



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: Heirs of Kay Grende, Deceased; Street: c/o Kelly Teigen, 3109 5th St.; City: Lewiston, State: WA, Zip Code: 98501

LOCATION OF MOBILE HOME

Name: Sonary Crest MH Park; Street: 2015 6th Avenue; City: Clarkston, State: WA, Zip Code: 99403

NEW REGISTERED OWNER

Name: Kenneth Valeo Schultz; Street: PO Box 1195; City: Sisters, State: OR, Zip Code: 97759

LEGAL OWNER

Name: Kenneth Valeo Schultz; Street: PO Box 1195; City: Sisters, State: OR, Zip Code: 97759

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-041-35-002-0002-2240 LIST ASSESSED VALUE(S): \$ 17,700.00

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. Row 1: GUER, 1978, 24x60, 0256

Asotin County Tax Summary: Date of Sale 07/18/2018, Taxable Sale Price \$23,000.00, Excise Tax \$294.40, Local \$57.50, Total Due \$356.90

0200

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: Kelly Teigen

Name (print) Kelly Teigen, surviving heir

Date and Place of Signing: 07/18/18, Clarkston, WA

Signature of Grantee/Agent: Kenneth Valeo Schultz

Name (print) Kenneth Valeo Schultz

Date & Place of Signing: 07/18/18, Clarkston, WA

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 2018

Date: 7-27-18, County Treasurer or Deputy: [Signature]

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

REV 84 0003e (4/9/08) COUNTY TREASURER

A TEC CU# 24358

PAID

JUL 27 2018

51429

ASOTIN COUNTY TREASURER



STATE OF WASHINGTON
Vehicle Certificate of Title

Title Number
1733374244

Vehicle Identification Number (VIN)
0256

Year
1978

Make
GUER

Model
MOBILEHO

Body style

Title Issue Date:
23-May-2018

Odometer Miles:
0

Odometer Status:
Exempt

Fuel Type

Scale Weight:
0

Gross Vehicle Weight Rating Code

Vehicle Color:
WHI

Prior Title State

Prior Title Number

Comments:
32500/2014, Duplicate

Brands

Sale price \$ 23,000.00

Date of sale 7/27/18

Buyer: You must apply for title within 15 calendar days of acquiring the vehicle to avoid a penalty. Take this signed title to a vehicle/vessel licensing office with the appropriate fees.

Legal Owner: To release interest, sign below and give this title to the registered owner/transferee or to a vehicle licensing office with the proper fee within 10 days of satisfaction of the security interest, or you may be liable to the owner/transferee for penalties.

Seller: You must complete a Report of Sale and file it with the Department of Licensing within 5 business days of the sale. File at dol.wa.gov or at any vehicle licensing office or county auditor.

Legal Owner
KAY E GRENDE
920 CEDAR DR
LEWISTON ID 83501-5013

Registered Owner
Same as Legal Owner

X
Signature of first legal owner releases all interest in the vehicle described above. If signing for a business, include business name, signature, and title. Date

X
Signature of registered owner releases all interest in the vehicle described above. If signing for a business, include business name, signature, and title. Date

X
Signature of second legal owner releases all interest in the vehicle described above. If signing for a business, include business name, signature, and title. Date

X
Signature of registered owner releases all interest in the vehicle described above. If signing for a business, include business name, signature, and title. Date

I certify that the records of the Department of Licensing show the persons named hereon as registered owners and legal owners of the vehicle described.

Pat Kohler
Director, Department of Licensing

Federal regulation and state law require you to state the mileage when transferring ownership if the vehicle is less than 10 years old, unless exempt. Failure to complete this statement or providing a false statement may result in fines and/or imprisonment.

I certify, to the best of my knowledge, the odometer reading is: (no tenths) Transfer date
This reading is (check one): [] the actual mileage of the vehicle [] in excess of its mechanic limits [] not the actual mileage.

Signature of transferee/buyer

Signature of transferor/seller

PRINTED name of transferee/buyer

PRINTED name of transferor/seller

Address of transferee/buyer

Address of transferor/seller

51429

STATE OF IDAHO CERTIFICATION OF VITAL RECORD

STATE OF IDAHO IDAHO DEPARTMENT OF HEALTH AND WELFARE BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

Item #3 Amended: 6-15-18 kga

DATE FILED BY STATE REGISTRAR:

State of Idaho
CERTIFICATE OF DEATH

STATE FILE NO. 2018-05763

05/30/2018

ONLY A COPY OF THIS DOCUMENT CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE
BARRIED SEAL SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER §§31-1101 AND §§31-214, IDAHO CODE Local Reg. No.

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) KAY ELIZABETH GRENE		2. SEX FEMALE	3. SOCIAL SECURITY NUMBER [REDACTED]	
TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. FOR INSTRUCTIONS SEE HANDBOOKS	4a. AGE Last Birthday 80 (Years)	4b. UNDER 1 YEAR: Months 0 Days 0 Hours 0 Minutes 0	4c. UNDER 1 DAY: Minutes 0 Seconds 0	5. DATE OF BIRTH (Mo/Day/Yr) 10/04/1937	
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) LEWISTON, IDAHO		7a. CITY OR TOWN LEWISTON		
	7b. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7c. COUNTY NEZ PERCE		
	7d. STREET AND NUMBER 2975 JUNIPER DR.		7e. APT. NO. 220	7f. ZIP CODE 83501	7g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	8. MARRIAGE STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (if wife, give maiden name)		
PARENTS	10. EVER IN U.S. <input type="checkbox"/> ARMED FORCES? <input checked="" type="checkbox"/> No		11a. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO		
	11b. FATHER'S NAME (First, Middle, Last, Suffix) EUGENE HARLEY THOMPSON		12a. BIRTHPLACE (State, Territory, or Foreign Country) OKLAHOMA		
	12b. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) MARY MADELENE NICHOLS				
INFORMANT	13a. INFORMANT'S NAME (Type or print) KELLY TEIGEN		13b. RELATIONSHIP TO DECEDENT DAUGHTER	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 3109 5TH ST LEWISTON, ID 83501	
	DISPOSITION	14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) MOUNTAIN VIEW CREMATORY 3521 SEVENTH STREET LEWISTON, IDAHO 83501	
16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY MOUNTAIN VIEW FUNERAL HOME 3521 SEVENTH STREET LEWISTON, IDAHO 83501		17a. LICENSE NUMBER (Of licensee) M0771			
PLACE OF DEATH	17b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: GERALD E. BARTLOW		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	19a. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Hospice facility <input checked="" type="checkbox"/> Nursing home (Long term care facility) <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL		
DATE OF DEATH	20. FACILITY NAME (If not facility, give street and number) BROOKDALE LEWISTON		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE LEWISTON, ID 83501		
	22. COUNTY OF DEATH NEZ PERCE		23. DATE OF DEATH (Mo/Day/Yr) (Spell month) May 28, 2018		
CAUSE OF DEATH	24. TIME OF DEATH (24hr) 05:00		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) May 28, 2018		
	26. TIME PRONOUNCED DEAD (24hr) 07:00		27. CAUSE OF DEATH		
CERTIFIER: Complete Within 72 Hours of Death	PART I: 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 ventilator withdrawal without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. ISOD		Approximate Time Interval Onset to Death 4 YEARS		
	a. CHF DUE TO (or as a consequence of)				
	b. DUE TO (or as a consequence of)				
	c. DUE TO (or as a consequence of)				
	d. DUE TO (or as a consequence of)				
PART II: Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I.		28a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	29. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		30. IF FEMALE (Aged 10-54): <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year		
	31. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		32. DATE OF INJURY (Mo/Day/Yr) (Spell month)		
	33. TIME OF INJURY (24hr)		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, hotel, etc.)		
35. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____			
37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable.		38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? <input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown	
CERTIFIER	39a. CERTIFIER (Check only one, based on official capacity for this certificate): <input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s) in manner stated.		39b. LICENSE NUMBER M-04779		
	39c. DATE SIGNED 5 / 30 / 2018 MM DD YYYY		39d. SIGNATURE DAVID A. PETERSEN, M.D.		
REGISTRAR	39e. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) DAVID A. PETERSEN, 2345 EIGHTH STREET LEWISTON, ID 83501		40a. REGISTRAR'S SIGNATURE James B. Galtte		
	40b. DATE SIGNED 5 / 30 / 2018 MM DD YYYY				

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

51429

DATE ISSUED: **JUN 20 2018**

James B. Galtte
JAMES B. AYDELOTTE
STATE REGISTRAR

This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar



Last Will and Testament of

KAY E. GRENDE

I, **KAY E. GRENDE**, of Everson, Washington, being of legal age, declare this to be my Last Will and Testament, and hereby revoke all former Wills and Codicils.

I

My immediate family now consists of my husband, **DONALD L. GRENDE**, and nine adult children, all of whom were born to one of us during a separate marriage. Their names are:

DONNA JO RAYMOND, Coeur D'Alene, Idaho

CARMEN MARIE SWITAJ, Switaj, Hawaii

ROGER KELSEY, Billings, Montana

ROBERT VACURA, Winchester, Idaho

DONALD P. GRENDE, Stanwood, Washington

KELLY NOEL TIEGEN, Lewiston, Idaho

LEANDER CARL TEICHMER, Spokane, Washington

JAMES DARIN TEICHMER, Medical Lake, Washington, and

PATRICIA K. TEICHMER, Clarkston, Washington

I have no deceased children, nor issue of deceased children.

II

I direct that my Executrix pay all my lawful debts and obligations as soon as may conveniently be done after my decease.

III

All the residue of my estate of every kind and wheresoever located, I give, devise and bequeath unto my husband, **DONALD L. GRENDE**. All of the property that we now possess is the community of myself and Donald L. Grende.

KEG
(Initials)

IV

In the event that **DONALD L. GRENDE** and I should be killed in a common accident or he should predecease me, I devise and bequeath all the residue of my estate to the nine children named above, in equal shares, share and share alike. In the event any one of these nine children predecease me, I then devise and bequeath that child's share to his or her living children, in equal shares.

V

I intend to execute a writing separate from this Will, with my husband's permission, that disposes of tangible personal property that is not specifically disposed of by this Will, pursuant to RCW 11.12.260.

VI

In the event that any person shall contest this Will or attempt to establish that he or she is entitled to any portion of my estate or to any right as an heir to me other than as provided herein, whether as a child issue of a deceased child or otherwise, I hereby give and bequeath to each such person the sum of \$1.00 only.

VII

After my death, my husband cannot under any circumstances will any of the community property she and I have accumulated to persons other than the nine children named in this Will, or their issue. We have agreed not to vary or change any percentage of inheritance for any of our children. These restrictions on the disposition of our community property are based on an agreement between **Donald L. Grende** and myself and it is based on our common desire that our nearest blood relatives receive a fair distribution of the community property remaining after we are both deceased. Each of us have signed a commitment on the Will of the other spouse,

KEG
(Initials)

reciting that we have made this mutual Will contract and that its terms are binding both on us and upon our heirs.

VIII

I hereby nominate and appoint my husband, DONALD L. GRENDE, as Executor or in the event of his refusal or inability to serve, I appoint DONNA JO RAYMOND and KELLY NOEL TIEGEN as Co-Executors of this, my Last Will and Testament, and direct that said Executor or Co-Executors settle my estate in the manner provided in this Will and have full power to sell, exchange or encumber real or personal property of my estate, whether or not the same is necessary for the purpose of paying obligations of my estate and act without bond and without the intervention of any Court, except for the minimum requirements under the laws of the State of Washington or any other state in which this Will may be presented for probate, relating to the settlement of estates without administration.

IN WITNESS WHEREOF, I, KAY E. GRENDE, have hereunto set my hand to this, my Last Will and Testament, in the presence of the subscribing witnesses hereto at Bellingham, Washington, this 16th day of December, 2002.

Kay E. Grende
KAY E. GRENDE
Soc. Sec. # ~~XXXXXXXXXX~~

The foregoing instrument, consisting of four pages in all, including the attached page, was at the date thereof by KAY E. GRENDE signed as and declared to be her Last Will and Testament in the presence of us, who at her request and in her presence and in the presence of each other have hereunto subscribed our names as witnesses.


Ramona Roberts
Residing at Bellingham, Washington

Ernest A. Bentley
Residing at Bellingham, Washington

KEG
(Initials)


I, DONALD L. GRENDE, have read the foregoing Will by Kay E. Grende, my wife, and agree to carry out all the terms and requirements of her Will according to its terms. Kay E. Grende has promised to carry out all of the terms of my Last Will and Testament in the event I predecease her.

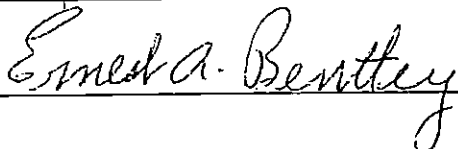
IN WITNESS WHEREOF, I, DONALD L. GRENDE, have hereunto set my hand and seal this 16 day of December, 2002.



Donald L. Grende

Witnesses to Donald L. Grende's signature:





AFFIDAVIT OF ATTESTING WITNESSES

STATE OF WASHINGTON)
COUNTY OF WHATCOM)

The undersigned witnesses, being duly sworn, state:

1. The Will to which this affidavit is attached was executed by **KAY E. GRENDE** on this 16th day of December 2002, at Bellingham, Washington.

2. Immediately before execution, said testator declared the document to be her Will and requested the undersigned witnesses to subscribe their names to it.

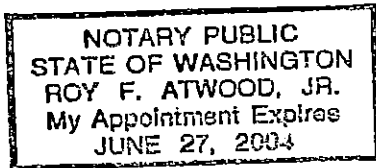
3. The testator signed the Will in the presence of all of the witnesses, and the witnesses attested the execution by all subscribing their names in the presence of the testator and of each other.

4. The testator appeared to be of sound mind and acted freely and without any duress or undue influence. The witnesses were all competent.

The word testator is intended to include the female gender.

Ramona Roberts
WITNESS
Ernest A. Bentley
WITNESS

Subscribed and sworn to before me this 16th day of December, 2002.



Roy F. Atwood, Jr.
Notary Public in and for the State of Washington, residing at Bellingham.

COURT'S CERTIFICATE

The foregoing affidavit in support of the documents offered as the Will of the above named Testator was filed on this date and accepted as proof of the above mentioned Will, pursuant to authority of RCW 11.20.020.

Date: _____

Probate Judge

KEG

51429

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFIED COPY
FOR VA USE ONLY

CERTIFICATE NUMBER: 2015-032797

DATE ISSUED: 11/24/2015

FEE NUMBER: 0000244159

GIVEN NAMES: DONALD LOUIS
LAST NAME: GRENDE

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: NOVEMBER 13, 2015
HOUR OF DEATH: 12:33 P.M.
SEX: MALE
AGE: 93 YEARS

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: PRESTIGE CARE AND REHABILITATION
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 2015 6TH AVE 224 B
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
INSIDE CITY LIMITS? YES
COUNTY: ASOTIN

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

TRIBAL RESERVATIONS: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 1 YEAR

BIRTHDATE: FEBRUARY 23, 1922
BIRTHPLACE: ROSE LAKE, KOOTENAI CNTY, IDAHO

FATHER: JOHN LOUIS GRENDE
MOTHER: LYDA OPAL BAUGHN

MARITAL STATUS: MARRIED
SPOUSE: KAY ELIZABETH THOMPSON

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY, LEWIS
CITY, STATE: LEWISTON, ID
DISPOSITION DATE: NOVEMBER 20, 2015

OCCUPATION: FREIGHT AGENT
INDUSTRY: RAILROAD
EDUCATION: 8 YEARS
US ARMED FORCES? YES

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME
ADDRESS: 3521 7TH STREET
CITY, STATE, ZIP: LEWISTON ID 83501
FUNERAL DIRECTOR: TERESA GATES

INFORMANT: KAY ELIZABETH GRENDE
RELATIONSHIP: WIFE
ADDRESS: 2015 6TH AVE SPACE 224 B

- CAUSE OF DEATH:
- A. ASPIRATION OF FOOD
INTERVAL: 7 DAYS
 - B. DIVERTICULITIS WITH PERFORATION
INTERVAL: 27 DAYS
 - C.
INTERVAL:
 - D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
ISCHEMIC HEART DISEASE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

CERTIFIER NAME: JENNIFER GRINAGE PAC
TITLE: PHYSICIAN'S ASSISTANT
CERTIFIER
ADDRESS: 2315 8TH STREET
CITY, STATE, ZIP: LEWISTON ID 83501
DATE SIGNED: NOVEMBER 17, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
JENNIFER GRINAGE PAC

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:
SUNDIE HOFFMAN
DATE RECEIVED: NOVEMBER 20, 2015

NUMBER(S): NONE
DATE(S): NONE



51429

DOH 01-003 (1/14)

Affidavit of Inheritance / Litigation

License Plate/Registration Number	Year 1978	Make Guer	Series/Body Style 24x60
Vehicle Identification Number (VIN) OR Vessel Hull Identification Number (HIN) 0256			

INHERITANCE

NOTE: This affidavit is to be used when no executor or administrator is appointed.

I, being duly sworn, depose and say that Kay E. Grende, who is the registered owner of this vehicle/vessel, died on the 28th day of May, 2018.

That the deceased left no estate necessitating administration, and no letters of administration or letters testamentary have been issued to any persons; that said vehicle/vessel has not been bequeathed by will to anyone other than the undersigned; that the undersigned is child of the deceased; that no relative who would have prior right, except Eight Other Siblings survives said deceased, and that provision has been made for payment of debts of the deceased. **SEE BELOW FOR NOTARY/CERTIFICATION OF SIGNATURE.**

Patricia Eagen x Patricia Eagen
Printed Name Signature

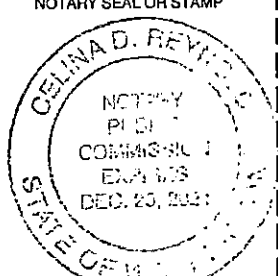
COUNTY CLERK CERTIFICATE FOR TRANSFER OF VEHICLE/VESSEL IN LITIGATION

This certificate, properly completed, will serve instead of all other court papers. Section 1 will suffice for all cases where an order of the court is entered transferring title to a motor vehicle/vessel. This may be used in divorce cases as well as probates.

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

1. An order transferring title to this vehicle/vessel to: _____
at _____ was duly entered in _____
on the _____ day of _____, _____.

2. _____ was duly appointed under the nonintervention will of _____; that they are qualified to act as such, and that a decree of solvency has been entered.

	NOTARIZATION / CERTIFICATION	
	State of Washington County of <u>Asotin</u>	Signed or attested before me on <u>July 18, 2018</u>
	by <u>Patricia Eagen</u> Printed Name of Person Signing Document	Signature <u>Celina D. Reynolds</u> Notary / Agent Signature
	Title <u>Notary</u> Notary / Agent	AND: County / Office No. OR <u>122021</u> Notary Expiration Date

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 902-3600 or TTY (360) 664-8885.

Affidavit of Inheritance / Litigation

License Plate/Registration Number	Year 1978	Make Guer	Series/Body Style 24x60
Vehicle Identification Number (VIN) OR Vessel Hull Identification Number (HIN) 0256			

INHERITANCE

NOTE: This affidavit is to be used when no executor or administrator is appointed.

I, being duly sworn, depose and say that Kay E. Grende, who is the registered Name Of Deceased owner of this vehicle/vessel, died on the 28th day of May, 2018. Month Year

That the deceased left no estate necessitating administration, and no letters of administration or letters testamentary have been issued to any persons; that said vehicle/vessel has not been bequeathed by will to anyone other than

the undersigned; that the undersigned is child of the deceased; that no relative Relationship To Deceased

who would have prior right, except Eight Other Siblings survives said deceased, Person Who Would Have Prior Right

and that provision has been made for payment of debts of the deceased. **SEE BELOW FOR NOTARY/CERTIFICATION OF SIGNATURE.**

Leander Teichmer Printed Name [Signature] Signature

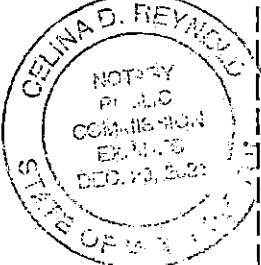
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This certificate, properly completed, will serve instead of all other court papers. Section 1 will suffice for all cases where an order of the court is entered transferring title to a motor vehicle/vessel. This may be used in divorce cases as well as probates.

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

1. An order transferring title to this vehicle/vessel to: _____ Transferee
at _____ was duly entered in _____ Title Of Case
_____ Transferee's Address
_____ Name Of Administrator (IF IN PROBATE) _____ Docket Number Of Case
on the _____ day of _____, 2018. County Clerk Signature

For those cases in which the estate executor or administrator transfers title.
2. _____ was duly appointed under the nonintervention will Name Of Executor / Administrator
of _____; that they are qualified to act as such, and that a Name Of Deceased
decree of solvency has been entered. Executor / Administrator Signature

	NOTARIZATION / CERTIFICATION	
	State of Washington County of <u>Asotin</u>	Signed or attested before me on <u>July 18, 2018</u>
	by <u>Leander Teichmer</u> <small>Printed Name of Person Signing Document</small>	<u>[Signature]</u> <small>Signature</small>
	Notary's Name (PRINTED or STAMPED) <u>Celina D. Reynolds</u>	<u>[Signature]</u> <small>Notary / Agent Signature</small>
Title <u>Notary</u> <small>Notary / Agent</small>	Dealer No. OR AND: County / Office No. OR Notary Expiration Date <u>12-30-21</u>	

51429

Affidavit of Inheritance / Litigation

License Plate/Registration Number	Year 1978	Make Guer	Series/Body Style 24x60
Vehicle Identification Number (VIN) OR Vessel Hull Identification Number (HIN) 0256			

INHERITANCE

NOTE: This affidavit is to be used when no executor or administrator is appointed.

I, being duly sworn, depose and say that Kay E. Grende, who is the registered owner of this vehicle/vessel, died on the 28th day of May, 2018.

That the deceased left no estate necessitating administration, and no letters of administration or letters testamentary have been issued to any persons; that said vehicle/vessel has not been bequeathed by will to anyone other than

the undersigned; that the undersigned is child of the deceased; that no relative who would have prior right, except Eight Other Siblings survives said deceased,

and that provision has been made for payment of debts of the deceased. **SEE BELOW FOR NOTARY/CERTIFICATION OF SIGNATURE.**

DONALD GRENDE, JR. X [Signature]

COUNTY CLERK CERTIFICATE FOR TRANSFER OF VEHICLE/VESSEL IN LITIGATION

This certificate, properly completed, will serve instead of all other court papers. Section 1 will suffice for all cases where an order of the court is entered transferring title to a motor vehicle/vessel. This may be used in divorce cases as well as probates.

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

1. An order transferring title to this vehicle/vessel to: _____ at _____ was duly entered in _____ on the _____ day of _____, X _____

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

<p>NOTARY SEAL OR STAMP</p>	<p>NOTARIZATION / CERTIFICATION</p>	
	<p>State of <u>Washington</u> County of <u>Innomich</u></p>	<p>Signed or attested before me on <u>07/13/2018</u></p>
	<p><u>DONALD GRENDE, JR.</u> Printed Name of Person Signing Document</p>	<p><u>[Signature]</u> Signature Notary / Agent Signature</p>
	<p>Notary's Name (PRINTED or STAMPED) <u>KALU AJA</u></p>	<p>Dealer No. OR AND: County / Office No. OR Notary Expiration Date <u>July 28 2021</u></p>

51429

Affidavit of Inheritance / Litigation

License Plate/Registration Number	Year 1978	Make Guer	Series/Body Style 24x60
Vehicle Identification Number (VIN) OR Vessel Hull Identification Number (HIN) 0256			

INHERITANCE

NOTE: This affidavit is to be used when no executor or administrator is appointed.

I, being duly sworn, depose and say that Kay E. Grende, who is the registered owner of this vehicle/vessel, died on the 28th day of May, 2018.

That the deceased left no estate necessitating administration, and no letters of administration or letters testamentary have been issued to any persons; that said vehicle/vessel has not been bequeathed by will to anyone other than the undersigned; that the undersigned is child of the deceased; that no relative who would have prior right, except Eight Other Siblings survives said deceased, and that provision has been made for payment of debts of the deceased. **SEE BELOW FOR NOTARY/CERTIFICATION OF SIGNATURE.**

Robert Vacura
Printed Name

X [Signature]
Signature

COUNTY CLERK CERTIFICATE FOR TRANSFER OF VEHICLE/VESSEL IN LITIGATION

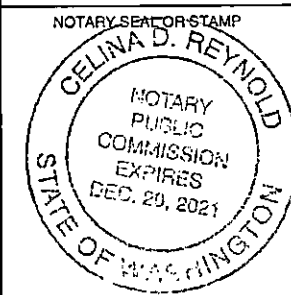
This certificate, properly completed, will serve instead of all other court papers. Section 1 will suffice for all cases where an order of the court is entered transferring title to a motor vehicle/vessel. This may be used in divorce cases as well as probates.

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

1. An order transferring title to this vehicle/vessel to: _____ at _____ was duly entered in _____ on the _____ day of _____, _____.

For those cases in which the estate executor or administrator transfers title.

2. _____ was duly appointed under the nonintervention will of _____; that they are qualified to act as such, and that a decree of solvency has been entered.



NOTARIZATION / CERTIFICATION

State of Washington County of Asotin Signed or attested before me on July 11, 2018

by Robert Vacura Signature _____
Printed Name of Person Signing Document Notary / Agent Signature

Notary's Name (PRINTED or STAMPED) Celina D. Reynold

Title Notary Dealer No. OR AND: County / Office No. OR 120021
Notary / Agent Notary Expiration Date

51429

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, see **Affidavit of Loss/Release of Interest, Owner deceased**, contact a vehicle licensing office, or call (360) 902-3770, option 5.

License plate/Registration #	Vehicle Identification/Vessel hull identification # (VIN/HIN)	Year	Make	Model	Body style
	0256	1978	Ford	Mustang	24x60

Inheritance - Complete this section 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 Kay Grondel, the registered owner of this vehicle/vessel, died on the 28 day of May, 2018. 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 daughter of the deceased. No relative who would have prior right, except Kelly Teigen survives the deceased, and provision has been made for payment of debts of the deceased.

Kelly Teigen Kelly Teigen 4/25/2018
 Printed name Signature Date

Notarization / Certification - You don't need your signature notarized if you sign in front of a WA vehicle licensing agent, who can certify your signature.

Washington County of Asotin
 Signed or attested before me on 4-26-18 by Kelly Teigen
 Name of person(s) signing this document

Robin Surch
 Notary Agent/Subagent signature
Robin Surch
 Notary printed or stamped name
020112
 and Dealer or county/office number or notary expiration date



Litigation - County Clerk Certificate of Transfer of Vehicle or Vessel

This certificate, properly completed, will take the place of all other court papers.

Submit this form with a Vehicle or Vessel 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 _____, _____
 Day Month Year

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

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, see **Affidavit of Loss/Release of Interest, Owner deceased**, contact a vehicle licensing office, or call (360) 902-3770, option 5.

License plate/Registration #	Vehicle identification/Vessel hull identification # (VIN/HIN)	Year	Make	Model	Body style
	0256	1978	Guer	Mobile Home	24x60

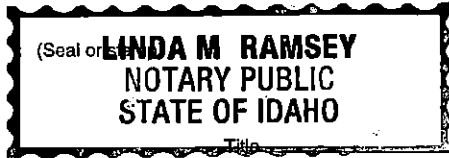
Inheritance—Complete this section when no executor or administrator is appointed for the deceased.

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 Kay Grende, the registered owner of this vehicle/vessel, died on the 28 day of May, 2018. 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 Step Daughter of the deceased. No relative who would have prior right, except Donna J. Raymond survives the deceased, and provision has been made for payment of debts of the deceased.

Donna J. Raymond Donna J. Raymond 6/26/18
 Printed name Signature Date

Notarization/Certification – You don't need your signature notarized if you sign in front of a WA vehicle licensing agent, who can certify your signature.
 State of Idaho County of Kootenai
 Signed or attested before me on 6-26-18 by Donna J. Raymond
 Name of person(s) signing this document



Linda M Ramsey
 Notary/Agent/Subagent signature
Linda M Ramsey
 Notary printed or stamped name
4-20-2021
 Dealer or county/office number or notary expiration date

Litigation – County Clerk Certificate of Transfer of Vehicle or Vessel

This certificate, properly completed, will take the place of all other court papers. Submit this form with a Vehicle or Vessel 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 _____, _____
 Day Month Year

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

Affidavit of Inheritance / Litigation

License Plate/Registration Number	Year 1978	Make Guer	Series/Body Style 24x60
Vehicle Identification Number (VIN) OR Vessel Hull Identification Number (HIN) 0256			

INHERITANCE

NOTE: This affidavit is to be used when no executor or administrator is appointed.

I, being duly sworn, depose and say that Kay E. Grende, who is the registered owner of this vehicle/vessel, died on the 28th day of May, 2018.

That the deceased left no estate necessitating administration, and no letters of administration or letters testamentary have been issued to any persons; that said vehicle/vessel has not been bequeathed by will to anyone other than

the undersigned; that the undersigned is child of the deceased; that no relative who would have prior right, except Eight Other Siblings survives said deceased,

and that provision has been made for payment of debts of the deceased. **SEE BELOW FOR NOTARY/CERTIFICATION OF SIGNATURE.**

CARMEN M. CORTEZ
Printed Name

Carmen M. Cortez
Signature

COUNTY CLERK CERTIFICATE FOR TRANSFER OF VEHICLE/VESSEL IN LITIGATION

This certificate, properly completed, will serve instead of all other court papers. Section 1 will suffice for all cases where an order of the court is entered transferring title to a motor vehicle/vessel. This may be used in divorce cases as well as probates.

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

1. An order transferring title to this vehicle/vessel to: _____
at _____ was duly entered in _____
on the _____ day of _____, _____.

2. _____ was duly appointed under the nonintervention will of _____; that they are qualified to act as such, and that a decree of solvency has been entered.

	<p>NOTARIZATION / CERTIFICATION</p>	
	<p>State of <u>Nevada</u> County of <u>Clark</u></p>	<p>Signed or attested before me on <u>July 13, 2018</u></p>
<p><u>CARMEN M. CORTEZ</u> Name of Person Signing Document</p>	<p><u>Carmen M. Cortez</u> Signature</p>	<p><u>Carol A. Myhal</u> Notary / Agent Signature</p>
<p><u>CAROL A. MYHAL</u> Notary's Name (PRINTED or STAMPED)</p>	<p>Dealer No. OR AND: County / Office No. OR Notary Expiration Date <u>Oct 17, 2019</u></p>	<p><u>Clark</u></p>

51429

Affidavit of Inheritance / Litigation

License Plate/Registration Number	Year 1978	Make Guer	Series/Body Style 24x60
Vehicle Identification Number (VIN) OR Vessel Hull Identification Number (HIN) 0256			

INHERITANCE

NOTE: This affidavit is to be used when no executor or administrator is appointed.

I, being duly sworn, depose and say that Kay E. Grende, who is the registered owner of this vehicle/vessel, died on the 28th day of May, 2018.

That the deceased left no estate necessitating administration, and no letters of administration or letters testamentary have been issued to any persons; that said vehicle/vessel has not been bequeathed by will to anyone other than the undersigned; that the undersigned is child of the deceased; that no relative

who would have prior right, except Eight Other Siblings survives said deceased, and that provision has been made for payment of debts of the deceased.

ROGER D. KELSEY
Printed Name

X [Signature]
Signature

COUNTY CLERK CERTIFICATE FOR TRANSFER OF VEHICLE/VESSEL IN LITIGATION

This certificate, properly completed, will serve instead of all other court papers. Section 1 will suffice for all cases where an order of the court is entered transferring title to a motor vehicle/vessel. This may be used in divorce cases as well as probates.

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

1. An order transferring title to this vehicle/vessel to: _____ at _____ was duly entered in _____ on the _____ day of _____, _____.

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

NOTARY SEAL OR STAMP



BILLIE CAPE
NOTARY PUBLIC for the State of Montana
Residing at Billings, Montana
My Commission Expires July 09, 2020

NOTARIZATION / CERTIFICATION

State of Montana Signed or attested before me on 7/16/2018
County of Yellowstone
by ROGER D. KELSEY Signature [Signature]
Notary's Name (PRINTED or STAMPED) Billie Cape
Title NOTARY AND: Dealer No. OR
Notary / Agent County / Office No. OR 7-9-2020
Notary Expiration Date

Affidavit of Inheritance / Litigation

License Plate/Registration Number	Year 1978	Make Guer	Series/Body Style 24x60
Vehicle Identification Number (VIN) OR Vessel Hull Identification Number (HIN) 0256			

INHERITANCE

NOTE: This affidavit is to be used when no executor or administrator is appointed.

I, being duly sworn, depose and say that Kay E. Grende, who is the registered owner of this vehicle/vessel, died on the 28th day of May, 2018.

That the deceased left no estate necessitating administration, and no letters of administration or letters testamentary have been issued to any persons; that said vehicle/vessel has not been bequeathed by will to anyone other than

the undersigned; that the undersigned is child of the deceased; that no relative who would have prior right, except Eight Other Siblings survives said deceased,

and that provision has been made for payment of debts of the deceased. SEE BELOW FOR NOTARY/CERTIFICATION OF SIGNATURE.

DARIN TEICHMER
Printed Name

X [Signature]
Signature

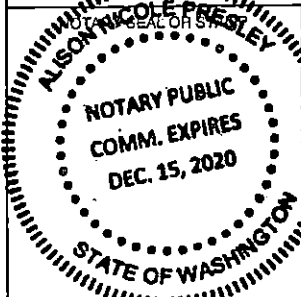
COUNTY CLERK CERTIFICATE FOR TRANSFER OF VEHICLE/VESSEL IN LITIGATION

This certificate, properly completed, will serve instead of all other court papers. Section 1 will suffice for all cases where an order of the court is entered transferring title to a motor vehicle/vessel. This may be used in divorce cases as well as probates.

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

1. An order transferring title to this vehicle/vessel to: _____ at _____ was duly entered in _____ on the _____ day of _____, 2018.

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



NOTARIZATION / CERTIFICATION

State of Washington Signed or attested before me on 07/16/2018
 County of Spokane
 by DARIN TEICHMER Signature Alison Nicole Presley
 Printed Name of Person Signing Document Notary / Agent Signature
 Notary's Name (PRINTED or STAMPED) Alison Nicole Presley
 Title NOTARY AND: County / Office No. OR 12/15/2020
 Notary / Agent Notary Expiration Date

51429