



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: Randy D. Weller, Phyllis E. Weller and Teresa S. Rathbun. Street: 3332 13th Street. City: Lewiston, State: Idaho, Zip Code: 83501.

LOCATION OF MOBILE HOME Name: Randy D. Weller & Phyllis E. Weller. Street: 1430 Chestnut Street, Sp #8. City: Clarkston, State: Washington, Zip Code: 99403.

NEW REGISTERED OWNER Name: Randy D. Weller, Phyllis E. Weller and Teresa S. Rathbun. Street: 1430 Chestnut Street, Sp #8. City: Clarkston, State: Washington, Zip Code: 99403.

LEGAL OWNER Name: Randy D. Weller, Phyllis E. Weller. Street: 1430 Chestnut Street. City: Clarkston, State: Washington, Zip Code: 99403.

PERSONAL PROPERTY PARCEL or ACCOUNT NO.: 500423 on CCC2 ccg. LIST ASSESSED VALUE(S): \$ 40,000

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

Table with columns: MAKE (MARLE), YEAR (1999), MODEL, SIZE (27X42), SERIAL NO. or I.D. (H017336AB), REVENUE TAX CODE NO.

Date of Sale: NOV 12, 2014. Taxable Sale Price: \$, Excise Tax: State \$, Local \$, Delinquent Interest: State \$, Local \$, Delinquent Penalty \$, Subtotal \$, State Technology Fee \$ 5.00, Affidavit Processing Fee \$, Total Due \$ 10.00.

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: Randy D. Weller. Signature of Grantee/Agent: Teresa S. Rathbun.

TREASURER'S CERTIFICATE. I hereby certify that property taxes due to the County on the mobile home described hereon have been paid to and including the year 2014. Date: 11/12/14. County Treasurer or Deputy: Gloria [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 9.45.060, RCW 9A.56.010 (4d), and RCW 9A.56.020).

THIS SPACE - TREASURER'S USE ONLY

REV 84 0003 (12/27/06) Cash 10.00 gh

NOV 12 2014 ASOTIN COUNTY TREASURER

47957 47957 COUNTY TREASURER

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-024479

DATE ISSUED: 10/29/2014

FEE NUMBER: 0000243059

GIVEN NAME: EDNA MAY
LAST NAME: WELLER

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: OCTOBER 27, 2014
HOUR OF DEATH: 08:25 P.M.
SEX: FEMALE
AGE: 92 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: AUGUST 31, 1922
BIRTHPLACE: BRISBANE, AUSTRALIA

MARITAL STATUS: WIDOWED
SPOUSE:

OCCUPATION: STORE CLERK
INDUSTRY: RETAIL
EDUCATION: HIGH SCHOOL GRADUATE OR OED COMPLETED
US ARMED FORCES? NO

INFORMANT: RANDY WELLER
RELATIONSHIP: SON
ADDRESS: 3332 13TH ST, LEWISTON ID, 83501

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

RESIDENCE STREET: 1430 CHESTNUT 8
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
INSIDE CITY LIMITS? YES
COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 7 YEARS

FATHER: WILLIAM JOHN STEPHENSON
MOTHER: ROSE JANE ROBINSON

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY
CITY, STATE: LEWISTON, ID
DISPOSITION DATE: OCTOBER 30, 2014

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES LLC
ADDRESS: P.O. BOX 107
CITY, STATE, ZIP: CLARKSTON WA 99403
FUNERAL DIRECTOR: RICHARD LASSITER

CAUSE OF DEATH:

- A. ISCHEMIC CARDIOMYOPATHY
INTERVAL: YEARS
- B. INTERVAL:
- C. INTERVAL:
- D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
EMPHYSEMA, PNEUMONIA

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? YES
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: DENNIS MOUNTJOY MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1271 HIGHLAND AVE
CITY, STATE, ZIP: CLARKSTON WA 99403
DATE SIGNED: OCTOBER 28, 2014

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:
DENNIS MOUNTJOY MD

LOCAL DEPUTY REGISTRAR:
SUNDIE HOFFMAN
DATE RECEIVED: OCTOBER 29, 2014

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DOH 01-003 (1/14)

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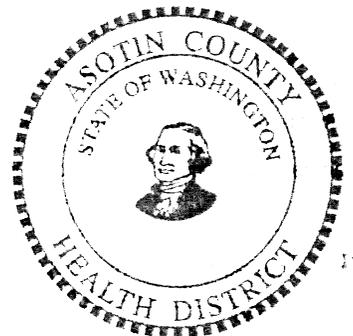
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Lawrence M. Garges

Lawrence M. Garges, M.D.
Health Officer

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