Department of Revenue

# 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: Albert C Knoche
Geneva Gladys Knoche
Street: 39608 Snake River Road
City: Asotin State: WA Zip Code: 99402

**NEW REGISTERED OWNER**
Name: W Dale Knoche
Street: 39046 Snake River Road
City: Asotin State: WA Zip Code: 99402

**LOCATION OF MOBILE HOME**
Name:
Street: 39046 Snake River Rd.
City: Asotin State: WA Zip Code: 99402

**LEGAL OWNER**
Name:
Street:
City State Zip Code

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 1049 00 050 0002
LIST ASSESSED VALUE(S): $ 24,900

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

| MAKE | YEAR | MODEL | SIZE | SERIAL NO. or I.D. | REVENUE TAX CODE NO. |
|---|---|---|---|---|---|
| SEQUD | 1981 | SEQUD | 56/24 | 24113204809 | |
| | | | | | |

Date of Sale
Taxable Sale Price ..... $
Excise Tax: State ..... $
Local ..... $
Delinquent Interest: State ..... $
Local ..... $
Delinquent Penalty ..... 0.00 ..... $
Subtotal ..... $
State Technology Fee ..... $ 5.00
Affidavit Processing Fee ..... $ 5.00
Total Due ..... $ 10.00

If exemption claimed, WAC number & title:
WAC No. (Sec/Sub) 458-61A-202(1)
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.

0.00

Signature of **Grantor/Agent** Warren Dale Knoche
Name (print) Warren Dale Knoche
Date and Place of Signing: 11-16-2015

Signature of **Grantee/Agent** Warren Dale Knoche
Name (print) Warren Dale Knoche
Date & Place of Signing: 11-16-2015

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

11/16/2015 Date — Diane Porthock 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).

PAID

THIS SPACE - TREASURER'S USE ONLY

NOV 16 2015
ASOTIN COUNTY TREASURER

48914

COUNTY TREASURER

REV 84 0003 (12/27/06)

FILED

2012 JUN -1 A 10:59

MARIE J. EGGART
COUNTY CLERK
ASOTIN COUNTY, WA

SUPERIOR COURT OF WASHINGTON FOR ASOTIN COUNTY

| | | |
|---|---|---|
| In re the Estate of: | ) | No. 12-4-00041-0 |
| | ) | |
| ALBERT C. KNOCHE, | ) | LETTERS TESTAMENTARY |
| | ) | WITH NONINTERVENTION |
| Deceased. | ) | POWERS |

WHEREAS, the Last Will and Testament of Albert C. Knoche, deceased, was on the 18th day of June, 2012, duly exhibited, proven, and recorded in our said Superior Court;

WHEREAS, W. Dale Knoche is the person nominated as Personal Representative in said Will;

WHEREAS, W. Dale Knoche has petitioned this court to be appointed Personal Representative thereof; and

WHEREAS, this court has entered an order granting nonintervention powers to the Personal Representative,

NOW, THEREFORE, know all men by these presents, that we do hereby authorize the said W. Dale Knoche to execute the terms of the Will with nonintervention powers according to law.

Law Office of
**David A. Gittins**
843 Seventh Street
Clarkston, WA 99403
(509)758-2501
Facsimile: (509) 758-3576



48914

WITNESS, Thomas L. Ledgerwood, Commissioner of our Superior Court, and the seal of said Court hereto affixed this 18 day of June, 2012.

McKenzie Campbell, Deputy
Clerk of the Superior Court

STATE OF WASHINGTON )
: ss.
County of Asotin )

I, Marie J. Eggart, County Clerk of the County of Asotin, State of Washington, and ex-officio Clerk of the Superior Court of the State of Washington for Asotin County, do hereby certify that the within and foregoing is a full, true, and correct copy of the Letters Testamentary and of the whole thereof, as the same are now on file and of record in the above entitled cause in my office and custody. Said Letters have never been revoked and are still in Full Force and Effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Superior Court this 18 day of June, 2012.

MARIE EGGART

County Clerk & Ex-Officio Clerk of the Superior Court

By McKenzie Campbell
Deputy

Law Office of
**David A. Gittins**
843 Seventh Street
Clarkston, WA 99403
(509)758-2501
Facsimile: (509) 758-3576



18914

# STATE OF WASHINGTON
# DEPARTMENT OF HEALTH

Local File Number — **Washington State Certificate of Death** — State File Number — Form VS-100 Rev. 2/10

**Part 1 completed by Funeral Director**

1. Legal Name (Include AKA's if any) First / Middle / LAST / Suffix: Albert C. Knoche
2. Death Date: April 26, 2012
3. Sex (M/F): Male
4a. Age – Last Birthday: 94
4b. Under 1 Year: Months / Days
4c. Under 1 Day: Hours / Minutes
5. Social Security Number: [redacted]
6. County of Death: Asotin
7. Birthdate: Dec. 06, 1917
8a. Birthplace (City, Town, or County): Bixby
8b. (State or Foreign Country): Oklahoma
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.): 39608 Snake River Road
13b. City or Town: Asotin
13c. Residence: County: Asotin
13d. Tribal Reservation Name (if applicable): N/A
13e. State or Foreign Country: Washington
13f. Zip Code + 4: 99402
13g. Inside City Limits? ☐ Yes ☒ No ☐ Unk
14. Estimated length of time at residence: 22 Years
15. Marital Status at Time of Death: Widowed
16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): N/A
17. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE RETIRED): Farmer/Rancher
18. Kind of Business/Industry (Do not use Company Name): Wheat/Cattle
19. Father's Name (First, Middle, Last, Suffix): Charles Henry Knoche
20. Mother's Name Before First Marriage (First, Middle, Last): Lena Beiri
21. Informant's Name: Dale Knoche
22. Relationship to Decedent: Son
23. Mailing Address: Number and Street or RFD No. / City or Town / State / Zip: 39046 Snake River Rd. Asotin, Wa. 99402
24. Place of Death, if Death Occurred in a Hospital: Emergency Room
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: Removal/Cremation
29. Place of Final Disposition (Name of cemetery, crematory, other place): Mt. View Crematory
30. Location-City/Town, and State: Lewiston, Idaho
31. Name and Complete Address of Funeral Facility: Merchant Funeral Home, 1000-7th Street, Clarkston, Wa. 99403
32. Date of Disposition: April 28, 2012
33. Funeral Director Signature X: Jerry Bartlee

**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. 3rd degree heart block — Interval between Onset & Death: 10 min

Due to (or as a consequence of):

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:

Due to (or as a consequence of):

c. — Interval between Onset & Death:

Due to (or as a consequence of):

d. — Interval between Onset & Death:

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: CKD, HTN
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
48b. Medical Examiner/Coroner: X
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Rodney Storm MD 1221 Highland Ave. Clarkston, Wa 99403
50. Hour of Death (24hrs): 0859
51. Name and Title of Attending Physician if other than Certifier (Type or Print)
52. Date Signed (MM/DD/YYYY): 4/27/12
53. Title of Certifier: Medical Doctor
54. License Number: MD60067510
55. ME/Coroner File Number
56. Was case referred to ME/Coroner? ☐ Yes ☒ No
57. Registrar Signature X
58. Date Received (MM/DD/YYYY): APR 27 2012
59. Amendments

48914

DOH 422-001-003 (6/10)

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

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number — Washington State Certificate of Death — State File Number

Part 1 Completed by Funeral Director

1. Legal Name (Include AKA's if any) First: Geneva Middle: Gladys LAST: Knoche Suffix:
2. Death Date: Oct.-4, 2006
3. Sex (M/F): Female
4a. Age - Last Birthday: 83
4b. Under 1 Year: Months Days
4c. Under 1 Day: Hours Minutes
5. Social Security Number: [redacted]
6. County of Death: Asotin
7. Birthdate: January 21,1923
8a. Birthplace (City, Town, or County): Wolf City
8b. (State or Foreign Country): Texas
9. Decedent's Education: High school diploma
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? No
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): 39608 Snake River Road
13b. City or Town: Asotin
13c. Residence: County: Asotin
13d. Tribal Reservation Name (if applicable):
13e. State or Foreign Country: Washington
13f. Zip Code + 4: 99402
13g. Inside City Limits? ☐ Yes ☒ No ☐ Unk
14. Estimated length of time at residence: Sixteen years
15. Marital Status at Time of Death: Married
16. Surviving Spouse's Name (Give name prior to first marriage): A.C. Knoche
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED): Home maker
18. Kind of Business/Industry (Do not use Company Name): Own home
19. Father's Name (First, Middle, Last, Suffix): Arthur Elmer Wooten
20. Mother's Name Before First Marriage (First, Middle, Last): Birdie Lee Barnes
21. Informant's Name: A.C. Knoche
22. Relationship to Decedent: Husband
23. Mailing Address: Number and Street or RFD No. / City or Town / State / Zip: 39608 Snake River Road, Asotin, WA. 99402
24. Place of Death, if Death Occurred in a Hospital:
Place of Death, if Death Occurred Somewhere Other than a Hospital: Long term care facility
25. Facility Name (If not a facility, give number & street or location): Clarkston Care Center
26a. City, Town, or Location of Death: Clarkston
26b. State: WA
27. Zip Code: 99403
28. Method of Disposition: Removal/cremation
29. Place of Final Disposition (Name of cemetery, crematory, other place): Mountain View Crematory
30. Location-City/Town, and State: Lewiston, Idaho
31. Name and Complete Address of Funeral Facility: Merchant Funeral Home, 1000 7th Street, Clarkston, WA. 99403
32. Date of Disposition: Oct. 7, 2006
33. Funeral Director Signature X: Don F. Brown

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. CARDIAC ARREST — Interval between Onset & Death: 10 MIN
Due to (or as a consequence of):
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. CORONARY ATHEROSCLEROSIS — Interval between Onset & Death:
Due to (or as a consequence of):
c. — Interval between Onset & Death:
Due to (or as a consequence of):
d. — Interval between Onset & Death:

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: DEMENTIA, HIP FRACTURE
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 - To: X C W Bond
48b. Medical Examiner/Coroner - To: X
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Carlos W. Bond D.O., 307 St.John's Way, Lewiston, ID 83501
50. Hour of Death (24hrs): 1458
51. Name and Title of Attending Physician if other than Certifier (Type or Print):
52. Date Signed (MM/DD/YYYY): 10/5/06
53. Title of Certifier: Doctor Osteopathic
54. License Number: 057
55. ME/Coroner File Number:
56. Was case referred to ME/Coroner? ☐ Yes ☒ No
57. Registrar Signature X: Spitler, MD
58. Date Received (MM/DD/YYYY): OCT 06 2006
59. Amendments:

48914

DOH 01-003 (5/99)

CERTIFIED COPY OF THE RECORD ON FILE IN THE CENTER FOR HEALTH STATISTICS, DOH, STATE OF WASHINGTON
DOH 01-003 REV 2/06 (06/06)

STATE OF WASHINGTON

# VEHICLE CERTIFICATE OF TITLE

TITLE NUMBER
9210701801

| LICENSE NUMBER | DATE OF APPLICATION | MODEL YEAR | MAKE | POWER USE | SERIES & BODY STYLE |
|---|---|---|---|---|---|
| %19277 | 04/16/92 | 1981 | SEQUD | MOB | 56/24 |

| VEHICLE IDENTIFICATION NUMBER (VIN) | ELECT. EQUIP. NUMBER | SCALE WT. | MILEAGE | ODOMETER CODE |
|---|---|---|---|---|
| 241132D4809 | | | 0000000 | EXEMPT ODOMETER DISCLOSURE |

SPECIFIC COMMENTS:

| PRIOR TITLE STATE | PRIOR TITLE NUMBER |
|---|---|
| WA | 8711705203 |

TITLE BRANDS:

REGISTERED OWNER

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 _____

LEGAL OWNER

KNOCHE,A C
KNOCHE,GENEVA G
HCR 4 BOX 253
ASOTIN WA 99402-9502

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

BY X A.C. Knoche _____ FIRST LEGAL OWNER SIGNATURE & TITLE _____ DATE RELEASED

BY _____ SECOND LEGAL OWNER SIGNATURE & TITLE _____ DATE RELEASED

**LEGAL OWNER:** When you is satisfied release interest above and transmit this document to County Auditor or Agent with proper fee. Failure to properly release and transmit the Title within 10 days after you is satisfied may result in liability to the dealer for $100 or more pursuant to RCW 9.12.170.
**PURCHASER:** New Title must be applied for within 15 days. Failure to do so will result in a monetary penalty assessment.
Failure to transfer within 45 days is a misdemeanor.

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

Mary Reinland
DIRECTOR DEPARTMENT OF LICENSING

TD-420-002 3/92 PR0034376 **KEEP IN A SAFE PLACE**

**ANY ALTERATION OR ERASURE VOIDS THIS TITLE**