



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. Judy R Ridge, 1213 16th Ave, Clarkston WA 99403

NEW REGISTERED OWNER: Name: Lawrence Ridge Trust, 1213 16th Ave, Clarkston Wash 99403

LOCATION OF MOBILE HOME: Name: 1265 Elm St #12, Clarkston

LEGAL OWNER: Name: [Blank], Street: [Blank], City: [Blank], State: [Blank], Zip Code: [Blank]

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 50041800300010120 LIST ASSESSED VALUE(S): \$ 1800

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

Table with 6 columns: MAKE, YEAR, MODEL, SIZE, SERIAL NO. or I.D., REVENUE TAX CODE NO. (1966, Marlette, 60501)

Date of Sale: 6/5/14, Taxable Sale Price: \$ 0, 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 Ashton 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 (RCW 9.45.060, RCW 9A.56.010 (4d), and RCW 9A.56.020).

THIS SPACE - TREASURER'S USE ONLY

JRidge 1901 REV 84 0003 (12/27/06) #5

PAID JUN 05 2014 ASOTIN COUNTY TREASURER

17540 COUNTY TREASURER

CERTIFIED COPY

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

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

47549

STATE OF WASHINGTON VEHICLE CERTIFICATE OF TITLE

TITLE NUMBER
9735702704

VEHICLE IDENTIFICATION NUMBER	REGISTRATION EXPIRES	MODEL YEAR	MAKE	MODEL	EXEMPT BODY STYLE
#80796	12/23/1997	1966	MARLE	MOB	60E/12
VEHICLE IDENTIFICATION NUMBER			SALE PRICE	SALE TYPE	
60501			0000000	EXEMPT ODOMETER DISCLOSURE	
COORDINATE PLATE NO.			REGISTRATION STATE	PRIOR TITLE NUMBER	
637b 1966			WA	7317601127	

SAME AS LEGAL OWNER BELOW

REGISTRATION EXPIRES

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

SIGNATURE(S) OF REGISTERED OWNER(S) HEREIN RELEASES ALL INTEREST IN VEHICLE THROUGH THIS DATE

BY _____ REGISTERED OWNER SIGNATURE _____ DATE OF SALE _____

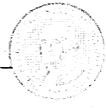
BY _____ REGISTERED OWNER SIGNATURE _____ DATE OF SALE _____

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: We do hereby certify, before me, that by signing above and handing this document to County Auditor or Agent's office, you have properly released and transferred the Title within 10 days of a title transfer required may result in monetary penalty to the state, please call 1-800-562-1130.
TRANSFEREE BUYER MUST APPLY FOR TRANSFER OF TITLE WITHIN 15 DAYS FROM DATE OF DELIVERY TO AVOID PENALTY. (SEE REVERSE FOR ADDITIONAL INFORMATION.)



01/98 0011381 AB 0011381 AB **NEW INSURANCE**

SELLER'S COPY DETACH HERE STATE OF WASHINGTON - DEPARTMENT OF LICENSING BUYER'S COPY DETACH HERE

VEHICLE SELLER'S REPORT OF SALE

REQUIRED WHENEVER OWNERSHIP CHANGES - INCLUDING DEALER TRADES
APPLICABLE TO THE SELLER'S COPY OF THIS REPORT ONLY
PLEASE PRINT OR TYPE - SEE IMPORTANT INSTRUCTIONS ON REVERSE SIDE

VEHICLE IDENTIFICATION NUMBER	MODEL YEAR	MAKE	MODEL	SALE TYPE	TITLE NUMBER
#80796	1966	MARLE	60501	MOB	9735702704
TRANSFEROR SELLER: To be released from civil/criminal liability for the sale of this vehicle, you must file this report COMPLETELY. The completed report must be delivered to the Department of Licensing, or mailed to the Department of Licensing, within 5 days from the date of delivery of the vehicle. The DOL mailing address is: Title Office, Department of Licensing, P.O. Box 9040, Olympia, WA 98512-0040			State of Washington Department of Licensing P.O. Box 9040 OLYMPIA, WA 98512-0040		
DATE OF DELIVERY TO BUYER			DATE OF REPORT FILED		
COMPLETE SELLER'S REPORT OF SALE			DATE OF REPORT FILED		
SELLER'S SIGNATURE			DATE		
BUYER'S SIGNATURE			DATE		

47549

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Washington State Certificate of Death

1. Legal Name (include AKA's if any) First Middle Last SumX 2. Death Date
Lawrence L. Ridge 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 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: **Decedent'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. 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 shock** Interval between Onset & Death **2 years**
 Due to (or as a consequence of): _____ Interval between Onset & Death _____

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. _____
 City or Town: _____ County: _____ State: _____ Zip Code+ 4: _____

46. Describe how injury occurred _____ 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]**

UNITED STATES

(City or County)

(State or District of Columbia)

(Post Office or Post Office Box)

(Zip Code)

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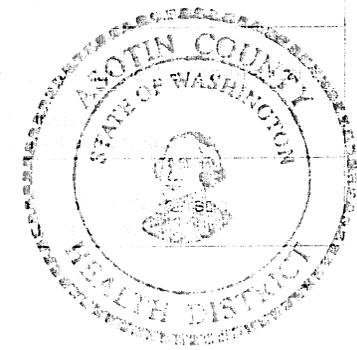
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C. Splitters
C. Splitters, M.D.
Health Officer

DEC 05 2008

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