



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: Francis B. Bayd, Richland Bayd, P.O. Box 121, Teton Village, WY 83025. LOCATION OF MOBILE HOME: Nobles Mobile Home Park, 1115 Highland Ave. Space 77, Clarkston WA 99403.

NEW REGISTERED OWNER: TSMH-Aquavia, LLC, 1221 Highland Ave., Clarkston WA 99403. LEGAL OWNER: TSMH-Aquavia, LLC, 1221 Highland Ave., Clarkston WA 99403.

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-004-15-001-0000-0770 LIST ASSESSED VALUE(S): \$1900

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

Table with columns: MAKE, YEAR, MODEL, SIZE, SERIAL NO. or I.D., REVENUE TAX CODE NO. Row 1: COLUM, 1964, 56/10, UE105623794.

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

AFFIDAVIT. I certify under penalty of perjury... Signature of Grantor/Agent: Willie Heagy, Estate of Francis B. Bayd. Date and Place of Signing: 4/27/2015 - Clarkston, WA. Signature of Grantee/Agent: 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. Date: 5/27/15. County Treasurer or Deputy: Vicki Allen.

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

PAID

MAY 27 2015

ASOTIN COUNTY TREASURER

REV 84 0003e (4/9/08) COUNTY TREASURER. ATEC. CK# 11378. (ya)

48437 48437

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF ORANGE**

**HEALTH CARE AGENCY**

1200 N. MAIN STREET, SUITE 100-A  
SANTA ANA, CA 92701

3052014228378

**CERTIFICATE OF DEATH**

3201430017767

1. NAME OF DECEASED - FIRST (Given) <b>SHIRLEY</b>		2. MIDDLE -		3. LAST (Family) <b>BOYD</b>	
4. DATE OF BIRTH anniversary <b>05/28/1928</b>					
5. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10. SOCIAL SECURITY NUMBER <b>571-22-9377</b>		11. EVER IN U.S. ARMED FORCES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION - Highest Level (Degree) <b>HS GRADUATE</b>		14. DECEASED'S MARRIAGE STATUS (at time of death) <b>WIDOWED</b>		1. DATE OF DEATH anniversary <b>12/07/2014</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>REAL ESTATE BROKER</b>		18. DECEASED'S RACE - Up to 3 races may be listed (see instructions on back) <b>CAUCASIAN</b>		6. HOUR (24 Hours) <b>0535</b>	
21. DECEASED'S RESIDENCE (Street and number, or location) <b>264 TIVOLI DRIVE</b>		19. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, real construction, employment agency, etc.) <b>REAL ESTATE</b>		15. YEARS IN OCCUPATION <b>40</b>	
21. CITY <b>LONG BEACH</b>		22. COUNTY (Provide) <b>LOS ANGELES</b>		23. ZIP CODE <b>90803</b>	
24. STATE/FOREIGN COUNTRY <b>CA</b>		27. DECEASED'S NEXT OF KIN (Name and address, or hotel name, address, city or town, state and zip) <b>P.O. BOX 121, TETON VILLAGE, WY 83025</b>			
25. NAME OF SURVIVING SPOUSE/PARTNER - FIRST <b>OTTO</b>		26. MIDDLE -		28. LAST (BIRTH NAME) <b>JORGENSEN</b>	
29. NAME OF SURVIVING SPOUSE/PARTNER - LAST <b>LOIS</b>		30. MIDDLE <b>ABIGALE</b>		31. LAST (BIRTH NAME) <b>DRAPER</b>	
32. BIRTH STATE/FOREIGN COUNTRY <b>NORWAY</b>		33. BIRTH STATE/FOREIGN COUNTRY <b>IA</b>		34. BIRTH STATE/FOREIGN COUNTRY <b>IA</b>	
35. DECEASED'S DATE OF DEATH anniversary <b>12/15/2014</b>		36. PLACE OF FINAL DISPOSITION <b>RESIDENCE OF DANA HARMENING 264 TIVOLI DRIVE, LONG BEACH, CA 90803</b>		43. LICENSE NUMBER -	
41. TYPE OF DISPOSITION <b>CR/RES</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		44. LICENSE NUMBER -	
45. NAME OF FUNERAL ESTABLISHMENT <b>SMART CREMATION</b>		46. LICENSE NUMBER <b>FD2008</b>		47. SIGNATURE OF LOCAL REGISTRAR <b>ERIC G. HANDLER, M.D.</b>	
48. DATE anniversary <b>12/13/2014</b>		49. DATE anniversary <b>12/13/2014</b>			
100. PLACE OF DEATH <b>LOS ALAMITOS MEDICAL CENTER</b>		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> EMERGENCY <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Home <input type="checkbox"/> Hospice <input type="checkbox"/> Other	
101. CITY <b>ORANGE</b>		104. FACILITY ADDRESS (If location was not found, street and number, or location) <b>3751 KATELLA AVE</b>		106. CITY <b>LOS ALAMITOS</b>	
107. CAUSE OF DEATH Give description of cause - disease, chain of occurrences - the directly caused death. DO NOT state medical events such as cardiac arrest, respiratory arrest, or metabolic. Refer to relevant laboratory findings. DO NOT abbreviate.					
108. DATE CAUSE OF DEATH <b>ACUTE MYOCARDIAL INFARCTION</b>					
109. TIME CAUSE OF DEATH <b>ACUTE MYOCARDIAL INFARCTION</b>					
110. SITE CAUSE OF DEATH <b>RIGHT LEG ARTERIAL OCCLUSION</b>					
111. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (such as) <b>CHRONIC ATRIAL FIBRILLATION, CEREBROVASCULAR ACCIDENT, LEFT HEMIPLEGIA, DEMENTIA</b>					
112. WERE OPERATIONS PERFORMED FOR ANY CONDITION IN ITEM 107 OR 111? (If yes, list type of operation and date) <b>NO</b>					
113. IS FEMALE PRESENT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
114. SIGNATURE AND TITLE OF CERTIFIER <b>GHULAM YAHYA DOSTZADA M.D.</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>GHULAM YAHYA DOSTZADA M.D.</b>		116. LICENSE NUMBER <b>A76019</b>	
117. DATE anniversary <b>12/08/2014</b>		118. DATE anniversary <b>12/07/2014</b>		119. DATE anniversary <b>12/11/2014</b>	
120. PLACE OF BIRTH (State and county, or foreign country) <b>3801 KATELLA AVE STE 321, LOS ALAMITOS, CA 90720</b>					
121. PLACE OF BIRTH (State and county, or foreign country) <b>3801 KATELLA AVE STE 321, LOS ALAMITOS, CA 90720</b>					
122. DESCRIBE HOW INJURY OCCURRED (Give date, time, location, and other details) <b>12/07/2014</b>					
123. LOCATION OF INJURY (Street and number, or location, and city and state) <b>3801 KATELLA AVE STE 321, LOS ALAMITOS, CA 90720</b>					
124. SIGNATURE OF CORONER / DEPUTY CORONER <b>ERIC G. HANDLER, M.D.</b>					
125. DATE anniversary <b>12/13/2014</b>					
126. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>ERIC G. HANDLER, M.D.</b>					

CERTIFIED COPY OF VITAL RECORDS



STATE OF CALIFORNIA }  
COUNTY OF ORANGE } SS

DATE ISSUED: January 20, 2015

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

*Eric G. Handler H.O.*  
ERIC G. HANDLER, M.D.  
HEALTH OFFICER  
ORANGE COUNTY, CALIFORNIA

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

48437

# 77

# VEHICLE CERTIFICATE OF TITLE

TD-420-002 (R/8/86)

LICENSE NUMBER #81886 DATE OF APPLICATION 05/27/86 MODEL YR 64 MAKE COLUM POWER/USE /MOS SERIES & BODY STYLE 56DF/10

TITLE NUMBER  
8915303837

VEHICLE IDENTIFICATION NUMBER (VIN) UE105623794 FLEET/EQUIP NUMBER SCALE WT. MILEAGE PRIOR TITLE STATE PRIOR TITLE NUMBER 8723304404

SPECIFIC COMMENTS:

SAME AS LEGAL OWNER BELOW

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 \_\_\_\_\_

REGISTERED OWNER  
BOYD, FRANCIS G  
9009, MICHLAND  
14327 10TH  
CLARKSTON WA 99403

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  
*[Signature]*



ANY ALTERATION OR ERASURE VOIDS THIS TITLE

**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

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