



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: Richard L. Ayers, Lela McHenry Ayers, Street: 2015 6th Ave Trlr 243B, City: Clarkston, State: WA, Zip Code: 99403

NEW REGISTERED OWNER Name: Richard L. Ayers, Street: 2015 6th Ave Trlr 243B, City: Clarkston, State: WA, Zip Code: 99403

LOCATION OF MOBILE HOME Name: , Street: 2015 6th Ave 9PC 243B, City: Clarkston, State: WA, Zip Code: 99403

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

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 50413500200022430 LIST ASSESSED VALUE(S): \$ 9800

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

Table with columns: MAKE (Buddy), YEAR (1977), MODEL, SIZE, SERIAL NO. or I.D. (04940399ABK), REVENUE TAX CODE NO.

Date of Sale, Taxable Sale Price, Excise Tax (State, Local), Delinquent Interest, Delinquent Penalty, Subtotal, State Technology Fee, Affidavit Processing Fee, Total Due, WAC No. (458-61A-202), WAC Title (inheritance)

AFFIDAVIT I certify under penalty of perjury... Signature of Grantor/Agent (Richard L. Ayers by Lee Anne Hoskins P.O.A.), Name (print) Richard L. Ayers, Date and Place of Signing: 11-30-16 Asotin Court House

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 2016, Date 11/30/16, 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).

Cash 10.00

THIS SPACE - TREASURER'S USE ONLY

REV 84 0003 (12/27/06) [Signature]

NOV 30 2016 ASOTIN COUNTY TREASURER

49373

COUNTY TREASURER

STATE OF WASHINGTON
VEHICLE CERTIFICATE OF OWNERSHIP (TITLE)

CERTIFICATE NUMBER

0900502106

LICENSE NUMBER @89820	VEHICLE IDENTIFICATION NUMBER (VIN) 04940399ABK	YEAR 1977	MAKE BUDDY	MODEL	STYLE	SERIES BODY 4824
DATE ISSUED 01/05/2009	ODOMETER MILES 0000000	ODOMETER STATUS EXEMPT	FLEET NUMBER	EQUIP NUMBER	FUEL TYPE UNPOWERED	
USE CLASS MOB	SCALE WEIGHT 00000	GROSS WEIGHT 000000	VEHICLE COLOR TAN	PRIOR TITLE STATE WA	PRIOR TITLE NUMBER 0831703912	

COMMENTS
26000-2009-JTWROS

BRAND:

SALE PRICE \$ _____

DATE OF SALE _____

LEGAL OWNER: When lien is satisfied, release interest by signing below and transmit this document to County Auditor or Agent with proper fee. Failure to properly release and transmit the document within 10 days after lien is satisfied may result in monetary penalty to the debtor, pursuant to RCW 46.12.170. **TRANSFEREE/BUYER MUST APPLY FOR TRANSFER OF OWNERSHIP WITHIN 15 DAYS FROM DATE OF DELIVERY TO AVOID PENALTY.**

LEGAL OWNER

**AYERS, RICHARD L
 MCHENREY AYERS, LELA
 2015 6TH AVE TRLR 243B
 CLARKSTON WA 99403-1544**

REGISTERED OWNER

SAME AS LEGAL OWNER

SIGNATURE OF LEGAL OWNER HEREBY RELEASES ALL INTEREST IN VEHICLE AS DESCRIBED ABOVE _____ DATE _____

SIGNATURE OF REGISTERED OWNER HEREBY RELEASES ALL INTEREST IN VEHICLE DESCRIBED ABOVE _____ DATE _____

SIGNATURE OF LEGAL OWNER HEREBY RELEASES ALL INTEREST IN VEHICLE AS DESCRIBED ABOVE _____ DATE _____

SIGNATURE OF REGISTERED OWNER HEREBY RELEASES ALL INTEREST IN VEHICLE DESCRIBED ABOVE _____ DATE _____

I CERTIFY THAT THE RECORDS OF THE DEPARTMENT OF LICENSING SHOW PERSONS NAMED HEREON AS REGISTERED OWNERS AND LEGAL OWNERS OF THE VEHICLE DESCRIBED.

Elizabeth A. Luce
 DIRECTOR DEPARTMENT OF LICENSING 05/06

0028824 01 AB
 0028824 01 AB

I certify, to the best of my knowledge, that the ODOMETER READING, as shown below: (CHECK ONE)

NO TENTHS

1. is the ACTUAL MILEAGE of the vehicle
 2. is in EXCESS OF ITS MECHANICAL LIMITS
 3. is NOT THE ACTUAL MILEAGE

ODOMETER READING (in miles)

TRANSFEREE / BUYER: unless licensed dealer, must transfer title within 15 days of sale. If we warrant this Title and certify that the vehicle described herein has been sold to the following:

Date of Transfer

SIGNATURE OF TRANSFEREE / BUYER _____
 HANDPRINTED NAME OF TRANSFEREE / BUYER _____
 ADDRESS OF TRANSFEREE / BUYER _____

SIGNATURE OF TRANSFEROR / SELLER _____
 HANDPRINTED NAME OF TRANSFEROR / SELLER _____
 ADDRESS OF TRANSFEROR / SELLER _____

FEDERAL REGULATION AND STATE LAW REQUIRE THAT YOU STATE THE MILEAGE IN CONNECTION WITH THE TRANSFER OF OWNERSHIP. FAILURE TO COMPLETE ODOMETER STATEMENT OR PROVIDING A FALSE STATEMENT MAY RESULT IN FINES AND/OR IMPRISONMENT.

KEEP IN A SAFE PLACE

ANY ALTERATION OR ERASURE VOIDS THIS TITLE

If you are the buyer: You must apply for a new Certificate of Ownership. Take to the Department of Licensing office and pay the appropriate fees and taxes. You must also complete an application for Certificate of Ownership. If you are the seller: You must transfer the vehicle title within 15 calendar days. There is a penalty fee.

49873

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH**

Local File Number 1610 Washington State Certificate of Death State File Number **2011 51125**

1. Legal Name (include Affix if any): First Middle LAST Suffix LELA M. AYERS				2. Death Date May 28, 2011	
3. Sex (M/F) Female	4a. Age - Last Birthday 83	4b. Under 1 Year Months	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Nez Perce
7. Birthdate September 8, 1927		8a. Birthplace (City, Town, or County) Woodland	8b. (State or Foreign Country) Idaho	9. Decedent's Education 9th - 12th grade, but no diploma	
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.) 2015 6th Avenue, 243B				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. 3 years		15. Marital Status at Time of Death Married	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Richard Lynn Ayers		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Waitress			18. Kind of Business/Industry (Do not use Company Name) Food Service		
19. Father's Name (First, Middle, Last Suffix) Richard Thomas Smith			20. Mother's Name Before First Marriage (First, Middle, Last) Grace Elizabeth Emery		
21. Informant's Name Richard L. Ayers		22. Relationship to Decedent Husband	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 2015 6th Avenue, 243B, Clarkston, Washington 99403		
24. Place of Death, if Death Occurred in a Hospital			24. Place of Death, if Death Occurred Somewhere Other than a Hospital		
25. Facility Name (if not a facility, give number & street or location) Tri-State Memorial Hospital			26a. City, Town, or Location of Death Lewiston	26b. State WA	27. Zip Code 83501
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Valley Crematory		30. Location-City/Town, and State Lewiston, Idaho	
31. Name and Complete Address of Funeral Facility Vassar-Rawls Funeral Home, 920-21st Avenue, Lewiston, Idaho 83501					32. Date of Disposition June 1, 2011
33. Funeral Director Signature <i>[Signature]</i>					
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. Acute cardiopulmonary arrest		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. Possible electrolyte imbalance, arrhythmia 2 hours		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 Advanced vascular dementia, COPD			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 - To the best of my knowledge, death occurred at the time, date, and place and (if applicable) the cause and manner stated. <i>[Signature]</i>			48b. Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. X		
49. Name and Address of Certifier, Physician, Medical Examiner or Coroner (Type or Print) Don Greggain, M.D., 1267 Belmont Way, Clarkston, Washington 99403				50. Hour of Death (24hrs) 2317	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) 6-2-2011	
53. Title of Certifier Medical Doctor		54. License Number MD 0035331	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) JUN 02 2011	
59. Amendments					

DOH/CHS 003 Rev 07/09/07

49873

DOH 01-003 (1/13)

Affidavit of Inheritance/Litigation

Use this form if you have inherited a vehicle or vessel or were awarded one through litigation. To find out if you need additional documents, contact a vehicle licensing office or call (360) 902-3770, option 5.

License plate/Registration number <u>@89820</u>	Year <u>1977</u>	Make <u>Buddy</u>	Series/Body style <u>4824</u>
Vehicle Identification Number (VIN) or Vessel Hull Identification Number (HIN) <u>04940 399 ABK</u>			

Inheritance—This affidavit is used when no executor or administrator is appointed for the deceased. Submit this form with the vehicle or vessel title and a copy of the death certificate. An Odometer Disclosure Statement or a Release of Interest may be required.

I certify that Lela M. Ayers, the registered owner of this vehicle/vessel, died on the 26 day of May, 2011.

The deceased left no estate necessitating administration, and no letters of administration or letters testamentary have been issued to any persons. The vehicle/vessel has not been bequeathed by will to anyone other than the person signing below who is Husband of the deceased. No relative who would have prior right, except _____ survives the deceased, and provision has been made for payment of debts of the deceased. Signature must be notarized or certified below.

Richard L. Ayers by Lee Anne Hoskins P.O.A. Richard L. Ayers by Lee Anne Hoskins P.O.A. 11-30-16

Printed name Signature Date

County clerk certificate for transfer of vehicle or vessel in litigation
This certificate, properly completed, will serve instead of all other court papers.

Submit this form with a Title Application and an Odometer Disclosure Statement (if applicable).

I certify that in the superior court of the State of Washington for the County of _____:

1. For orders of the court transferring title (including divorce and probate):
An order transferring title to this vehicle/vessel to _____ at _____ was duly entered in _____

Name of administrator (if in probate) _____ Docket number of case _____
on the _____ day of _____, _____

2. For those cases in which the estate executor or administrator transfers title:
_____ was duly appointed under the nonintervention will of _____ and is qualified to act as such, and that a decree of solvency has been entered.

Executor/Administrator signature _____ Date
 County Clerk signature _____ Date

Notarization/Certification

State of Washington, County of Asotin
Signed or attested before me on November 30, 2011 by Lee Anne Hoskins
Lisa M. Webber
Signature Lisa M. Webber
Printed or stamped name
December 27, 2011
and _____ Date
Title Dealer or county/office number or notary expiration date

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DURABLE POWER OF ATTORNEY
OF RICHARD L. AYERS

Richard L. Ayers, the undersigned individual, hereinafter "Principal," domiciled and residing in the State of Washington, designates the following named person as attorney-in-fact to act for the undersigned Principal who may hereafter become disabled or incompetent.

1. **Designation.** I hereby designate Lee Anne Hoskins, of Culdesac, Idaho as attorney-in-fact. In the event Lee Anne Hoskins is unavailable or otherwise unable to act as attorney-in-fact, then I designate Laura Alice Murdzia of Bellingham, Washington as an alternate attorney-in fact.

2. **Powers.**

(a) **General Powers.** The attorney-in-fact, as fiduciary, shall have all powers of an absolute owner over the assets and liabilities of the Principal, whether located within or without the State of Washington. Without limiting the powers herein, the attorney-in-fact shall have full power, right and authority to sell, lease, rent, exchange, mortgage and otherwise deal in and with any and all property, real or personal, belonging to the Principal the same as if he or she were the absolute owner thereof. In addition, the attorney-in-fact shall have specific powers including, but not limited to the following:

(i) **Real Property.** The attorney-in-fact shall have authority to purchase, take possession of, lease, sell, convey, exchange, release and encumber real property or any interest in real property.

(ii) **Personal Property.** The attorney-in-fact shall have authority to purchase, receive, take possession of, lease, sell, assign, endorse, exchange, release, mortgage and pledge personal property or any interest in personal property.

(iii) Claims Against Principal. The attorney-in-fact shall have authority to pay, settle, compromise or otherwise discharge any and all claims of liability or indebtedness against the Principal and, in so doing, may use any of the assets of the attorney-in-fact and obtain reimbursement out of the Principal's funds or other assets.

(iv) Financial Accounts. The attorney-in-fact shall have the authority to deal with accounts maintained by or on behalf of the Principal with institutions (including, without limitation, banks, savings and loan associations, credit unions and securities dealers). This shall include the authority to maintain and close existing accounts, to open, maintain and close other accounts and to make deposits and withdrawals with respect to all such accounts.

(v) Beneficiary Designations. The attorney-in-fact shall have authority to make, amend, alter or revoke any of the Principal's life insurance beneficiary designations and retirement plan beneficiary designations so long as in the sole discretion of the attorney-in-fact such action would be in the best interests of the Principal and those interested in the Principal's estate.

(vi) Transfers to Trust. The attorney-in-fact shall have the authority to make transfers of the Principal's property, both real and personal, to any trust created by the Principal of which the Principal is the primary beneficiary during the Principal's lifetime.

(vii) Legal Proceedings. The attorney-in-fact shall have authority to participate in any legal action in the name of the Principal or otherwise. This shall include (a) actions for attachment, execution, eviction, foreclosure, indemnity and any other proceeding for equitable or injunctive relief; and (b) legal proceedings in connection with the authority granted in this instrument.

(viii) Disclaimer. The attorney-in-fact shall have the authority to disclaim any interest, as defined in RCW 11.86.010, in any property to which the Principal would otherwise succeed, by Will, community property agreement or otherwise and to decline to act or resign if appointed or serving as an officer, director, executor trustee or other fiduciary.

(b) Gifting Power. The attorney-in-fact shall have the power to make any gifts, whether outright or in trust, during the Principal's lifetime which are consistent with the most current Will executed by or on behalf of the Principal or testamentary provisions of the most current intervivos trust executed by or on behalf of the Principal.

3. Intent to Obviate Need for Guardianship. It is the Principal's intent that the power given to the attorney-in-fact designated herein be interpreted to be so broad as to obviate the need for the appointment of a guardian for the person or estate of the Principal. If the appointment of a guardian or limited guardian of the person or estate of the Principal is sought, however, the Principal nominates the then acting attorney-in-fact designated above, if any, as the Principal's guardian or limited guardian, or if no one is then acting as attorney-in-fact, the Principal nominates the person designated above as attorney-in-fact and successor attorneys-in-fact as guardian or limited guardian, in the same order of priority.

4. Effectiveness. This Power of Attorney shall become effective upon execution and shall not be affected by the disability or incompetency of the Principal. Disability shall include the inability of the Principal to manage his property and affairs effectively for reasons such as mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, confinement, and detention by a foreign power or disappearance. Disability may be evidenced by a written statement of a qualified physician regularly attending the Principal and/or by other qualified persons with knowledge of any confinement, detention or disappearance. Incompetence may be established by a finding of a Court having jurisdiction over the incompetent Principal.

5. Duration. This Power of Attorney becomes effective as provided in Section 4 and shall remain in effect to the extent permitted by the laws of the State of Washington or until revoked or terminated under Sections 5 or 6, notwithstanding any uncertainty as to whether the Principal is dead or alive.

6. Revocation. This Power of Attorney may be revoked, suspended or terminated in writing by the Principal with written notice to the designated attorney-in-fact, and if the same has been recorded, then by recording the written instrument of revocation with the Auditor of the county where the Power of Attorney is recorded.

7. Termination.

(a) By Appointment of Guardian. The appointment of a guardian of the estate of the Principal vests in the guardian the power to revoke, suspend or terminate this Power of Attorney as to the powers enumerated in subsections (a) and (b) of Section 2 herein.

(b) By Death of Principal. The death of the Principal shall be deemed to revoke this Power of Attorney upon actual knowledge or actual notice being received by the attorney-in-fact.

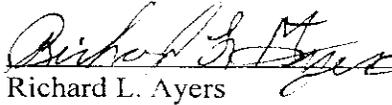
8. Accounting. The attorney-in-fact shall be required to account to any subsequently appointed personal representative.

9. Reliance. The designated and acting attorney-in-fact and all persons dealing with the attorney-in-fact shall be entitled to rely upon this Power of Attorney so long as neither the attorney-in-fact nor any person with whom he or she was dealing at the time of any act taken pursuant to this Power of Attorney had received actual knowledge or actual notice of any revocation, suspension or termination of the Power of Attorney by death or otherwise. Any action so taken, unless otherwise invalid or unenforceable, shall be binding on the heirs, devisees, legatees or personal representatives of the Principal. In addition, third parties shall be entitled to rely upon a photocopy of the signed original hereof, as opposed to a certified copy of the same.

10. Indemnity. The estate of the Principal shall hold harmless and indemnify the attorney-in-fact from all liability for acts done in good faith and not in fraud of the Principal.

11. Applicable Law. The laws of the State of Washington shall govern this Power of Attorney.

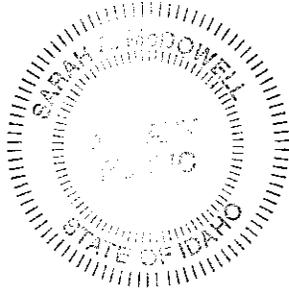
12. Execution. This Power of Attorney is signed on the 31st day of August, 2011, to become effective as provided in Section 4.


Richard L. Ayers

STATE OF IDAHO)
) ss.
COUNTY OF NEZ PERCE)

On this 31st day of August, 2011, before me, Sarah A. McDowell, a notary public, personally appeared Richard L. Ayers, to me known to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal on the day and year first above written.



Sarah A. McDowell
NOTARY PUBLIC for Idaho
Residing at Lewiston, ID
My commission expires on 9/28/15