



**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 Ardith M. Caudill		
Street c/o First American Title 330 Diagonal		
City Clarkston	State WA	Zip Code 99403

NEW REGISTERED OWNER

Name Judith L. James		
Street 2115 6th Avenue #30		
City Clarkston	State WA	Zip Code 99403

LOCATION OF MOBILE HOME

Name Judith L. James		
Street 2115 6th Avenue #30		
City Clarkston	State WA	Zip Code 99403

LEGAL OWNER

Name Judith L. James		
Street 2115 6th Avenue #30		
City Clarkston	State WA	Zip Code 99403

PERSONAL PROPERTY
PARCEL or ACCOUNT NO. 5 041 35 003 0001 0301
LIST ASSESSED VALUE(S): \$86000

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

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.
BAYCR	2004		65/26	+339061	
				VIN TKST0R60426182	

Date of Sale 07/15/2014

Taxable Sale Price	\$	60,000.00
Excise Tax: State	\$	768.00
County	\$	150.00
Local	\$	
Delinquent Interest: State	\$	
Local	\$	0.0025
Delinquent Penalty	\$	
Subtotal	\$	918.00
State Technology Fee	\$	5.00
Affidavit Processing Fee	\$	
Total Due	\$	923.00

If exemption claimed, WAC number & title:
WAC No. (Sec/Sub) _____
WAC Title _____

A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX.

Asotin

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 Ardith M. Caudill

Name (print) Ardith M. Caudill

Date and Place of Signing: 7-23-14

Signature of Grantee/Agent Judith L. James

Name (print) Judith L. James

Date & Place of Signing: 7.23.14

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 2014

7/23/14 Date Victor Allen 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 9A.060, RCW 9A.56.010 (4d), and RCW 9A.56.020).

THIS SPACE - TREASURER'S USE ONLY

PAID

JUL 25 2014

ASOTIN COUNTY
TREASURER

17682

*FATCO
06-21-2014
VAC*

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH**

Local File Number 171 0115 Washington State Certificate of Death State File Number 7 71959

1. Legal Name (include AKA's if any): First Neil P. Middle Caudill LAST Caudill Suffix

2. Death Date: 12-28-2007

3. Sex (M/F): M 4a. Age - Last Birthday: 75 4b. Under 1 Year: Months 4c. Under 1 Day: Hours 5. Social Security Number: [REDACTED] 6. County of Death: Asotin

7. Birthdate: 7-9-1932 8a. Birthplace (City, Town, or County): Spokane 8b. (State or Foreign Country): WA 9. Decedent's Education: Some College, no degree

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? Yes

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): 2115 6th Avenue Apt 30 13b. City or Town: Clarkston

13c. Residence: County: Asotin 13d. Tribal Reservation Name (if applicable): N/A 13e. State or Foreign Country: WA 13f. Zip Code + 4: 99403 13g. Inside City Limits? Yes No Unk

14. Estimated length of time at residence: 3 Years 15. Marital Status at Time of Death: Married 16. Surviving Spouse's Name (Give name prior to first marriage): Ardith Fosgate

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)): Food Buyer 18. Kind of Business/Industry (Do not use Company Name): Paper Products

19. Father's Name (First, Middle, Last, Suffix): Paul Caudill 20. Mother's Name Before First Marriage (First, Middle, Last): Gladys Laing

21. Informant's Name: Ardith Caudill 22. Relationship to Decedent: Wife 23. Mailing Address: Number and Street by RFD No. City or Town State Zip 2115 6th Ave Apt 30 Clarkston WA 99403

24. Place of Death, if Death Occurred in a Hospital: Emergency Room 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 Hospital 26a. City, Town, or Location of Death: Clarkston 26b. State: WA 27. Zip Code: 99403

28. Method of Disposition: Cremation 29. Place of Final Disposition (Name of cemetery, crematory, other place): Heritage Alternatives Inc 30. Location: City/Town, and State: Spokane WA

31. Name and Complete Address of Funeral Facility: Neptune Society 222 E Francis Spokane WA 99208 32. Date of Disposition: 1-8-2008

33. Funeral Director Signature: Michael D. Hower

34. 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. PEA Interval between Onset & Death

Due to (or as a consequence of) b. CHF / COPD Interval between Onset & Death

Due to (or as a consequence of) c. Valvular disease Interval between Onset & Death

d.

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: COPD

36. Autopsy? Yes No 37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death: Natural Homicide Accident Undetermined Suicide Pending 39. If female: Not pregnant within past year Not pregnant, but pregnant within 42 days before death Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year

40. Did tobacco use contribute to death? Yes Probably No 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? Yes No 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: Driver/Operator Pedestrian Passenger Other (Specify)

48a. Certifying Physician - On the basis of my knowledge, death occurred on the time, date, and place and due to the cause(s) and manner stated. [Signature] 48b. Medical Examiner/Coroner - On the basis of examination, autopsy investigation, if any, and other information, death occurred on the time, date, and place, and due to the cause(s) and manner stated. [Signature]

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): DR JEREMY LAING 1221 HIGHLAND AVE CLARKSON, WA 99403 50. Hour of Death (24hrs): 0657

51. Name and Title of Attending Physician (Other than Certifier (Type or Print)): 52. Date Signed (MM/DD/YYYY): 1/2/08

53. Title of Certifier: MD 54. License Number: 30715 55. ME/Coroner File Number: 56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature: [Signature] 58. Date Received (MM/DD/YYYY): 1-3-08 47682

59. Amendments:

Vehicle Certificate of Ownership (Title) Application

Fees

Plate or TPO +339061		Color #1		Color #2		Vehicle Identification Number (VIN) TKST0R60426182			Filing
Model year 2004	Pwr	Use	Make BAYCR	Series/Body type 65/26	Model ID	Value code	Year	Scale weight	
Cycle engine or motor home number			Fleet code	Equip number	MO reg	Reg exp date	Scale weight	Seats	RTA excise tax
Declared GWT		Month GWT	GWT expiration		Mileage	Code	Previous title number 0435041109	State WA	License
Special options <input type="checkbox"/> DAV <input type="checkbox"/> Leased <input type="checkbox"/> No title issued <input type="checkbox"/> NRM <input type="checkbox"/> Bonded <input type="checkbox"/> Non-roadworthy <input type="checkbox"/> Native American <input type="checkbox"/> Reg only <input type="checkbox"/> Joint tenants with rights of survivorship			County of residence Asotin		Purchase price 60,000	Tax jurisdiction	Tax rate	Application	
<input type="checkbox"/> USE TAX EXEMPT: Private automobile was purchased and used by me in another state for a minimum of 90 days while I was a bonafide resident, before I entered Washington on _____ (Must be used in Washington for personal and family transportation only.)									
<input checked="" type="checkbox"/> GIFT: Donor previously paid Washington State sales/use tax. <input type="checkbox"/> INHERITANCE: Washington sales/use tax paid by testator. <input type="checkbox"/> Transferred to SPOUSE. <input type="checkbox"/> Sale to INDIAN IN INDIAN COUNTRY. Notarized statement is attached.									
Washington State primary residence street address or Washington State principal place of business street address is required on the vehicle record. For exceptions to this rule, see form TD-420-004.									
For more than two registered or legal owners, please attach additional applications.									
New registered owner									
Name (Last, First, Middle initial) James, Judith L.								Sales/Use tax	
Name (Last, First, Middle initial)								License service	
Washington State primary residence street address (if an individual) or Washington State principal place of business street address (if a business) 2115 6th Avenue #30								Plate	
Address (continued)								LPG	
Mailing address (if different than residence address) or exception address same as above								Aquatic weed	
First owner's Washington driver license, ID card, or UBI number				Second owner's Washington driver license, ID card, or UBI number				Trauma	
New legal owner or lienholder – must be filled out if different than the registered owner									
Name (Last, First, Middle initial) same as above								Replacement tab	
Name (Last, First, Middle initial)								State parks donation <input type="checkbox"/> \$5 <input type="checkbox"/> \$0	
Address								Out of state	
Address (continued)								Other	
First owner's Washington driver license, ID card, or UBI number JAMESJL577P9				Second owner's Washington driver license, ID card, or UBI number				Total fees and tax	
Dealer's report of sale I certify that this information is correct. The vehicle is clear of encumbrances except as shown. Any required sales tax has been collected.		WA dealer number	Dealer name			Date of sale		Subagent fee (Do not include in total)	
		Date of delivery	Vehicle is: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Previously titled			Dealer's authorized signature X			

Anyone who knowingly makes a false statement may be guilty of a felony under state law and upon conviction shall be punished by a fine, imprisonment, or both. I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

7-23-14
Date and place

X *Judith L James*
Registered owner signature

Position, if signing for a business

Date and place

X
Registered owner signature

Position, if signing for a business

Notarization/Certification for registered owner(s) signature



TONJA HATCHER
NOTARY PUBLIC WASHINGTON
Residing at Asotin, WA
My Comm Expires JULY 29, 2017
(Seal or stamp)

State of Washington County of Asotin

Signed or attested before me on 7-23-14 by Judith L James

Tonja Hatcher
Signature

Tonja Hatcher
Printed or stamped name

Title Notary and _____

7-29-17
Dealer or county/office number or notary expiration date

47682

PLATE #: 4339061		EXP-DT: - -		ISSUE-DT: 12-2004		VH-61		
MYR: 2004		MAKE: BAYCR		P/USE: MOB		SERIES: 65/26 MDL: BT: REMARKS		
TC	LTD	PTC	PLTD	TITLE #	CO OFWK	DATE	LOC CD: 0000	
09	2005003	C&	2004350	0435041109	32	2101	2004350	
CO OFWK		YR-REM	G	TL-FEES	LRC	XFERDT	MR DEP TX	
		0000		32.50	02	12152004	95	
V.I.N. NUMBER		DLNO	REGISTERED OWNER INFORMATION				C	PREV TAB NOT AVAIL
TKSTOR60426182		4463	CAUDILL, NEIL P					PREV TAB NOT AVAIL
VIN ABCDEFGHIJKLMN			CAUDILL, ARDITH M					
FLGS-00000000000000			2115 6TH AVE # 30					
PLT ABCDEFGHIJKL DREJ								
FLGS-0000000000100								
OP# OLDLIC#		DESDATE	SCALE					
011				CLARKSTON		WA	994031563	
FLT / EQ #		VALCODE	VALYR	LEGAL OWNER INFORMATION				C
		73000	2004					
SEATS		ROS/AOS	#					
MG		GWT-EXP	GWT					
GWT-FEES		GVWR		CURR-ODOM		PREV-ODOM	E	
		DATE: 06/12/2014	TIME 07:36					
SELECT APPROPRIATE FUNCTION KEY								
CANCEL MAIN	CANCEL VEHICLE	RE-ENTER KEY			PARKING TICKET		PRINT	

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