



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: Robert M. Kelly, Sr. Marjorie M. Kelly, deceased Street: 21706 Clearwater Ridge Dr. City: Juliaetta State: ID Zip Code: 83555

NEW REGISTERED OWNER Name: Richard L. Anthony Penelope M. Tomlinson Street: 2015 6th Ave, Sp. # 13 City: Clarkston State: WA Zip Code: 99403

LOCATION OF MOBILE HOME Name: Sonary Crest Mobile Home Park Street: 2015 6th Ave City: Clarkston State: WA Zip Code: 99403

LEGAL OWNER Name: Richard L. Anthony Penelope M. Tomlinson Street: 2015 6th Ave, Sp. # 13 City: Clarkston State: WA Zip Code: 99403

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-041-35-002-0001-0130 LIST ASSESSED VALUE(S): \$52,700.00

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: Marie, 1984, 67/27T3B, MHI2819030960A

Date of Sale: 01/17/2019 Taxable Sale Price: \$43,000.00 Excise Tax: State \$550.40, Local \$107.50 Delinquent Interest: 0.0025 Subtotal: \$657.90 State Technology Fee: \$5.00 Affidavit Processing Fee: \$ Total Due: \$662.90

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: Robert M. Kelly, Sr. by Debbie M. Kelly, A.I.F. Name (print): Robert M. Kelly, Sr. by Debbie M. Kelly, A.I.F. Date and Place of Signing: 01/17/19, Clarkston, WA Signature of Grantee/Agent: Richard L. Anthony Name (print): Richard L. Anthony Date & Place of Signing: 01/17/19, 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: 1-18-19 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

ATEC CK # 26444

PAID

JAN 18 2019

53898

ASOTIN COUNTY TREASURER



STATE OF WASHINGTON Vehicle Certificate of Ownership (Title)

Certificate Number
1020118801

License number +01568	Vehicle identification number (VIN) MHI2819030960A	Year 1984	Make MARLE	Model	Style	Series/Body 67/27T3B
Date issued 03/03/2010	Odometer miles 000000	Odometer status E	Fleet number	Equipment number	Fuel type	
Use class MOB	Scale weight 00000	Gross weight	Vehicle color BROWN	Prior title state WA	Prior title number 1006218008	

Comments
54500-2010

Brands

Sale price \$ _____

Date of sale _____

Legal owner: To release your interest, sign below, then give this title to the registered owner/transferee or send it to a vehicle licensing office with the proper fee. You may be liable to the registered owner/transferee for penalties if you do not release interest within 10 days after proper demand.

Legal owner
**KELLY, ROBERT M SR
KELLY, MARJORIE M
2015 6TH AVE TRLR 13
CLARKSTON, WA 99403**

Registered owner
SAME AS LEGAL OWNER

Robert M Kelly SR by
Robert M Kelly SR
Signature of legal owner releases
all interest in the vehicle described above
Date
01.17.19

Robert M Kelly SR
by Robert M Kelly SR
Signature of registered owner releases
all interest in the vehicle described above
Date
01.17.19

Signature of legal owner releases
all interest in the vehicle described above
Date

Signature of registered owner releases
all interest in the vehicle described above
Date

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

Elizabeth A. Vesce
Director, Department of Licensing

Federal regulation and state law requires you to state the mileage in connection with the transfer of ownership. Failure to complete this odometer 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 ____/____/____

Odometer reading in miles

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

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Assignment by registered owner

Keep in a safe place. Any alteration or erasure voids this title.

Affidavit of Inheritance / Litigation

License Plate/Registration Number +01568	Year 1984	Make Marle	Series/Body Style 67/27T3B
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Vehicle Identification Number (VIN) OR Vessel Hull Identification Number (HIN)
MHI2819030960A

INHERITANCE

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

I, being duly sworn, depose and say that Marjorie M. Kelly, who is the registered owner of this vehicle/vessel, died on the 27th day of April, 2012.

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 Spouse of the deceased; that no relative who would have prior right, except None survives said deceased, and that provision has been made for payment of debts of the deceased. **SEE BELOW FOR NOTARY/CERTIFICATION OF SIGNATURE.**

Robert M. Kelly, Sr. by Debbie M. Kelly, Attorney-in-Fact

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 _____, 2012.

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	NOTARIZATION / CERTIFICATION	
	State of Washington County of <u>Asotin</u>	Signed or attested before me on <u>04-17-2019</u>
	by <u>Debbie M. Kelly</u> Printed Name of Person Signing Document	Signature <u>[Signature]</u> Notary / Agent Signature
	Notary's Name (PRINTED or STAMPED) <u>Celina D. Reynolds</u>	Dealer No. OR AND: County / Office No. OR <u>12-20-21</u> Notary Expiration Date

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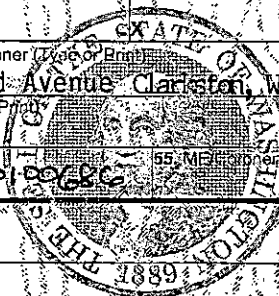
STATE OF WASHINGTON DEPARTMENT OF HEALTH

Washington State Certificate of Death

1. Legal Name (include AKA's if any) First Middle LAST Marjorie Miranda Kelly		2. Death Date April 27, 2012	
3. Sex (M/F) Female	4a. Age - Last Birthday 83	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes
5. Social Security Number [REDACTED]		6. County of Death Asotin	
7. Birthdate Mar. 4, 1929	8a. Birthplace (City, Town, or County) Plymouth	8b. (State or Foreign Country) Massachusetts	9. Decedent's Education 8th Grade
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 Ave. #13		13b. City or Town Clarkston	
13c. Residence: County Asotin	13d. Tribal Reservation Name: (if applicable) N/A	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: 2yrs		15. Marital Status at Time of Death Married	
16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Robert M. Kelly			
17. Usual Occupation (Indicate type of work done during most of working life. (Do not use RETIRED). Homemaker		18. Kind of Business/Industry (Do not use Company Name) Own: Home	
19. Father's Name (First, Middle, Last, Suffix) Libanio Pinto		20. Mother's Name Before First Marriage (First, Middle, Last) Maria Eufrazio	
21. Informant's Name Pat Kelly	22. Relationship to Decedent Son	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 2117 Carol Drive - Lewiston, Idaho 83501	
24. Place of Death, if Death Occurred in a Hospital: Inpatient			
25. Facility Name (if not a facility, give number & street or location) Tri-State Hospital		26a. City, Town, or Location of Death Clarkston	26b. State WA
		27. Zip Code 99403	
28. Method of Disposition Cremation/ Removal		29. Place of Final Disposition (Name of cemetery, crematory, other place) Mountain View Funeral Home	
30. Location-City/Town, and State Lewiston, Idaho 83501			
31. Name and Complete Address of Funeral Facility Mountain View Funeral Home - 3521 7th St. - Lewiston, Idaho 83501		32. Date of Disposition May 2, 2012	
33. Funeral Director Signature X 			
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.		ASPIRATION PNEUMONIA	Interval between Onset & Death 2 days
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.		Altered Mental Status	Interval between Onset & Death 10 days
c.		Urinary Tract Infection	Interval between Onset & Death 2 wks
d.			
35. Other significant conditions contributing to death but not resulting in the underlying cause given above: Arr. Fibrillation, Asphagia		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 checked="" 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 checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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 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 - (If you are not a physician, death occurred within your home, and you place your name to the cause(s) of death, please state so.) Greg A. English DO		48b. Medical Examiner/Coroner - (If you are not a physician, death occurred within your home, and you place your name to the cause(s) of death, please state so.)	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Dr. Gregory English, 1221 Highland Avenue, Clarkston, WA, 99403		50. Hour of Death (24hrs) 1710	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)		52. Date Signed (MM/DD/YYYY) May 01, 2012	
53. Title of Certifier Medical Doctor	54. License Number WA 0P 6019686	55. ME/Coroner File Number	56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
57. Registrar Signature 		58. Date Received (MM/DD/YYYY) MAY 01 2012	
59. Amendments		51898	

Part 1 completed by Funeral Director

Part 2 completed by Certifier



WHEN RECORDED RETURN TO:
Hart and Winslow (SRW)
Post Office Box 210
Sunnyside, Washington 98944
c101CL# 30088

COMMUNITY PROPERTY AGREEMENT

Grantor(s): (Last name first, then first name and initials)

- 1. KELLY, ROBERT M. SR. and KELLY, MARJORIE M.

Grantee(s): (last name first, then first name and initials)

- 1. KELLY, ROBERT M. SR. and KELLY, MARJORIE M.

THIS AGREEMENT, made and entered into this day by and between Robert M. Kelly, Sr. and Marjorie M. Kelly, husband and wife, domiciled and residing in the State of Washington, pursuant to the provisions of Section 26.16.120, Revised Code of Washington, providing for agreement between husband and wife for the fixing of the status and disposition of community property to take effect upon the death of either,

WITNESSETH:

That in consideration of the love and affection that each of the said parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted and promised as follows:

FIRST: That upon the death of either of the parties hereto, all property of whatsoever nature or description, whether real, personal or mixed, and wheresoever situated, shall be considered and is hereby declared to be community property, and title to all such community property shall immediately vest in fee simple in the survivor of them.

SECOND: Notwithstanding anything herein to the contrary, it is agreed that in the event these parties are divorced from one another by a decree of Court, then this agreement is revoked and canceled as of the date of said decree of divorce.

Community Property Agreement - 1
c10 f10u-mp511as1cl1kelly-rdm,qm 8/008H

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THIRD: This agreement shall not be effective as to any life insurance on the life of one spouse and owned by the other spouse, either presently owned or hereafter acquired.

IN WITNESS WHEREOF, the said Robert M. Kelly, Sr. and Marjorie M. Kelly, husband and wife, have hereunto set their hands and seals this 16th day of May, 2009.


ROBERT M. KELLY, SR.


MARJORIE M. KELLY

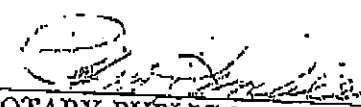
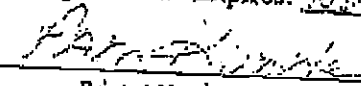
STATE OF WASHINGTON)

County of Yakima) ss

On this 16th day of May, 2009, before me personally appeared Robert M. Kelly, Sr. and Marjorie M. Kelly, husband and wife, to me known to be the individuals described in and who executed the within and foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal on the date above stated.

Notary Public
State of Washington
PAM KIMBLE
My Appointment Expires Nov 23, 2010


NOTARY PUBLIC in and for the State
of Washington.
My Appointment Expires: Nov 23 2010

Printed Name

Community Property Agreement - 2
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