



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 CROW, Florence A; Street DOUGHTY, Carolyn; 2115 6th Ave No. 49; City Clarkston; State WA; Zip Code 99403-1570

NEW REGISTERED OWNER: Name Yolanda Audrey; Street 2115 6th Ave. No. 49; City Clarkston, WA; State WA; Zip Code 99403-1570

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 50413500300010490; LIST ASSESSED VALUE(S): \$ 49,700.00

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

Table with columns: MAKE (Marlette), YEAR (1994), MODEL, SIZE (28x42), SERIAL NO. or I.D. (009495), REVENUE TAX CODE NO.

Date of Sale 09-16-2015; Taxable Sale Price \$35,000.00; Excise Tax: State \$448.00, Local \$87.50; Total Due \$540.50

AFFIDAVIT: I certify under penalty of perjury... Signature of Grantor/Agent Carolyn Doughty; Signature of Grantee/Agent Yolanda Audrey

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 2015

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).

Ca & Check #5406

THIS SPACE - TREASURER'S USE ONLY

PAID SEP 16 2015

ASOTIN COUNTY TREASURER

48747 48747 MH

COUNTY TREASURER

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-001185

DATE ISSUED: 01/16/2015

FEE NUMBER: 0000243215

GIVEN NAMES: FLORENCE A
LAST NAME: CROW

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: JANUARY 12, 2015
HOUR OF DEATH: 11:05 A.M.
SEX: FEMALE
AGE: 87 YEARS

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: PRESTIGE CARE & REHABILITATION
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

SOCIAL SECURITY NUMBER: ~~50-44-9253~~

RESIDENCE STREET: 2115 6TH AVE #49
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
INSIDE CITY LIMITS? YES

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARS

BIRTHDATE: DECEMBER 13, 1927
BIRTHPLACE: SHELBY, TOOLE CNTY, MONTANA

FATHER: GEORGE B SPOONER
MOTHER: HAZEL M BYBEE

MARITAL STATUS: WIDOWED
SPOUSE:

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: PINE HILLS CREMATORY
CITY, STATE: OROFINO, ID
DISPOSITION DATE: JANUARY 15, 2015

OCCUPATION: HOMEMAKER
INDUSTRY: OWNHOME
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

FUNERAL FACILITY: TRENARY FUNERAL HOME
ADDRESS: 18 WEST 1ST AVE PO BOX 425
CITY, STATE, ZIP: KOOSKIA ID 83539
FUNERAL DIRECTOR: ROBERT WILCOX

INFORMANT: CAROLYNN
RELATIONSHIP: DOUGHTY
ADDRESS: 201 DOUGHTY ROAD, KOOSKIA, ID 83539

- CAUSE OF DEATH:
- A. ALZHEIMERS DISEASE
INTERVAL: 10 YEARS
 - B. INTERVAL:
 - C. INTERVAL:
 - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

LOCATION OF INJURY:
CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

CERTIFIER NAME: ELIZABETH BLACK MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1271 HIGHLAND AVE
CITY, STATE, ZIP: CLARKSTON WA 99403
DATE SIGNED: JANUARY 15, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
ELIZABETH BLACK MD

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:
DIANE ROUSSEAU
DATE RECEIVED: JANUARY 15, 2015

NUMBER(S): NONE
DATE(S): NONE

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DOH 01-003 (1714)

STATE OF WASHINGTON VEHICLE CERTIFICATE OF TITLE

TITLE NUMBER
9508202908

LICENSE NUMBER	DATE OF APPLICATION	MODEL YEAR	MAKE	POWER USE	SERIES & BODY STYLE
&056428	03/23/95	1994	MARLE	MOB	42 X 28
VEHICLE IDENTIFICATION NUMBER (VIN)		FLEET EQUIP NUMBER	SCALE AT	MILEAGE	ODOMETER CODE
009495				0000000	EXEMPT ODOMETER DISCLOSURE
SPECIFIC COMMENTS				PREVIOUS TITLE STATE	PRIOR TITLE NUMBER
40675 95					

TITLE BRANDS

SAME AS LEGAL OWNER BELOW

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 _____

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

BY _____
LEGAL OWNER SIGNATURE DATE RELEASED _____

BY _____
LEGAL OWNER SIGNATURE DATE RELEASED _____

LEGAL OWNER
CROW, FLORENCE A
DOUGHTY, CAROLYNN
2115 6TH AVE NO 49
CLARKSTON WA 99403-1570

LEGAL OWNER: If you are a dealer, please refer to the instructions on the back of this form. If you are a private party, please refer to the instructions on the back of this form. If you are a private party, you must apply for title within 15 calendar days of the date of sale. Failure to do so will result in a monetary penalty assessment. Failure to transfer within 45 days is a misdemeanor.



01/95
0014750 28 **KEEP IN A SAFE PLACE**

ANY ALTERATION OR ERASURE VOIDS THIS TITLE

Seller Please DETACH HERE

STATE OF WASHINGTON - DEPARTMENT OF LICENSING

Seller Please DETACH HERE

VEHICLE SELLER'S REPORT OF SALE

PI FASE PRINT OR TYPE - SEE REVERSE SIDE

LICENSE NUMBER	MODEL YEAR	MAKE	VEHICLE IDENTIFICATION NUMBER (VIN)	POWER USE	SERIES AND BODY STYLE	TITLE NUMBER
&056428	1994	MARLE	009495	MOB	42 X 28	9508202908

S E L L E R		D E P A R T M E N T O F L I C E N S I N G	<p>DEPARTMENT USE</p> <p>SELLER: I hereby declare that I am the legal owner of the vehicle described above and I have transferred the title to the purchaser within 5 days of the date of sale.</p> <p style="text-align: center;">State of Washington Department of Licensing Exceptions Section PO BOX 9038 OLYMPIA WA 98507-9038</p>
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FILED

CERTIFIED

2015 JAN 30 P 1:58

MARIE J. EGGART
COUNTY CLERK
ASOTIN COUNTY, WA

SUPERIOR COURT OF WASHINGTON FOR ASOTIN COUNTY

In re the Estate of:

No. 15-4-00007-4

FLORENCE CROW

LETTERS TESTAMENTARY

Deceased.

WHEREAS, the Last Will of the above named decedent having been proven and recorded in this Court on January ____, 2015.

NOW THEREFORE, know all men by these presents: That CAROLYNN J. DOUGHTY is hereby appointed and qualified as Personal Representative of said estate, and that we do hereby authorize the above named to execute said Will according to law.

DATED this 30th day of January, 2015.

McKenzie Kelley, deputy
Superior Court Clerk

LETTERS TESTAMENTARY
PAGE 1

KERRY A. WAGNER, WSBA #32626
Cox & Wagner, PLLC
ATTORNEYS AT LAW
P.O. Box 446
Lewiston, ID 83501
208-743-1234 208-743-1266 (fax)

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CERTIFICATE

I, MARIE EGGART, Clerk of the Asotin County Superior Court, certify that the above and foregoing is a true and correct copy of the Letters Testamentary in the above-named case and were entered on January 20th, 2015.

I further certify that these Letters are now in full force and effect.

DATED this 20th day January, 2015.

Clerk of the Superior Court

By *McKenzie Kelley*
Clerk/Deputy



LETTERS TESTAMENTARY
PAGE 2

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