



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 L Ridge, Judy R Ridge; Street: 1213 16th Avenue; City: Clarkston Wash; State: WA; Zip Code: 99403

NEW REGISTERED OWNER: Name: Lawrence Ridge Trust; Street: 1213 16th Ave; City: Clarkston Wash; State: WA; Zip Code: 99403

LOCATION OF MOBILE HOME: Name: ; Street: 1265 Elm St #20; City: Clarkston WA; State: WA; Zip Code: 99403

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

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 50041800300010200 LIST ASSESSED VALUE(S): \$ 4300

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

Table with 6 columns: MAKE, YEAR, MODEL, SIZE, SERIAL NO. or I.D., REVENUE TAX CODE NO. Handwritten entries: Year 1971, Model Marketa, Serial 10103.

Date of Sale 6/5/14; Taxable Sale Price \$ 0; Excise Tax: State \$, Local \$; Delinquent Interest: State \$, Local \$ 0200; 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

AFFIDAVIT: I certify under penalty of perjury... Signature of Grantor/Agent: Judy R Ridge; Name (print): Judy R Ridge; Date and Place of Signing: ; Signature of Grantee/Agent: Judy R 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: H. Selph

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 #B

PAID JUN 05 2014 ASOTIN COUNTY TREASURER

47548 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 6th 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*

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STATE OF WASHINGTON VEHICLE CERTIFICATE OF TITLE

TITLE NUMBER
9930002602

VEHICLE NUMBER	DATE OF APPLICATION	LICENSE YEAR	MAKE	MODEL YEAR	SERIES & BODY STYLE
#83421	10/27/1999	1971	MARLE	MOB	65/14
VEHICLE IDENTIFICATION NUMBER	HUBBARD NUMBER		STATE WEIGHT	RELEASE	ODOMETER CODE
10103				0000000	EXEMPT ODOMETER DISCLOSURE
COMMENTS BRANDS 8126 1871				PRIOR TITLE STATE	PRIOR TITLE NUMBER
				WA	8131604319

SAME AS LEGAL OWNER BELOW

**RIDGE, LAWRENCE L
RIDGE, JUDY R
1213 16TH AVE
CLARKSTON WA 99403-2812**

SIGNATURE(S) OF PRIOR OWNER(S) BELOW HEREBY RELEASED 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 RELEASED 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 title is withheld, release provided by Special Order will release title interest to County Auditor or Agent with penalty fee. Failure to pay out release and a valid title within 15 days after title is withheld may result in forfeiture of title to the state, as provided in RCW 46.01.070.
TRANSFEREE/BUYER MUST APPLY FOR TRANSFER OF TITLE WITHIN 15 DAYS FROM DATE OF DELIVERY TO AVOID PENALTY. (SEE REVERSE FOR ADDITIONAL INFORMATION.)

10/99 0022445 AB 

Print Name and Address Here STATE OF WASHINGTON - DEPARTMENT OF LICENSING Safety Please DETACH HERE

VEHICLE SELLER'S REPORT OF SALE

REQUIRED WHENEVER OWNERSHIP CHANGES - INCLUDING DEALER TRADES DEALER ONLY

PLEASE PRINT OR TYPE - SEE IMPORTANT INSTRUCTIONS ON REVERSE SIDE

VEHICLE NUMBER	YEAR	MAKE	HUBBARD NUMBER	MODEL YEAR	RELEASE	TITLE NUMBER
#83421	1971	MARLE	10103	MOB	65/14	9930002602
<small>TRANSFEROR SELLER To be released from liability for the operation of the vehicle, transferor must file this form COMPLETELY and correctly with the Department of Licensing. If the transferor does not file this form, the transferor will be held liable for the operation of the vehicle. The DOT number address is:</small>				Office of Assessment Department of Licensing 4000 10th Ave NE, 3rd Floor Everett, WA 98203-4000		
NAME OF SELLER (Print Name) (Print Address) (City) (State) (Zip)				NAME OF BUYER (Print Name) (Print Address) (City) (State) (Zip)		
SIGNATURE OF SELLER (Print Name) (Print Address) (City) (State) (Zip)				SIGNATURE OF BUYER (Print Name) (Print Address) (City) (State) (Zip)		
DATE OF SALE (Month/Day/Year)				DATE OF SALE (Month/Day/Year)		
SELLER'S SIGNATURE (Print Name) (Print Address) (City) (State) (Zip)				BUYER'S SIGNATURE (Print Name) (Print Address) (City) (State) (Zip)		

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Washington State Certificate of Death

1. Legal Name (Middle Initial & Suffix) Lawrence L. Ridge		2. Death Date December 4, 2008	
3. Sex (MF) 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 5 th 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 Jerry Bartlow			
34. Cause of Death (See instructions and examples) IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>Angio myeloma from Scars</u> Due to (or as a consequence of): Interval between Onset & Death <u>2 years</u> 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? <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: _____ 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 X <u>[Signature]</u>		48b. Medical Examiner/Coroner X	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Richard Weiland, M.D., 1207 Evergreen Court, _____ ton 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. Registrar Signature X <u>[Signature]</u>		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature		58. Date Received (MM/DD/YYYY) DEC 05 2008	
59. Amendments			

Part 1 completed by Funeral Director

Part 2 completed by Certifier

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Case No. _____
County of _____

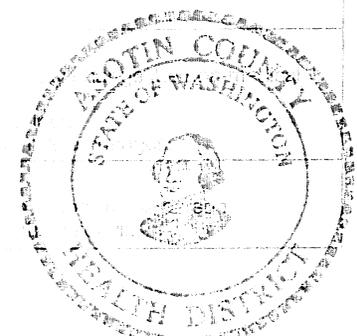
State of _____

_____ are hereby court order. The incorrect

_____ (if it bears an
_____ (front and back)

_____ show me

_____ affidavit and



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

DEC 03 2008

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