



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: Kenneth L. Roseborough Jackie L. Roseborough
Street: 2015 6th Ave # 332
City: Clarkston Wa State: Wa Zip Code: 99403

NEW REGISTERED OWNER

Name: Jackie L. Roseborough
Street: 2015 6th Ave # 332
City: Clarkston Wa State: Wa Zip Code: 99403

LOCATION OF MOBILE HOME

Name: 2015 6th Ave # 332
Street: Clarkston Wa State: Wa Zip Code: 99403

LEGAL OWNER

Name: Jackie L. Roseborough
Street: Clarkston Wa State: Wa Zip Code: 99403

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 50413500200023320 LIST ASSESSED VALUE(S): \$ 36,800

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

Table with 6 columns: MAKE, YEAR, MODEL, SIZE, SERIAL NO. or I.D., REVENUE TAX CODE NO. Row 1: F2TW D, 1987, 48/28, DFLB F2AG 4213 09718

Date of Sale: 7/16/15
Taxable Sale Price: \$
Excise Tax: State \$ Local \$
Delinquent Interest: State \$ Local \$
Delinquent Penalty: \$200
Subtotal: \$
State Technology Fee: \$ 5.00
Affidavit Processing Fee: \$ 5.00
Total Due: \$ 10.00
WAC No. (Sec/Sub): 458-61A-202 (7)(f)
WAC Title:
A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX.

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: Jackie Roseborough
Name (print): Jackie Roseborough
Date and Place of Signing: 7/16/15
Signature of Grantee/Agent: Jackie Roseborough
Name (print): Jackie Roseborough
Date & Place of Signing: 7/16/15

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 2015
Date: 7/16/15
County Treasurer or Deputy: V. Allen

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 (Signature)

THIS SPACE - TREASURER'S USE ONLY

PAID

JUL 16 2015 ASOTIN COUNTY TREASURER

48571MH 48571MH COUNTY TREASURER

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-014893

DATE ISSUED: 06/02/2015

FEE NUMBER: 0000243698

GIVEN NAMES: KENNETH LEE
LAST NAME: ROSEBOROUGH

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: MAY 25, 2015
HOUR OF DEATH: 06:20 A.M.
SEX: MALE
AGE: 69 YEARS
SOCIAL SECURITY NUMBER: 519-54-3193

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: SEPTEMBER 01, 1945
BIRTHPLACE: COTTONWOOD, IDAHO CNTY, IDAHO

MARITAL STATUS: WIDOWED
SPOUSE: JACKIE LYNN SCHMIDT

OCCUPATION: SALES PERSON
INDUSTRY: HEATING & COOLING
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

INFORMANT: JACKIE L. ROSEBOROUGH
RELATIONSHIP: WIFE
ADDRESS: 2015-6TH AVENUE, SP. 332, CLARKSTON, WASHINGTON 99403

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: TRI-STATE MEMORIAL HOSPITAL, INC.
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 2015-6TH AVENUE 332
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
INSIDE CITY LIMITS? NO
COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 1 YEAR

FATHER: FLOYD ALVIN ROSEBOROUGH
MOTHER: BLAIR GRAHAM

METHOD OF DISPOSITION: REMOVAL FROM STATE
PLACE OF DISPOSITION: KAMIAH CEMETERY
CITY, STATE: KAMIAH, ID
DISPOSITION DATE: MAY 30, 2015

FUNERAL FACILITY: VASSAR-RAWLS FUNERAL HOME
ADDRESS: 920 21ST AVE
CITY, STATE, ZIP: LEWISTON ID 98501
FUNERAL DIRECTOR: DENNIS W. HASTINGS

CAUSE OF DEATH:

- A. CARDIORESPIRATORY ARREST
INTERVAL: MINUTES
- B. HYPERCAPNIC RESPIRATORY FAILURE
INTERVAL: DAYS
- C. SEPTIC SHOCK
INTERVAL: DAYS
- D. COMMUNITY ACQUIRED PNEUMONIA
INTERVAL: DAYS

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

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

MANNER OF DEATH: NATURAL
AUTOPSY: NO

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? PROBABLY
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: ANUPAM ARORA, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1221 HIGHLAND AVE
CITY, STATE, ZIP: CLARKSTON WA 99403
DATE SIGNED: MAY 28, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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

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

LOCAL DEPUTY REGISTRAR:
SUNDIE HOFFMAN
DATE RECEIVED: MAY 29, 2015

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DOH 01-003 (1/14)

**Affidavit of Surviving Spouse or Domestic Partner
for Claiming an Exemption Based on
Inheritance of Real Estate**

State of Washington

County of ASOTIN

Name of deceased Kenneth L. Roseborough

I, (survivor's name) Jaekie L. Roseborough affirm that I am the sole and rightful heir to the property described as:

Parcel number(s) 50413500200023320

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed this 16 day of July, 2015 at Asotin, Wa
(month) (year) (city) (state)

Jaekie Roseborough
(Signature of surviving spouse or registered domestic partner)

Jaekie L. Roseborough
(Printed name of surviving spouse or registered domestic partner)

2015 16th Ave #1 332 Clarkston Wa 99403
(Address of surviving spouse or domestic partner) (City) (State) (Zip)

Note: See Senate Bill (SB) 6851 on page 2 for statutory requirements.

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STATE OF WASHINGTON

Vehicle Certificate of Title

Title Number
1409008704

License Number 822081	Vehicle Identification Number (VIN) DFLBF2AG421309718	Year 1987	Make FLTWD	Model	Style	Series/Body 48/28
Date of Application 03/31/2014	Odometer Miles 0000000	Odometer Status E	Fuel Type			
Scale Weight 00000	Gross Vehicle Weight Rating Code	Vehicle Color WHITE	Prior Title State WA	Prior Title Number 1129142306		
Comments 29500-2014, JTWROS						

Brands

Sale price \$ _____

Date of sale _____

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.

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
ROSEBOROUGH, KENNETH
ROSEBOROUGH, JACKIE
2015 6TH AVE # 332C
CLARKSTON, WA 99403

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

Assignment by registered owner

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 ____/____/____
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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