Department of Revenue
Washington State

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: Lois I. Miller, who took title as Lois L. Miller
Street: 1210 Sixth Street
City: Clarkston State: WA Zip Code: 99403

NEW REGISTERED OWNER

Name: Sherry Wallace, an unmarried person, and Zackary Wallace, as his sole and separare property
Street: 2145 13th Street
City: Clarkston State: WA Zip Code: 99403

LOCATION OF MOBILE HOME

Name:
Street: 2145 13th Street
City: Clarkston State: WA Zip Code: 99403

LEGAL OWNER

Name:
Street:
City: State: Zip Code:

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5 115 01 001 0002 0010
LIST ASSESSED VALUE(S): $ 7,900

REAL PROPERTY PARCEL or ACCOUNT NO. 1 115 01 001 0002 0000
LIST ASSESSED VALUE(S): $

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.
Marlette	1978		14x70	014270FBB80281	

Date of Sale 11/4/14

Taxable Sale Price	$	0.00
Excise Tax: State	$	0.00
Asotin County Local	$	0.00
Delinquent Interest: State	$	
0.0025 Local	$	
Delinquent Penalty 0.00	$	
Subtotal	$	0.00
State Technology Fee	$	5.00
Affidavit Processing Fee	$	
Total Due	$	10.00

If exemption claimed, WAC number & title:
WAC No. (Sec/Sub) 458-61A-201(B)(i)
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** Lois I. Miller
Name (print) Lois I. Miller
Date and Place of Signing: Lewiston, ID 11-4-14

Signature of **Grantee/Agent** Sherry Wallace
Name (print) Sherry Wallace
Date & Place of Signing: Lewiston, ID 11-4-2014

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.

11/4/14 Date — HSchaffer 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 9.45.060, RCW 9A.56.010 (4d), and RCW 9A.56.020).

THIS SPACE - TREASURER'S USE ONLY

Cash HS

PAID
NOV 04 2014
ASOTIN COUNTY TREASURER

47941

REV 84 0003e (6/26/14) COUNTY ASSESSOR

State of Washington
Department of Revenue
Miscellaneous Tax Section
PO Box 47477
Olympia WA 98504-7477

REAL ESTATE EXCISE TAX SUPPLEMENTAL STATEMENT

(WAC 458-61A-304)

This form must be submitted with the Real Estate Excise Tax Affidavit (FORM REV 84 0001A) for claims of tax exemption as provided below. Completion of this form is required for the types of real property transfers listed in numbers 1-3 below. Only the first page of this form needs original signatures.

AUDIT: Information you provide on this form is subject to audit by the Department of Revenue. **In the event of an audit, it is the taxpayers' responsibility to provide documentation to support the selling price or any exemption claimed.** This documentation must be maintained for a minimum of four years from date of sale. (RCW 82.45.100) Failure to provide supporting documentation when requested may result in the assessment of tax, penalties, and interest. Any filing that is determined to be fraudulent will carry a 50% evasion penalty in addition to any other accrued penalties or interest when the tax is assessed.

PERJURY: Perjury is a class C felony which is punishable by imprisonment in a state correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars ($5,000.00), or by both imprisonment and fine (RCW 9A.20.020 (1C)).

The persons signing below do hereby declare under penalty of perjury that the following is true (check appropriate statement):

1. ☐ **DATE OF SALE**: (WAC 458-61A-306(2))

I, (print name)_____ certify that the_____ (type of instrument), dated_____, was delivered to me in escrow by_____ (seller's name). **NOTE:** Agent named here must sign below and indicate name of firm. The payment of the tax is considered current if it is not more than 90 days beyond the date shown on the instrument. If it is past 90 days, interest and penalties apply to the date of the instrument.

Reasons held in escrow:_____

Signature _____ Firm Name _____

2. GIFTS: (WAC 458-61A-201) The gift of equity is non-taxable; however, any consideration received is not a gift and is taxable. The value exchanged or paid for equity plus the amount of debt equals the taxable amount. One of the boxes below must be checked. Both Grantor (seller) and Grantee (buyer) must sign below.

Grantor (seller) gifts equity valued at $ _____ to grantee (buyer).

NOTE: Examples of different transfer types are provided on the back. This is to assist you with correctly completing this form and paying your tax.

"Consideration" means money or anything of value, either tangible (boats, motor homes, etc) or intangible, paid or delivered, or contracted to be paid or delivered, including performance of services, in return for the transfer of real property. The term includes the amount of any lien, mortgage, contract indebtedness, or other encumbrance, given to secure the purchase price, or any part thereof, or remaining unpaid on the property at the time of sale. **"Consideration"** includes the assumption of an underlying debt on the property by the buyer at the time of transfer.

A: Gifts with consideration

1. ☐ Grantor (seller) has made and will continue to make all payments after this transfer on the total debt of $_____ and has received from the grantee (buyer) $_____ (include in this figure the value of any items received in exchange for property). Any consideration received by grantor is taxable.
2. ☐ Grantee (buyer) will make payments on_____% of total debt of $_____ for which grantor (seller) is liable and pay grantor (seller) $_____(include in this figure the value of any items received in exchange for property). Any consideration received by grantor is taxable.

B: Gifts without consideration

1. ☑ There is no debt on the property; Grantor (seller) has not received any consideration towards equity. No tax is due.
2. ☐ Grantor (seller) has made and will continue to make 100% of the payments on total debt of $_____ and has not received any consideration towards equity. No tax is due.
3. ☐ Grantee (buyer) has made and will continue to make 100% of the payments on total debt of $_____ and has not paid grantor (seller) any consideration towards equity. No tax is due.
4. ☐ Grantor (seller) and grantee (buyer) have made and will continue to make payments from joint account on total debt before and after the transfer. Grantee (buyer) has not paid grantor (seller) any consideration towards equity. No tax is due.

Has there been or will there be a refinance of the debt? ☐ YES ☒ NO

If grantor (seller) was on title as co-signor only, please see WAC 458-61A-215 for exemption requirements.

The undersigned acknowledges this transaction may be subject to audit and have read the above information regarding record-keeping requirements and evasion penalties.

Grantor's Signature _____ Grantee's Signature _____

3. ☐ **IRS "TAX DEFERRED" EXCHANGE** (WAC 458-61A-213)

I, (print name)_____, certify that I am acting as an Exchange Facilitator in transferring real property to_____ pursuant to IRC Section 1031, and in accordance with WAC 458-61A-213. **NOTE:** Exchange Facilitator must sign below.

Exchange Facilitator's Signature _____

4794/

For tax assistance, contact your local County Treasurer/Recorder or visit http://dor.wa.gov or call (360) 570-3265. To inquire about the availability of this document in an alternate format for the visually impaired, please call (360) 705-6715. Teletype (TTY) users please call 1-800-451-7985.

COUNTY TREASURER

STATE OF WASHINGTON

Vehicle Certificate of Ownership (Title)

Certificate Number

1009227105

License number	Vehicle identification number (VIN)	Year	Make	Model	Style	Series/Body
$42192	**014270FBB80281**	**1978**	**MARLE**			**70/14**

Date issued	Odometer miles	Odometer status	Fleet number	Equipment number	Fuel type
04/02/2010	**0000000**	**E**			

Use class	Scale weight	Gross weight	Vehicle color	Prior title state	Prior title number
MOB	**00000**		**WHITE / BLUE**	**WA**	**0007502605**

Comments
7200-2010

Brands

Sale price $ Gift

Date of sale 10-10-14

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
MILLER,LOIS L
MILLER,LEE R
2038 13TH ST
CLARKSTON, WA 99403

Registered owner
SAME AS LEGAL OWNER

Lois L. Miller 10-10-14

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

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 hereon as registered owners and legal owners of the vehicle described.

Elizabeth A. Luce
Director, Department of Licensing

Assignment by registered owner

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 47941

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Public Health - Seattle & King County Vital Statistics

CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number 5619 **Washington State Certificate of Death** State File Number

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First: LEE Middle: ROY LAST: MILLER Suffix:
2. Death Date: 05/23/2013
3. Sex (M/F): MALE
4a. Age – Last Birthday: 70 Years
4b. Under 1 Year: Months Days
4c. Under 1 Day: Hours Minutes
5. Social Security Number: [redacted]
6. County of Death: KING
7. Birthdate: 23-Jun-1942
8a. Birthplace (City, Town, or County): Addy
8b. (State or Foreign Country): WA
9. Decedent's Education: High School Graduate
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.): 2739 13th Street
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.: 2 Years
15. Marital Status at Time of Death: Married
16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): Lois I Sharp
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED): Carpenter
18. Kind of Business/Industry (Do not use Company Name): Construction
19. Father's Name (First, Middle, Last, Suffix): John Miller
20. Mother's Name Before First Marriage (First, Middle, Last): Ida Louise Fischer
21. Informant's Name: Lois I Miller
22. Relationship to Decedent: Wife
23. Mailing Address: Number and Street or RFD No City or Town State Zip: 2739 13th Street, Clarkston, WA 99403
24. Place of Death, if Death Occurred in a Hospital: INPATIENT
Place of Death, if Death Occurred Somewhere Other than a Hospital: N/A
25. Facility Name (If not a facility, give number & street or location): UNIVERSITY OF WASHINGTON MEDICAL CENTER
26a. City, Town, or Location of Death: SEATTLE
26b. State: WA
27. Zip Code: 98195
28. Method of Disposition: Cremation
29. Place of Final Disposition (Name of cemetery, crematory, other place): First Cremation Services
30. Location-City/Town, and State: Kent, WA
31. Name and Complete Address of Funeral Facility: Personal Alternative Funeral Services 749 N Central Ave, Kent, WA 98032-3051
32. Date of Disposition: 3-Jun-2013
33. Funeral Director Signature X: [signature] PERSONAL ALTERNATIVE FUNERAL SERVICES www.personalalternative.us

Part 2 completed by Certifier

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. MULTI ORGAN SYSTEM FAILURE — Interval between Onset & Death: 5/17-5/23/13
Due to (or as a consequence of):
b. RESPIRATORY FAILURE — Interval between Onset & Death: 5/6-5/23/13
Due to (or as a consequence of):
c. RENAL FAILURE — Interval between Onset & Death: 5/17-5/23/13
Due to (or as a consequence of):
d. SEPTIC SHOCK — Interval between Onset & Death: 5/22-5/23/13

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

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: ACUTE MYELOID LEUKEMIA
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 ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before 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: Apt No 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 - X [signature] ARNP
48b. Medical Examiner/Coroner - X
49. Name and Address of Certifier - (Physician, Medical Examiner or Coroner (Type or Print): JENNIFER HARTLEY 1959 NE PACIFIC STREET SEATTLE 98195
50. Hour of Death (24hrs): 1725
51. Name and Title of Attending Physician if other than Certifier (Type or Print): WILLIAM ALTEMEIER MD
52. Date Signed (MM/DD/YYYY): 5.24.13
53. Title of Certifier: ARNP
54. License Number: 1447335278
55. ME/Coroner File Number
56. Was case referred to ME/Coroner? ☐ Yes ☒ No
57. Registrar Signature X: [signature]
58. Date Received (MM/DD/YYYY): MAY 3 1 2013 47941
59. Amendments

DOH 01-003 (1/13)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL

DOH/CHS 003 March 2013

BILL OF SALE,
ACCEPTANCE AND ACKNOWLEDGMENT

THIS INDENTURE is hereby made effective the 4 day of November, 2014, by and between Lois I. Miller, whose took title as Lois L. Miller, an unmarried person, Seller, and Sherry Wallace, an unmarried person, and Zackary Wallace, a married person, dealing with his sole and separate property, Purchaser, whose address is 2145 13th Street, Clarkston, Washington 99403.

The Seller does hereby sell, assign, and transfer unto the Purchaser her interest in the following manufactured home:

1978 14X70 Marlette Manufactured Home, VIN #014270FBB80281,

to have and to hold unto the Purchaser, her heirs and assigns forever.

The Seller covenants that she is the lawful owner of the manufactured home, and that the same is free and clear of encumbrances of every kind, and that she will warrant and defend the title thereto.

IN WITNESS WHEREOF, the Seller sets her hand this 4 day of November, 2014.

Lois I. Miller

Lois I. Miller

Creason, Moore, Dokken & Geidl, PLLC
P.O. Drawer 835, Lewiston ID 83501
(208)743-1516; Fax(208)746-2231

47941

STATE OF IDAHO)
: ss.
County of Nez Perce)

On this day personally appeared before me Lois I. Miller, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 4 day of November, 2014.

(SEAL)

Shaun Kaschmetter
Notary Public in and for said State.
Residing at or employed in Lewiston.
My commission expires: 3/19/16

Creason, Moore, Dokken & Geidl, PLLC
P.O. Drawer 835, Lewiston ID 83501
(208)743-1516; Fax(208)746-2231

47941

BUYER'S ACCEPTANCE AND ACKNOWLEDGEMENT

Buyer, by acceptance of this Bill of Sale, acknowledges that she has made an independent investigation of the above described mobile home, has relied solely on her own investigation in making this purchase, and has placed no reliance nor has acted upon any representations or warranties of the Seller not specifically set forth herein. No warranties exist which extend beyond the face hereof. Manufacturers' warranties are theirs not the Seller's, and the Seller makes no representations as to the existence thereof.

IN WITNESS WHEREOF, the Buyer sets her hand to be effective the 4 day of November, 2014.

Sherry Wallace

Sherry Wallace

Zack Wallace

Zackary Wallace

STATE OF IDAHO)
: ss.
County of Nez Perce)

On this 4 day of November, 2014, before me, the undersigned, a notary public in and for said state, personally appeared Sherry Wallace, an unmarried person, known or identified to me to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

(SEAL)

Shawn Kaschmitter

Notary Public in and for said State,
residing at or employed in Lewiston.
My Commission Expires: 3/19/16

Creason, Moore, Dokken & Geidl, PLLC
P.O. Drawer 835, Lewiston ID 83501
(208)743-1516; Fax(208)746-2231

47941

STATE OF IDAHO)
: ss.
County of Nez Perce)

On this 4 day of November, 2014, before me, the undersigned, a notary public in and for said state, personally appeared Zackary Wallace, a married person, dealing with his sole and separate property, known or identified to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

(SEAL)

Shawn Kaschmitter
Notary Public in and for said State,
residing at or employed in Lewiston.
My Commission Expires: 3/19/16

Creason, Moore, Dokken & Geidl, PLLC
P.O. Drawer 835, Lewiston ID 83501
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