



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 K. Ridge; Street: 1213 16th Ave; City: Clarkston, WA; Zip Code: 99403

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

LOCATION OF MOBILE HOME Name: ; Street: 1265 Elm St SPO5; City: Clarkston, WA; Zip Code: ;

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

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 50041800300010050 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. (1974, Fleetwood, S1333)

Date of Sale: 6/5/14; Taxable Sale Price: \$; Excise Tax: State \$, Local \$; Delinquent Interest: State \$, Local \$; Subtotal: \$; State Technology Fee: \$ 5.00; Affidavit Processing Fee: \$; Total Due: \$ 10.00; WAC No. (Sec/Sub): 458-61A-211(2)(g); WAC Title: TRUST

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 K. Ridge; Name (print): Judy K. Ridge; Date and Place of Signing: ; Signature of Grantee/Agent: Judy K. Ridge; Name (print): Judy K. 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.S. Open

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) HS

PAID JUN 05 2014 ASOTIN COUNTY TREASURER

47530 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 Stachorsky
Deputy

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

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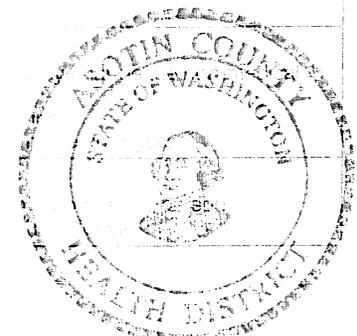
STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Washington State Certificate of Death

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| 1. Legal Name (Middle 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 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) 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): 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. _____ City or Town: _____ County: _____ State: _____ Zip Code+ 4: _____ | | | |
| 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 [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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 57. Registrar Signature [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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C. Spittora
C. Spittora, M.D.
Health Officer

DEC 05 2008

PP00520789

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