



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 Surber Street: 1136 20 Ave City: Clarkston WA State: 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: 1136 20 Ave City: Clarkston WA State: WA Zip Code: 99403

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

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 500413007000/0010 LIST ASSESSED VALUE(S): \$ 7800

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

Table with columns: MAKE, YEAR, MODEL, SIZE, SERIAL NO. or I.D., REVENUE TAX CODE NO. Row 1: BRUAD, 1979, 70/14, 3535

Date of Sale: 11/17/15 Taxable Sale Price: \$ Excise Tax: State \$ Local \$ Delinquent Interest: State \$ Local \$200 Delinquent Penalty \$ Subtotal \$ State Technology Fee \$ 5.00 Affidavit Processing Fee \$ Total Due \$ 10.00 WAC No. (Sec/Sub): 458-61A-202(8)(g) 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: Vernon W Surber Jr Name (print): Vernon W Surber Jr Date and Place of Signing: Signature of Grantee/Agent: Vernon W Surber Jr Name (print): Vernon W Surber Jr 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 11/17/15 Date ASOTIN 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).

THIS SPACE - TREASURER'S USE ONLY

10.00 cash REV 84 0003 (12/27/06)

PAID NOV 17 2015 ASOTIN COUNTY TREASURER PAID NOV 17 2015 ASOTIN COUNTY TREASURER 48918 COUNTY TREASURER

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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

ITEM(S) AMENDED: NONE

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

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

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

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DOH 01-003 (1/14)

**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 95403
(Address of surviving spouse or domestic partner) (City) (State) (Zip)

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

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PLATE #:	\$51785	EXP-DT:	- -	ISSUE-DT:	-	VH-61					
MYR:	1979	MAKE:	BROAD	P/USE:	MOB	SERIES:	70/14	MDL:		BT:	REMARKS
TC	LTD	PTC	PLTD	TITLE #	CO	OFWK	DATE	LOC CD:	0000	ADDRESS	QUESTIONABLE
09	1992276	T&	1992272	9226911728	17	0117	1992269	TITLE	PURPOSE	ONLY	
CO	OFWK	YR-REM	G	TL-FEES	LRC	XFERDT	MR	DEP	TX	TAB#	IS NOT AVAIL.
		0000		4.25		10211991		95		PREV	TAB NOT AVAIL
V.I.N. NUMBER	DLNO	REGISTERED OWNER INFORMATION					C				
3515		SURBER, VERON									
VIN	ABCDEFGHIJKLMN	SURBER, ELAINE									
FLGS-	0000000000000000	8808 W WHITTON AVE									
PLT	ABCDEFGHIJKL	DREJ									
FLGS-	0000000000000000										
OP#	OLDLIC#	DESDATE	SCALE								
023				PHOENIX	AZ	850372643					
FLT / EQ #	VALCODE	VALYR	LEGAL OWNER INFORMATION			C					
		0000									
SEATS	ROS/AOS	#									
MG	GWT-EXP	GWT									
GWT-FEES	GVWR				CURR-ODOM	PREV-ODOM					
					E						
DATE:		11/17/2015		TIME		09:49					
SELECT APPROPRIATE FUNCTION KEY											
CANCEL MAIN	CANCEL VEHICLE	RE-ENTER KEY			PARKING TICKET	PRINT					

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