



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: Neta O. Entze, Kevin L. Entze and Steven L. Entze Street: PO Box 1027 City: Gig Harbor State: WA Zip Code: 98335

NEW REGISTERED OWNER Name: Erin N. Burrkarl Street: 2015 6th Avenue, Sp 117 City: Clarkston State: WA Zip Code: 99403

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

LEGAL OWNER Name: Erin N. Burrkarl Street: 2015 6th Avenue, Sp 117 3216 8th St. #11 City: Clarkston Lewisston State: WA Zip Code: 99403

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-041-35-002-0002-1170 LIST ASSESSED VALUE(S): \$ 4,600.00

REAL PROPERTY PARCEL or ACCOUNT NO. LIST ASSESSED VALUE(S): \$ 83501

Table with columns: MAKE, YEAR, MODEL, SIZE, SERIAL NO. or I.D., REVENUE TAX CODE NO. Row 1: BROAM, 1974, 70/14X, S5627

Date of Sale: 06/25/2014 Taxable Sale Price: \$ 11,500.00 Excise Tax: State \$ 147.20 Local \$ 28.75 Delinquent Interest: State \$ 0.0025 Local \$ 175.95 Subtotal \$ 175.95 State Technology Fee \$ 5.00 Affidavit Processing Fee \$ Total Due \$ 180.95

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: Kevin L. Entze Name (print): Kevin L. Entze Date and Place of Signing: 6-25-14, Clarkston, WA Signature of Grantee/Agent: Erin N. Burrkarl Name (print): Erin N. Burrkarl Date & Place of Signing: 06/25/14, 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 6/25/14 Date: 6/25/14 County Treasurer or Deputy: Asotin

THIS SPACE - TREASURER'S USE ONLY

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

PAID PAID JUN 24 2014 JUN 25 2014 ASOTIN COUNTY TREASURER ASOTIN COUNTY TREASURER

47589

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

146

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

253

LOCAL FILE NUMBER

OFFICE USE ONLY
DISTRICT
COPIES
HOSPITAL
OCCURRENCE
RESIDENCE
TRACT
OCCUPATION
PARENTS
DISPOSITION
CERTIFIER
CAUSE OF DEATH
ACC LOC
QUESTIONS

1. NAME First: Rudolph Middle: ENTZE Last: ENTZE				2. SEX (M / F) Male	3. DEATH DATE (Mo. Day, Yr) May 28, 1998			
4. AGE LAST BIRTH-DAY (Yrs) 77	5. UNDER 1 YEAR MOS DAYS HOURS MINS	6. UNDER 1 DAY HOURS MINS	7. BIRTHDATE (Mo. Day, Yr) Apr. 15, 1921	8. BIRTH-PLACE (City, State or Foreign Country) Walla Walla, WA	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes	10. COUNTY OF DEATH Walla Walla		
11. CITY, TOWN OR LOCATION OF DEATH Walla Walla			12. PLACE OF DEATH— <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 <input type="checkbox"/> HOME 2 <input type="checkbox"/> IN TRANSPORT 3 <input checked="" type="checkbox"/> EMERG. RM/OUT PTN 4 <input type="checkbox"/> HOSP 5 <input type="checkbox"/> NUR HOME 6 <input type="checkbox"/> OTHER PLACE Walla Walla General Hospital		13. SMOKING IN LAST 15 YEARS? (Yes / No) No			
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (if wife, give maiden name) Neta Wray		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (1-4 or 5+) 12		
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Driller			19. KIND OF BUSINESS OR INDUSTRY Corps of Engineers		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No	21. RACE (Specify) White		
22. RESIDENCE—NUMBER AND STREET 2015 Sixth, Space 117		23. CITY/TOWN, OR LOCATION Clarkston		24. INSIDE CITY LIMITS? (Yes / No) No	25A. COUNTY Asotin	25B. LENGTH OF RES. IN CO. 24 yrs.	26. STATE WA	27. ZIP CODE 99403
28. FATHER'S NAME—FIRST, MIDDLE, LAST Karl Entze				29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Amelia Roerich				
30. INFORMANT—NAME Neta O. Entze			31. MAILING ADDRESS 2015 Sixth, Space 117, Clarkston, WA 99403					
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Burial		33. DATE (Mo. Day, Yr) June 1, 1998	34. CEMETERY/CREMATORY—NAME Blue Mountain Memorial Gardens		35. LOCATION—CITY/TOWN STATE Walla Walla, WA			
36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		37. NAME OF FACILITY Colonial-DeWitt Funeral Home		38. ADDRESS OF FACILITY 19 E. Birch St. Walla Walla, WA 99362				
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <i>[Signature]</i> Adrian Selfa MD				43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <i>[Signature]</i>				
40. DATE SIGNED (Mo. Day, Yr) 5/28/98		41. HOUR OF DEATH (24 Hrs) 0022		44. DATE SIGNED (Mo. Day, Yr)		45. HOUR OF DEATH (24 Hrs)		
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				46. PRONOUNCED DEAD (Mo. Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs)		
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Adrian Selfa, MD, 1025 S. Second Ave., Walla Walla, WA 99362						49. ME/CORONER FILE NUMBER		
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:								
IMMEDIATE CAUSE (Final disease or condition resulting in death).		A. Intracerebral Bleed				INTERVAL BETWEEN ONSET AND DEATH		
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST		B. Hypoxemia				INTERVAL BETWEEN ONSET AND DEATH		
		C. Acidosis				INTERVAL BETWEEN ONSET AND DEATH		
		D. Insulin Dependent Diabetic				INTERVAL BETWEEN ONSET AND DEATH		
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE Post Cerebral Vascular Accident				52. AUTOPSY? (Yes/No) No	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) YES			
54. ACC. SUICIDE, HOM, UNDET. OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo. Day, Yr)	56. HOUR OF INJURY (24 Hrs)	57. DESCRIBE HOW INJURY OCCURRED: <i>[Signature]</i>				
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE				
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE			62. REGISTRAR SIGNATURE <i>[Signature]</i> Carol DeLay, Deputy		63. DATE RECEIVED (Mo. Day, Yr) May 29, 1998			

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev 7/81) (Form 09-150)

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