



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: Lawrence Ridge, Judy R. Ridge; Street: 1213 16th; City: Clarkston, WA; Zip Code: 99403

NEW REGISTERED OWNER

Name: Lawrence Ridge, Judy R. Ridge; Street: 1213 16th Ave; City: Clarkston, WA; Zip Code: 99403

LOCATION OF MOBILE HOME

Name: ; Street: 1265 Elm St #38; City: Clarkston, WA; Zip Code: ; State: WA

LEGAL OWNER

Name: ; Street: ; City: ; State: ; Zip Code:

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 50041800300010380 LIST ASSESSED VALUE(S): \$ 3500

REAL PROPERTY PARCEL or ACCOUNT NO. LIST ASSESSED VALUE(S): \$

Table with columns: MAKE, YEAR, MODEL, SIZE, SERIAL NO. or I.D., REVENUE TAX CODE NO. (1966, Pleewood, 54777)

Date of Sale: 6/5/14; Taxable Sale Price: \$; Excise Tax: \$; Delinquent Interest: \$; Subtotal: \$; State Technology Fee: \$ 5.00; Affidavit Processing Fee: \$; Total Due: \$ 10.00

AFFIDAVIT: I certify under penalty of perjury... Signature of Grantor/Agent: Judy R. Ridge; Signature of Grantee/Agent: Judy R. Ridge

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 2014

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

J. Ridge CR1901; REV 84 0003 (12/27/06); JUN 05 2014; ASOTIN COUNTY TREASURER; 47546; COUNTY TREASURER

CERTIFIED COPY

REC'D & FILED
OFFICE OF CO. CLERK
ASOTIN COUNTY, WA
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SUPERIOR COURT OF WASHINGTON FOR ASOTIN COUNTY

In the Matter of the Estate of:)	NO.	09-4-00001-1
LAWERENCE LEONARD RIDGE,)	LETTERS TESTAMENTARY	
Deceased.)		

WHEREAS, the last Will of LAWERENCE LEONARD RIDGE, deceased, was on the 10th day of ~~December, 2008~~ ^{January, 2009}, duly exhibited, proven and recorded in our said Superior Court, a copy of which is hereto annexed; and whereas, it appears in and by the said Will that JUDY RAE RIDGE is appointed as personal representative thereon;

Now, therefore, know all men by these presents, that we do hereby authorize the said JUDY RAE RIDGE to execute said Will, with codicils attached, according to law.

WITNESS, Judge William D. Acey of our said Superior Court, and the seal of said Court hereto affixed this 10th day of ~~December, 2008~~ ^{January, 2009}.

151 SHEILA STACHOFKY deputy
of Superior Court

Broyles & Laws, PLLC
901 Sixth Street
Clarkston, WA 99403
(509) 758-1636

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STATE OF WASHINGTON)
) ss
County of Asotin)

I, LINDA HOUGH, County Clerk of the County of Asotin, State of Washington, and ex-officio Clerk of the Superior Court of the State of Washington for Asotin County, do hereby certify that the within and foregoing is a full, true and correct copy of the original Letters Testamentary and of the whole thereof, as the same is now on file and of record in the above entitled cause in my office and custody, said letters have never been revoked and are still in Full Force and Effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Superior Court, this 16th day of ~~December, 2008.~~ January, 2009.

LINDA HOUGH

County Clerk and ex-officio Clerk
of the Superior Court

BY: Shula Stacholsky
Deputy

Broyles & Laws, PLLC
901 Sixth Street
Clarkston, WA 99403
(509) 758-1636

47546

STATE OF WASHINGTON
VEHICLE CERTIFICATE OF TITLE

TITLE NUMBER
9115402333

LICENSE NUMBER: **%54307** DATE OF ACQUISITION: **06/03/91** MODEL YEAR: **1966** MAKE: **FLTWD** POWER USE: **MOB** SERIES AND BODY STYLE: **55S/10**

VEHICLE IDENTIFICATION NUMBER (VIN): **S4777** EQUIP. NUMBER: STATE WT: MILEAGE: **0000000** BRAND: **EXEMPT ODOMETER DISCLOSURE**

SPECIFIC COMMENTS: **00** PRIOR TITLE STATE: **WA** PRIOR TITLE NUMBER: **8972005101**

SAME AS LEGAL OWNER BELOW

LEGAL OWNER
 RIDGE, LAWRENCE L
 RIDGE, JUDY
 1213 16TH AVE
 CLARKSTON WA 99403-2812

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 NUMBER _____ DATE 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 _____



LEGAL OWNER: When this is submitted, release interest above and transmit this document to County Auditor or Agent with proper fee. Failure to properly release and transmit this title within 10 days after being satisfied may result in liability to the purchaser for 20% of price pursuant to RCW 46.10.170.
PURCHASER: This title is subject to all other liens, claims, mortgages or other interests of record in the vehicle.
 Failure to read and understand this title is a mistake of law.

12/90 PR0046249

DETACH HERE STATE OF WASHINGTON - DEPARTMENT OF LICENSING DETACH HERE

VEHICLE SELLER'S REPORT OF SALE
 PLEASE PRINT OR TYPE - SEE REVERSE SIDE.

LICENSE NUMBER: **%54307** MODEL YEAR: **1966** MAKE: **FLTWD** VEHICLE IDENTIFICATION NUMBER (VIN): **S4777** POWER USE: **MOB** SERIES AND BODY STYLE: **55S/10** TITLE NUMBER: **9115402333**

NAME OF SELLER (PRINT OR TYPE) (SIGNED BY)				NAME OF PURCHASER (TRANSFEREE)			
ADDRESS OF SELLER (PRINT OR TYPE)				ADDRESS OF PURCHASER (TRANSFEREE)			
DATE	TIME	PRICE	CITY	DATE	TIME	PRICE	CITY
SELLER'S SIGNATURE			BUYER'S SIGNATURE		BUYER'S SIGNATURE		When you sell/release interest in your vehicle, complete this form and deliver within 5 days to: STATE OF WASHINGTON DEPARTMENT OF LICENSING PO BOX 9041 OLYMPIA, WA 98507-9041
SELLER'S SIGNATURE			BUYER'S SIGNATURE		BUYER'S SIGNATURE		

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Washington State Certificate of Death

Local File Number: _____ State File Number: _____

1. Legal Name (include AKA's if any) First Middle LAST: Lawrence L. Ridge 2. Death Date: December 4, 2008

3. Sex (M/F): Male 4a. Age - Last Birthday: 65 4b. Under 1 Year: Months 4c. Under 1 Day: Hours 5. Social Security Number: [REDACTED] 6. County of Death: Asotin

7. Birthdate: May 30, 1943 8a. Birthplace (City, Town, or County): Spokane 8b. (State or Foreign Country): Washington 9. Decedent's Education: 4 Year College Degree

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No 11. Decedent's Race(s): White 12. Was Decedent ever in U.S. Armed Forces? No

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): 1213 16th Avenue 13b. City or Town: Clarkston

13c. Residence: County: Asotin 13d. Tribal Reservation Name (if applicable): _____ 13e. State or Foreign Country: Washington 13f. Zip Code + 4: 99403 13g. Inside City Limits? Yes No Unk

14. Estimated length of time at residence: 30 Years 15. Marital Status at Time of Death: Married 16. Surviving Spouse's Name (Give name prior to first marriage): Judy Cerenzia

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)): General Contractor 18. Kind of Business/Industry (Do not use Company Name): Industrial Construction

19. Father's Name (First, Middle, Last, Suffix): William L. Ridge 20. Mother's Name Before First Marriage (First, Middle, Last): Margaret Shields

21. Informant's Name: Judy Ridge 22. Relationship to Decedent: Wife 23. Mailing Address: Number and Street or RFD No. City or Town State Zip: 1213 16th Ave., Clarkston, WA 99403

24. Place of Death, if Death Occurred in a Hospital: _____ Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedant's Home

25. Facility Name (if not a facility, give number & street or location): 1213 16th Avenue 26a. City, Town, or Location of Death: Clarkston 26b. State: WA 27. Zip Code: 99403

28. Method of Disposition: Cremation 29. Place of Final Disposition (Name of cemetery, crematory, other place): Mountain View Crematory 30. Location-City/Town, and State: Lewiston, Idaho

31. Name and Complete Address of Funeral Facility: Merchant Funeral Home 1000 7th St., Clarkston WA 99403 32. Date of Disposition: December 6, 2008

33. Funeral Director Signature: Jerry Bartlow

34. Cause of Death (See instructions and examples)
Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Angio myoneurotic from Scrofula Interval between Onset & Death: 2 years

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

b. _____ Due to (or as a consequence of): _____ Interval between Onset & Death: _____

c. _____ Due to (or as a consequence of): _____ Interval between Onset & Death: _____

d. _____ Due to (or as a consequence of): _____ Interval between Onset & Death: _____

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: _____

36. Autopsy? Yes No 37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death: Natural Homicide Accident Undetermined Suicide Pending

39. If female: Not pregnant within past year Not pregnant, but pregnant within 42 days before death Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year

40. Did tobacco use contribute to death? Yes Probably No Unknown

41. Date of Injury (MM/DD/YYYY): _____ 42. Hour of Injury (24hrs): _____ 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area): _____ 44. Injury at Work? Yes No Unk

45. Location of Injury: Number & Street: _____ Apt No.: _____

46. Describe how injury occurred: _____ City or Town: _____ County: _____ State: _____ Zip Code+ 4: _____

47. If transportation injury, specify: Driver/Operator Pedestrian Passenger Other (Specify) _____

48a. Certifying Physician: [Signature] 48b. Medical Examiner/Coroner: [Signature]

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Richard Weiland, M.D. 1207 Evergreen Court, Clarkston WA 99403 50. Hour of Death (24hrs): 0610

51. Name and Title of Attending Physician if other than Certifier (Type or Print): _____ 52. Date Signed (MM/DD/YYYY): 12/04/2008

53. Title of Certifier: Medical Doctor 54. License Number: 15988 55. ME/Coroner File Number: _____ 56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature: [Signature] 58. Date Received (MM/DD/YYYY): DEC 05 2008

59. Amendments: [Signature]

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[Redacted]

12/03/2008

ANOTIN COUNTY

HEALTH DISTRICT

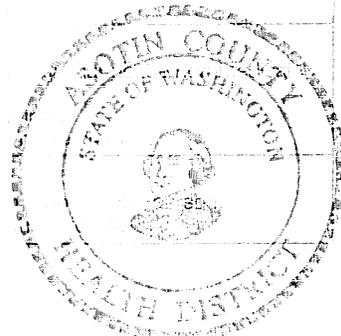
PROVIDER'S SIGNATURE

[Redacted Signature]

DATE OF SIGNATURE AND THE DATE OF EXPIRATION. THE INCORRECT DATE WILL BE REJECTED.

PRINT NAME AND TITLE (IF IT BEARS AN EXPIRATION DATE)
PRINT NAME AND TITLE (IF IT BEARS AN EXPIRATION DATE)

PRINT NAME AND TITLE (IF IT BEARS AN EXPIRATION DATE)



C. Spitters, M.D.
C. Spitters, M.D.
Health Officer

DEC 03 2008

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