



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: TERRY BARBER, JANICE BARBER; Street: 2015 6th AVE SP228B; City: CLARKSTON WA 99403

NEW REGISTERED OWNER Name: TERRY BARBER, SHIRLEY J. BARUS; Street: 2015 6th AVE SP228B; City: CLARKSTON WA 99403

LOCATION OF MOBILE HOME Name: ; Street: 2015 6th AVE SP228B; City: CLARKSTON WA 99403

LEGAL OWNER Name: TERRY BARBER, SHIRLEY J. BARUS; Street: 2015 6th AVE SP228B; City: CLARKSTON WA 99403

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-041-35-002-0002-2280 LIST ASSESSED VALUE(S): \$ 47,000

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

Table with 6 columns: MAKE, YEAR, MODEL, SIZE, SERIAL NO. or I.D., REVENUE TAX CODE NO. Row 1: MARLT, 1989, MARLT, 56x27

Date of Sale; Taxable Sale Price; Excise Tax: State, Local; Delinquent Interest: State, Local; Delinquent Penalty; Subtotal; State Technology Fee 5.00; Affidavit Processing Fee 5.00; Total Due 10.00; WAC No. 458-61A-201; 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: Terry Barber; Name (print): TERRY BARBER; Date and Place of Signing: 9/17/15 ASOTIN, WA; Signature of Grantee/Agent: Shirley J. Barus; Name (print): Shirley J. Barus; Date & Place of Signing: 9/17/15 Asotin, WA

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 9/17/15 Deana Portlock 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).

CL # 859 Terry Barber REV 84 0003 (12/27/06)

PAID SEP 17 2015 ASOTIN COUNTY TREASURER 48752 Alt COUNTY TREASURER

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

DATE FILED BY STATE REGISTRAR:

State of Idaho

STATE FILE NO. 082

CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER 20B-211(a) AND 20B-274, IDAHO CODE.

DECEDECENT TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS PARENTS INFORMANT DISPOSITION PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER) CERTIFIER IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE REGISTRAR	MORTICIAN: Complete/Verify and File Within 5 Days of Death Complete/Verify and File Within 72 Hours of Death	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">* 1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix) Janice Marie Barber</td> <td>2. SEX Female</td> <td>3. SOCIAL SECURITY NUMBER [REDACTED]</td> </tr> <tr> <td>4a. AGE-Last Birthday 61 (Years)</td> <td>4b. UNDER 1 YEAR Months: _____ Days: _____</td> <td>4c. UNDER 1 DAY Hours: _____ Minutes: _____</td> <td>5. DATE OF BIRTH (Mo/Day/Yr) May 31, 1946</td> </tr> <tr> <td colspan="2">6. 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38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)																																																																																																																																																		
38b. WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY? <input type="checkbox"/> Seat Belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown																																																																																																																																																		
39a. CERTIFIER (Check only one, based on official capacity for this certificate) <input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE PROFESSIONAL NURSE To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s) manner stated.		39b. LICENSE NUMBER M9259																																																																																																																																																
39c. DATE SIGNED 3, 5, 2008 MM DD YYYY		Signature and Title of Certifier <i>Jeffrey Harris</i>																																																																																																																																																
40a. CORONER'S SUBSEQUENT SIGNATURE IF NECESSARY: The coroner's signature in this item supersedes that of the physician, physician assistant, or advanced practice professional nurse, and the coroner becomes the certifier of record.		40b. DATE SIGNED																																																																																																																																																
41a. REGISTRAR'S SIGNATURE <i>Karen A. Rugg</i>		41b. DATE SIGNED 03/06/2008 MM DD YYYY																																																																																																																																																

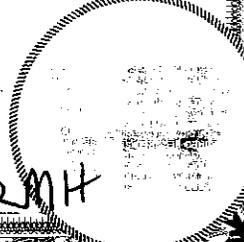
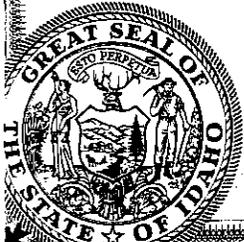
This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF HEALTH POLICY AND VITAL STATISTICS.

DATE ISSUED: March 06, 2008

This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

Jane S. Smith
JANE S. SMITH
STATE REGISTRAR

48752MH



STATE OF WASHINGTON
VEHICLE CERTIFICATE OF OWNERSHIP (TITLE)

CERTIFICATE NUMBER
0603102504

LICENSE NUMBER <06997	VEHICLE IDENTIFICATION NUMBER (VIN) H003701AB	YEAR 1989	MAKE MARLT	MODEL	STYLE	SERIES BODY 56/27
DATE ISSUED 01/31/2006	ODOMETER MILES 000000	ODOMETER STATUS EXEMPT	FLEET NUMBER	EQUIP NUMBER	FUEL TYPE UNPOWERED	
USE CLASS MOB	SCALE WEIGHT 00000	GROSS WEIGHT 000000	VEHICLE COLOR GRY	PRIOR TITLE STATE WA	PRIOR TITLE NUMBER 9106501705	

COMMENTS
72000-2006-JTWROS

BRANDS

V O I D V O I D

SALE PRICE \$ _____

DATE OF SALE _____

LEGAL OWNER: When lien is satisfied, release interest by signing below and transmit this document to County Auditor or Agent with proper fee. Failure to properly release and transmit the document within 10 days after lien is satisfied may result in monetary penalty to the debtor, pursuant to RCW 46.12.170. **TRANSFEREE/BUYER MUST APPLY FOR TRANSFER OF OWNERSHIP WITHIN 15 DAYS FROM DATE OF DELIVERY TO AVOID PENALTY.**

LEGAL OWNER

**BARBER, JERRY
 BARBER, JANICE
 J.T.W.R.O.S.
 2015 6TH AVE # 228B
 CLARKSTON WA 99403-1542**

REGISTERED OWNER

SAME AS LEGAL OWNER

SIGNATURE OF LEGAL OWNER HEREBY RELEASES ALL INTEREST IN VEHICLE AS DESCRIBED ABOVE

DATE

SIGNATURE OF REGISTERED OWNER HEREBY RELEASES ALL INTEREST IN VEHICLE DESCRIBED ABOVE

DATE

SIGNATURE OF LEGAL OWNER HEREBY RELEASES ALL INTEREST IN VEHICLE AS DESCRIBED ABOVE

DATE

SIGNATURE OF REGISTERED OWNER HEREBY RELEASES ALL INTEREST IN VEHICLE DESCRIBED ABOVE

DATE

I CERTIFY THAT THE RECORDS OF THE DEPARTMENT OF LICENSING SHOW PERSONS NAMED HEREON AS REGISTERED OWNERS AND LEGAL OWNERS OF THE VEHICLE DESCRIBED.

Elizabeth A. Luce
 DIRECTOR DEPARTMENT OF LICENSING 05/06

0013260 01 AB
 0013260 01 AB

ASSIGNMENT BY REGISTERED OWNER

I certify, to the best of my knowledge, that the ODOMETER READING, as shown below: (CHECK ONE)

NO TENTHS

- 1. is the ACTUAL MILEAGE of the vehicle
- 2. is in EXCESS OF ITS MECHANICAL LIMITS
- 3. is NOT THE ACTUAL MILEAGE

ODOMETER READING (in miles)

TRANSFEREE / BUYER: unless licensed dealer, must transfer title within 15 days of sale.
 I / we warrant this Title and certify that the vehicle described herein has been sold to the following:

Date of Transfer

____ / ____ / ____

SIGNATURE OF TRANSFEREE / BUYER

 HANDPRINTED NAME OF TRANSFEREE / BUYER

 ADDRESS OF TRANSFEREE / BUYER

SIGNATURE OF TRANSFEROR / SELLER

 HANDPRINTED NAME OF TRANSFEROR / SELLER

 ADDRESS OF TRANSFEROR / SELLER
 _____ **48752M**



FEDERAL REGULATION AND STATE LAW REQUIRE THAT YOU STATE THE MILEAGE IN CONNECTION WITH THE TRANSFER OF OWNERSHIP. FAILURE TO COMPLETE ODOMETER STATEMENT OR PROVIDING A FALSE STATEMENT MAY RESULT IN FINES AND/OR IMPRISONMENT.

KEEP IN A SAFE PLACE

ANY ALTERATION OR ERASURE VOIDS THIS TITLE

If you are the buyer: You must apply for a new Certificate of Ownership (Title) within 15 calendar days of acquiring the vehicle. Take the signed title to your local vehicle licensing office and pay the appropriate fees and taxes. You must also complete an application for Certificate of Ownership. It is available on our website at www.dol.wa.gov, or from your local vehicle licensing office. If you do not transfer ownership within 15 calendar days, there is a penalty fee.

**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.

Denny Barte
 Grantor's Signature

Shirley J. Bajus
 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

48752 ml4