ccyy: 06/06/2003

PLACE OF DEATH

101. PLACE OF DEATH: Long Beach Memorial Medical Center
102. IF HOSPITAL, SPECIFY ONE: [X] IP [ ] ER/OP [ ] DOA
103. IF OTHER THAN HOSPITAL, SPECIFY ONE: [ ] Hospice [ ] Nursing Home/LTC [ ] Decedent's Home [ ] Other
104. COUNTY: Los Angeles
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location): 2801 Atlantic Avenue
106. CITY: Long Beach

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without stating the etiology. DO NOT ABBREVIATE.

IMMEDIATE CAUSE (Final disease or condition resulting in death) (a): Shock
(b): Sepsis
Sequentially list conditions, if any, leading to cause on line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (c): Methicillin Resistant Staph Aureus Infection
(d): Deep Venous Thrombosis

Time Interval Between Onset and Death: (a) Hours (b) Days (c) Days (d) Days

108. DEATH REPORTED TO CORONER? [ ] YES [X] NO
109. BIOPSY PERFORMED? [ ] YES [X] NO
110. AUTOPSY PERFORMED? [ ] YES [X] NO
111. USED IN DETERMINING CAUSE? [ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: Atrial Fibrillation; Coagulopathy
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date): No
113A. IF FEMALE, PREGNANT IN LAST YEAR? [ ] YES [ ] NO [ ] UNK

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
Decedent Attended Since (a) mm/dd/ccyy: 05/25/2003
Decedent Last Seen Alive (b) mm/dd/ccyy: 06/02/2003
115. SIGNATURE AND TITLE OF CERTIFIER: Ronald V Roque, MD
116. LICENSE NUMBER: A74823
117. DATE mm/dd/ccyy: 06/05/2003
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: Ronaldo V Roque, MD 1760 Termino Avenue #101 Long Beach CA 90814

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined
120. INJURED AT WORK? [ ] YES [ ] NO [ ] UNK
121. INJURY DATE mm/dd/ccyy
122. HOUR (24 Hours)
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)
126. SIGNATURE OF CORONER / DEPUTY CORONER
127. DATE mm/dd/ccyy
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

202096

STATE REGISTRAR | A | B | C | D | E | FAX AUTH. # | CENSUS TRACT

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
CITY OF LONG BEACH } SS

DATE ISSUED JUN 06 2003

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES.

04 2556593

DARRYL M. SEXTON, M.D.
CITY HEALTH OFFICER
REGISTRAR OF VITAL RECORDS

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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