



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: Vernon W. Surber Jr, Elaine E Surber, Street: 1136 20 Ave, City: Clarkston WA, Zip Code: 99403

NEW REGISTERED OWNER Name: Vernon W. Surber Jr, Street: 1136 20 Ave, City: Clarkston WA, State: WA, Zip Code: 99403

LOCATION OF MOBILE HOME Name: , Street: 1044 bridge Ln, City: Clarkston WA, State: WA, Zip Code: 99403

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

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5004130060010000 LIST ASSESSED VALUE(S): \$ 2200

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

Table with columns: MAKE (Kith M), YEAR (1952), MODEL, SIZE (495x10), SERIAL NO. or I.D. (49824FS25), REVENUE TAX CODE NO.

Date of Sale: 11/10/15, Taxable Sale Price: \$ 0, Excise Tax: \$, Delinquent Interest: \$, Delinquent Penalty: \$, Subtotal: \$, State Technology Fee: \$ 5.00, Affidavit Processing Fee: \$, Total Due: \$ 10.00, WAC No. (Sec/Sub): 458-61A-202(8)(g)

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: [Signature], Name (print): , Date and Place of Signing: , Signature of Grantee/Agent: [Signature], Name (print): , Date & Place of Signing:

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, Date: 11/10/15, County Treasurer or Deputy: [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

10.00 cash, REV 84 0003 (12/27/06), -115

PAID NOV 17 2015 ASOTIN COUNTY TREASURER 48917 COUNTY TREASURER

STATE OF WASHINGTON
VEHICLE CERTIFICATE OF OWNERSHIP

CERTIFICATE NUMBER
0508702610

LICENSE NUMBER: \$63832 DATE OF APPLICATION: 11/14/1990 MODEL YEAR: 1959 MAKE: KITHM POWER/USE: MOB SERIES & BODY STYLE: 49S/10

VEHICLE IDENTIFICATION NUMBER (VIN): 49X2CFS25 FLEET/EQUIP. NUMBER: SCALE WT.: 00000 MILEAGE: 0000000 ODOMETER CODE: EXEMPTION

COMMENTS/ BRANDS: 2000-2005 PRIOR TITLE STATE: WA PRIOR TITLE NUMBER: 9031801702

REGISTERED OWNER: SAME AS LEGAL OWNER BELOW

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

REGISTERED OWNER

BY: [Signature] REGISTERED OWNER SIGNATURE DATE OF SALE
 BY: [Signature] REGISTERED OWNER SIGNATURE DATE OF SALE

LEGAL OWNER: SURBER, VERNON W JR
 SURBER, ELAINE E
 PO BOX 310
 ASOTIN WA 99402-0310

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

BY: FIRST LEGAL OWNER SIGNATURE & TITLE DATE RELEASED
 BY: SECOND LEGAL OWNER SIGNATURE & TITLE DATE RELEASED

LEGAL OWNER SIGNATURE(S) OF LEGAL OWNER(S) ABOVE, HEREBY RELEASES ALL INTEREST IN VEHICLE DESCRIBED ABOVE and transfers the responsibility for the vehicle to the purchaser. All parties are responsible to properly release and transfer the vehicle within 14 days of delivery. Failure to do so may result in monetary penalty to the seller. Seller must apply for transfer of ownership within 5 days from date of delivery to avoid penalty. (SEE REVERSE FOR ADDITIONAL INFORMATION.)

04/05 0026202 AB **KEEP IN A SAFE PLACE**

ANY ALTERATION OR ERASURE VOIDS THIS TITLE

Seller: Please DETACH HERE

STATE OF WASHINGTON DEPARTMENT OF LICENSING
VEHICLE REPORT OF SALE

Seller: Please DETACH HERE
 ONLY RETURN THIS PORTION

REQUIRED WHENEVER OWNERSHIP CHANGES - INCLUDING DEALER TRADES

DOL USE ONLY

WARNING: THIS FORM DOES NOT TRANSFER OWNERSHIP
 PLEASE PRINT OR TYPE - SEE IMPORTANT INSTRUCTIONS BELOW.

LICENSE NUMBER: \$63832 VEHICLE IDENTIFICATION NUMBER (VIN): 49X2CFS25 MODEL YEAR: 1959 MAKE: KITHM SERIES/BODY: 49S/10 CERTIFICATE NUMBER: 0508702610

TRANSFEROR/SELLER: To be released from all criminal liability for the operation of the vehicle you must fill in this form COMPLETELY. The completed form MUST be delivered to your local Washington State Department of Licensing office within 5 days from the date of sale of the vehicle. A service fee will apply.

VISIT THE DOL WEBSITE AT:
www.dol.wa.gov



SELLER	NAME OF SELLER (PRINT)		ADDRESS (PRINT)		CITY (PRINT)		STATE (PRINT)		ZIP (PRINT)	
	DATE		ZP (PRINT)		CITY		STATE		ZIP (PRINT)	
BUYER	NAME OF BUYER (PRINT)		ADDRESS (PRINT)		CITY (PRINT)		STATE (PRINT)		ZIP (PRINT)	
	DATE		ZP (PRINT)		CITY		STATE		ZIP (PRINT)	
VEHICLE IDENTIFICATION NUMBER (VIN)		DATE OF SALE		VEHICLE EQUIPMENT CODE		SELLER'S TRANSFER FEE NUMBER		48917		
X										

**Affidavit of Surviving Spouse or Domestic Partner
for Claiming an Exemption Based on
Inheritance of Real Estate**

State of Washington

County of ASOTIN

Name of deceased Elaine E Surber

I, (survivor's name) Vernon W. Surber Jr affirm that I am the sole and rightful heir to the property described as:

Parcel number(s) _____

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed this _____ day of _____, _____ at _____, _____
(month) (year) (city) (state)

Vernon W. Surber Jr
(Signature of surviving spouse or registered domestic partner)

Vernon W. Surber Jr
(Printed name of surviving spouse or registered domestic partner)

1136 20 Ave Clarkston WA 99403
(Address of surviving spouse or domestic partner) (City) (State) (Zip)

Note: See Senate Bill (SB) 6851 on page 2 for statutory requirements.

48917

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-031794

DATE ISSUED: 11/16/2015

FEE NUMBER: 0000244143

GIVEN NAMES: ELAINE E
LAST NAME: SURBER

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: NOVEMBER 10, 2015
HOUR OF DEATH: 04:30 A.M.
SEX: FEMALE
AGE: 75 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: MAY 11, 1940
BIRTHPLACE: AITKIN, AITKIN CNTY, MINNESOTA

MARITAL STATUS: MARRIED
SPOUSE: VERNON SURBER

OCCUPATION: COOK AND WAITRESS
INDUSTRY: FOOD SERVICE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

INFORMANT: VERNON SURBER
RELATIONSHIP: HUSBAND
ADDRESS: 1136 20TH AVE., CLARKSTON, WA., 99403

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1136 20TH AVE.
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 1136 20TH AVE.
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
INSIDE CITY LIMITS? YES
COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 36 YEARS

FATHER: ROY CRAGG
MOTHER: RUBY CRAWFORD

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY [LEWIS
CITY, STATE: LEWISTON, ID
DISPOSITION DATE: NOVEMBER 13, 2015

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME
ADDRESS: 3521 7TH STREET
CITY, STATE, ZIP: LEWISTON ID 83501
FUNERAL DIRECTOR: TERESA GATES

CAUSE OF DEATH:

A. BREAST ADENOCARCINOMA WITH METASTASIS

INTERVAL: YEARS

B. NOT APPLICABLE

INTERVAL: NA

C.

INTERVAL:

D.

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: CELSO R. CHAVEZ, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1522 17TH STREET
CITY, STATE, ZIP: LEWISTON ID 83501
DATE SIGNED: NOVEMBER 12, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

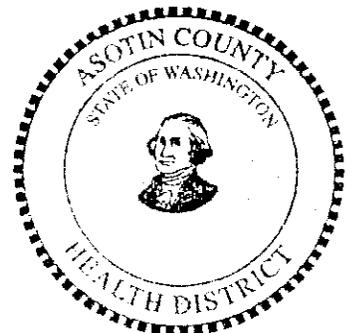
CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
CELSO CHAVEZ MD

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:
BRADY WOODBURY
DATE RECEIVED: NOVEMBER 13, 2015

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

48917



Joel McCullough
Joel McCullough, M.D., MPH, MS
Health Officer

NOV 19 2015

AA00244143

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