



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: Barnes, Clyde Ronald; Barnes, Barry M. Street: 2015 6th Ave NO 130A. City: Clarkston, State: WA, Zip Code: 99403

LOCATION OF MOBILE HOME Name: Street: 2015 6th Ave NO 130A. City: Clarkston, State: WA, Zip Code: 99403

NEW REGISTERED OWNER Name: Barnes, Barry M. Street: PO BOX 263. City: Lewiston, State: ID, Zip Code: 83501

LEGAL OWNER Name: same as above. Street: City: State: Zip Code:

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 50413500200021301 LIST ASSESSED VALUE(S): \$ 31,600

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: BROAD, 1993, IDFLP04A15876BM

Date of Sale: 08/18/2014. Taxable Sale Price: \$0.00. Excise Tax: State \$0.00, Local \$0.00. Delinquent Interest: 0.0025. Delinquent Penalty: \$0.00. Subtotal: \$5.00. State Technology Fee: \$5.00. Affidavit Processing Fee: \$10.00. Total Due: \$10.00. WAC No. (Sec/Sub): 458-61A-202(2). 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: Barry M. Barnes. Name (print): Barry M. Barnes. Date and Place of Signing: 8-18-14. Signature of Grantee/Agent: Barry M. Barnes. Name (print): Barry M. Barnes. Date & Place of Signing: 8-18-14.

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. Date: 8/18/14. 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 9A.56.060, RCW 9A.56.010 (4d), and RCW 9A.56.020).

THIS SPACE - TREASURER'S USE ONLY

B. Barnes CR 6248 HF REV 84 0003e (6/26/14) COUNTY TREASURER

PAID AUG 18 2014 47753 ASOTIN COUNTY TREASURER

FIRST-CLASS MAIL
 U.S. POSTAGE PAID
 STATE OF WASHINGTON
 DEPT. OF LICENSING

STATE OF WASHINGTON
VEHICLE CERTIFICATE OF OWNERSHIP

CERTIFICATE NUMBER
0314802506

VEHICLE IDENTIFICATION NUMBER	DATE OF APPLICATION	MODEL YEAR	MAKE	TYPE/USE	SERIES & BODY STYLE
%069145	05/28/2003	1993	BROAD	MOB	66/14
VEHICLE DISTRIBUTION NUMBER	VEHICLE IDENTIFICATION NUMBER	SCALE WT	VEHICLE	TRANSFER CODE	
IDFLP04A15876BM			0000000	EXEMPTION	
COMPLIANCE BRANDS			REGISTERED STATE	IDENTIFICATION NUMBER	
21000-2000			WA	0231602404	

BARNES, CLYDE RONALD
BARNES, BARRY M
 2015 6TH AVE NO 130A
 CLARKSTON WA 99403

SIGNATURE(S) OF REGISTERED OWNER(S) BELOW, HEREBY RELEASES ALL INTEREST IN VEHICLE DESCRIBED ABOVE

BY _____ REGISTERED OWNER SIGNATURE DATE OF SALE _____
 BY _____ REGISTERED OWNER SIGNATURE DATE OF SALE _____

BARNES, CLYDE RONALD
BARNES, BARRY M
 2015 5TH AVE NO 130A
 CLARKSTON WA 99403-1405

SALE PRICE _____
 SIGNATURE(S) OF LEGAL OWNER(S) BELOW, HEREBY RELEASES ALL INTEREST IN VEHICLE DESCRIBED ABOVE.

BY _____ FIRST LEGAL OWNER SIGNATURE & TITLE DATE RELEASED _____
 BY _____ SECOND LEGAL OWNER SIGNATURE & TITLE DATE RELEASED _____

LEGAL OWNER: When bar is satisfied, release interest by signing above and forward this document to County National Agents. Incomplete failure to properly release and transfer title according to law 10 days after purchase may result in monetary penalty with driver license. RCW 46.15.020
TRANSFEREE/BUYER MUST APPLY FOR TRANSFER OF OWNERSHIP WITHIN 15 DAYS FROM DATE OF DELIVERY, TO AVOID PENALTY. (SEE REVERSE FOR ADDITIONAL INFORMATION.)

07/03 0035481 AB
 0035481 AB

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STATE OF WASHINGTON DEPARTMENT OF HEALTH

Washington State Certificate of Death

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (include AKA's if any) First Middle LAST CLYDE RONALD BARNES					2. Death Date January 31, 2014		
3. Sex (M/F) Male	4a. Age - Last Birthday 81	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Asotin		
7. Birthdate October 2, 1932		8a. Birthplace (City, Town, or County) Lindsey		8b. (State or Foreign Country) Oklahoma		9. Decedent's Education Some college credit, but 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 5 th St.) (Include Apt. No.) 2015 6th Avenue, 130A					13b. City or Town Clarkston		
13c. Residence: County Asotin		13d. Tribal Reservation Name (if applicable)		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. 10 years					
15. Marital Status at Time of Death Divorced				16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Truck Driver				18. Kind of Business/Industry (Do not use Company Name) Chip Haul			
19. Father's Name (First, Middle, Last, Suffix) Howard Barnes				20. Mother's Name Before First Marriage (First, Middle, Last) Thelma Richardson			
21. Informant's Name Barry Barnes		22. Relationship to Decedent Brother		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1630 Swallows Crest Loop, Clarkston, Washington 99403			
24. Place of Death, if Death Occurred in a Hospital: Emergency Room/Outpatient				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 Memorial 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) Valley Crematory				30. Location-City/Town, and State Lewiston, Idaho			
31. Name and Complete Address of Funeral Facility Malcom's Brower-Wann Funeral Home, P.O. Box 797 Lewiston, Idaho 83501						32. Date of Disposition February 5 2014	
33. Funeral Director Signature <i>[Signature]</i>							
Cause of Death (See instructions and examples)							
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. Cardio pulmonary arrest					Interval between Onset & Death 40 min
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.					Interval between Onset & Death
		c.					Interval between Onset & Death
		d.					Interval between Onset & Death
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				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 type="checkbox"/> No	
38. Manner of Death <input 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 type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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: Apt No. 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 <i>[Signature]</i>				48b. Medical Examiner/Coroner			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Michael K. Driver, M.D., 1221 Highland Avenue, Clarkston, Washington 99403						50. Hour of Death (24hrs) 0536	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)						52. Date Signed (MM/DD/YYYY) Feb 12 2014	
53. Title of Certifier Medical Doctor		54. License Number MD00023405		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature <i>[Signature]</i>						58. Date Received (MM/DD/YYYY) FEB 05 2014	
59. Amendments							

Part 1 completed by Funeral Director

Part 2 completed by Certifier

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DOH 01-003 (12/11)

~~CONFIDENTIAL~~



Lawrence M. Garges

Lawrence M. Garges, M.D.
Health Officer

SEP 05 2016

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