



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 Judy Ridge Lawrence & Ridge, 1213, Street 16th Ave, City Clarkston, State Wa, Zip Code 99703. LOCATION OF MOBILE HOME: Name, Street 1265 Elm St #15, City Clarkston, State, Zip Code.

NEW REGISTERED OWNER: Name Lawrence Ridge Trust, Street 1213 16th Ave, City Clarkston, State Wa, Zip Code 99703. LEGAL OWNER: Name, Street, City, State, Zip Code.

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 50041800300010150 LIST ASSESSED VALUE(S): \$ 3600

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. Values: MAKE, 1969, Marlette, SIZE, H12260RKK809776, REVENUE TAX CODE NO.

Date of Sale 6/5/14, Taxable Sale Price, Excise Tax: State, Local, Delinquent Interest: State, Local, Delinquent Penalty, Subtotal, State Technology Fee 5.00, Affidavit Processing Fee, Total Due 10.00, WAC No. 458-61A-211(2)(g), WAC Title TRUST, 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 Judy Ridge, Name (print) Judy R. Ridge, Date and Place of Signing. Signature of Grantee/Agent Judy Ridge, Name (print) Judy R. Ridge, Date & Place of Signing.

TREASURER'S CERTIFICATE: I hereby certify that property taxes due Ashton County on the mobile home described hereon have been paid to and including the year 2014, Date 6/5/14, 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

J Ridge 1901, REV 84 0003 (12/27/06), #5

PAID JUN 05 2014 ASOTIN COUNTY TREASURER

47547 COUNTY TREASURER

CERTIFIED COPY

REC'D & FILED  
OFFICE OF CO. CLERK  
ASOTIN COUNTY, WA  
JAN 06 2009  
SS  
CLERK DEPUTY

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32

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 10<sup>th</sup> day of ~~December, 2008~~ <sup>January, 2009</sup>, 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 10<sup>th</sup> day of ~~December, 2008~~ <sup>January, 2009</sup>.

151 SHEILA STACHOFKY *Deputy*  
of Superior Court

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

47547

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20

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 6<sup>th</sup> day of ~~December, 2008.~~ January, 2009.

**LINDA HOUGH**  
\_\_\_\_\_  
County Clerk and ex-officio Clerk  
of the Superior Court  
  
BY: *Shvita Stachovsky*  
Deputy

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

47547

# STATE OF WASHINGTON VEHICLE CERTIFICATE OF TITLE

TITLE NUMBER  
**9633702504**

VEHICLE IDENTIFICATION NUMBER	DATE OF APPLICATION	MOBE YEAR	VIN	VEHICLE USE	TOP BODY WEIGHT
<b>%46134</b>	<b>12/02/96</b>	<b>1969</b>	<b>MARLE</b>	<b>MOB</b>	<b>60SS/12</b>
VEHICLE IDENTIFICATION NUMBER			VEHICLE IDENTIFICATION NUMBER	VEHICLE IDENTIFICATION NUMBER	VEHICLE IDENTIFICATION NUMBER
<b>H1226ORKK80976</b>			<b>0000000</b>	<b>EXEMPT ODOMETER DISCLOSURE</b>	
COMMENTS BRANDS				PRIOR TITLE STATE	PRIOR TITLE NUMBER
<b>7125 89</b>				<b>WA</b>	<b>9626402503</b>

**SAME AS LEGAL OWNER BELOW**

**RIDGE, LAWRENCE L  
RIDGE, JUDY R  
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 SIGNATURE \_\_\_\_\_ 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 satisfied, release interest by signing above and transmit this document to County Auditor or Agent with proceeds. Return proceeds release and transmit the Title within 10 days after sale is completed. Failure to comply with monetary penalty to the extent pursuant to RCW 46.12.100.  
**TRANSFEREE/BUYER MUST APPLY FOR TRANSFER OF TITLE WITHIN 15 DAYS FROM DATE OF DELIVERY TO AVOID PENALTY. (SEE REVERSE FOR ADDITIONAL INFORMATION.)**

10/96 0013309 AB  
0013809 AB  
*Kerry Bates Grant*



Seller Please DETACH HERE STATE OF WASHINGTON - DEPARTMENT OF LICENSING Seller Please DETACH HERE

## VEHICLE SELLER'S REPORT OF SALE

REQUIRED WHENEVER OWNERSHIP CHANGES - INCLUDING DEALER TRADES  
PLEASE PRINT OR TYPE - SEE IMPORTANT INSTRUCTIONS ON REVERSE SIDE  
DATE OF SALE: \_\_\_\_\_ VEHICLE YEAR: \_\_\_\_\_ VIN: \_\_\_\_\_ VEHICLE IDENTIFICATION NUMBER: \_\_\_\_\_ MOBE YEAR: \_\_\_\_\_ TOP BODY WEIGHT: \_\_\_\_\_

<b>%46134</b>	<b>1969</b>	<b>MARLE</b>	<b>H1226ORKK80976</b>	<b>MOB</b>	<b>60SS/12</b>	<b>9633702504</b>
TRANSFEROR SELLER: To be released from civil criminal liability for the operation of the vehicle you must fill in this form COMPLETELY. The completed form is to be submitted to the County Auditor or Agent with proceeds of the sale. The Department of Licensing will not issue a new title for the vehicle. The Department of Licensing will not issue a new title for the vehicle.			State of Washington Department of Licensing Executive Office 1000 4th Avenue OLYMPIA, WA 98501-7906			
DATE OF SALE: _____ VEHICLE YEAR: _____ VIN: _____ VEHICLE IDENTIFICATION NUMBER: _____ MOBE YEAR: _____ TOP BODY WEIGHT: _____						

47547

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
Washington State Certificate of Death

Local File Number		Washington State Certificate of Death		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 Days	4c. Under 1 Day Hours Minutes	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 5 <sup>th</sup> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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: Decedant's Home			24. Place of Death, if Death Occurred Somewhere Other than a Hospital:		
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 <i>Jerry Bartlow</i>					
34. Cause of Death (See instructions and examples) Enter the <u>chain of events</u> - 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. <i>Angio myoma from Scrotum</i>		Interval between Onset & Death <i>2 years</i>	
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.		Interval between Onset & Death	
		c.		Interval between Onset & Death	
		d.		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above			36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street. City or Town. County. State. Zip Code + 4. Apt No.					
46. Describe how injury occurred			47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		
48a. Certifying Physician <i>Richard Weiland</i>			48b. Medical Examiner/Coroner <i>[Signature]</i>		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
57. Registrar Signature <i>[Signature]</i>			58. Date Received (MM/DD/YYYY) DEC 05 2008		
59. Amendments					

Part 1 completed by Funeral Director

Part 2 completed by Certifier

