



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: Estate of Evelyn E. Richie, deceased. Street: 125 SE Thompson. City: Pullman, WA. Zip Code: 99163. LOCATION OF MOBILE HOME: Estate of Glen Leonard Hartman, deceased. Street: 2125 Holly Ave. City: Clarkston, WA. Zip Code: 99403.

NEW REGISTERED OWNER: Kevin Dean Behler. Street: 2125 Holly Ave. City: Clarkston, WA. Zip Code: 99403. LEGAL OWNER: Kevin Dean Behler. Street: 2125 Holly Ave. City: Clarkston, WA. Zip Code: 99403.

PERSONAL PROPERTY PARCEL or ACCOUNT NO. LIST ASSESSED VALUE(S): \$ 0.00

REAL PROPERTY PARCEL or ACCOUNT NO. 1-203-00-010-0000-0000 LIST ASSESSED VALUE(S): \$ 45400

Table with columns: MAKE, YEAR, MODEL, SIZE, SERIAL NO. or I.D., REVENUE TAX CODE NO. Row 1: Govnr, 1972, 61/12, 16429.

Date of Sale: 12/23/2015. Taxable Sale Price: \$0.00. Excise Tax: State 0.00, Local 0.00. Delinquent Interest: State 0.0025, Local 0.00. Subtotal: \$0.00. State Technology Fee: \$5.00. Affidavit Processing Fee: \$0.00. Total Due: \$10.00. WAC No. (Sec/Sub): 458-61A-2020. 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: Estate of Evelyn E. Richie. Date and Place of Signing: 12-30-15, Clarkston, WA. Signature of Grantee/Agent: Kevin Dean Behler. Date & Place of Signing: 12-30-15, Clarkston, 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 12/31/15. Beana 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 9A.56.060, RCW 9A.56.010 (4d), and RCW 9A.56.020).

ATEC CR#14111

THIS SPACE - TREASURER'S USE ONLY

PAID

REV 84 0003e (4/9/08) COUNTY TREASURER

JAN 04 2016 ASOTIN COUNTY TREASURER

40016

Handwritten initials VQ

**Affidavit of Inheritance / Litigation**

|   |              |               |                            |
|---|--------------|---------------|----------------------------|
| License Plate/Registration Number<br>@44846   | Year<br>1972 | Make<br>Govnr | Series/Body Style<br>61/12 |
| Vehicle Identification Number (VIN) OR Vessel Hull Identification Number (HIN)<br>16429 |              |               |                            |

**INHERITANCE**

**NOTE: This affidavit is to be used when no executor or administrator is appointed.**

I, being duly sworn, depose and say that Evelyn E. Richie, who is the registered Name Of Deceased owner of this vehicle/vessel, died on the 9th day of May, 2003. Month Year

That the deceased left no estate necessitating administration, and no letters of administration or letters testamentary have been issued to any persons; that said vehicle/vessel has not been bequeathed by will to anyone other than

the undersigned; that the undersigned is daughter of the deceased; that no relative Relationship To Deceased

who would have prior right, except Arleeta Fairbanks survives said deceased, Person Who Would Have Prior Right

and that provision has been made for payment of debts of the deceased. **SEE BELOW FOR NOTARY CERTIFICATION OF SIGNATURE.**

Kathryn Lindquist

Printed Name

*Kathryn Lindquist*  
Signature

**COUNTY CLERK CERTIFICATE FOR TRANSFER OF VEHICLE/VESSEL IN LITIGATION**

This certificate, properly completed, will serve instead of all other court papers. Section 1 will suffice for all cases where an order of the court is entered transferring title to a motor vehicle/vessel. This may be used in divorce cases as well as probates.

I certify that in the superior court of the State of Washington for the County of: \_\_\_\_\_:

1. An order transferring title to this vehicle/vessel to: \_\_\_\_\_ Transferee

at \_\_\_\_\_ was duly entered in \_\_\_\_\_ Transferee's Address Title Of Case

\_\_\_\_\_ Name Of Administrator (IF IN PROBATE) Docket Number Of Case

on the \_\_\_\_\_ day of \_\_\_\_\_, X \_\_\_\_\_ Month Year County Clerk Signature

For those cases in which the estate executor or administrator transfers title.

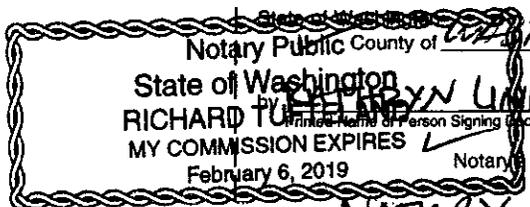
2. \_\_\_\_\_ was duly appointed under the nonintervention will Name Of Executor / Administrator

of \_\_\_\_\_; that they are qualified to act as such, and that a Name Of Deceased

decree of solvency has been entered. X \_\_\_\_\_ Executor / Administrator Signature

NOTARY SEAL OR STAMP

**NOTARIZATION / CERTIFICATION**



State of ~~Washington~~ Washington County of Whatcom

Signed or attested before me on 24 DEC 15

State of Washington  
Notary Public  
RICHARD TUSTELARD

Signature *[Signature]*  
Notary Agent Signature

MY COMMISSION EXPIRES February 6, 2019  
Notary Name (PRINTED or STAMPED) RICHARD TUSTELARD

Title NOTARY  
Notary / Agent

Dealer No. OR AND: County / Office No. OR 6 FEB 19  
Notary Expiration Date

49016

**Affidavit of Inheritance / Litigation**

|   |              |               |                            |
|---|--------------|---------------|----------------------------|
| License Plate/Registration Number<br>@44846   | Year<br>1972 | Make<br>Govnr | Series/Body Style<br>61/12 |
| Vehicle Identification Number (VIN) OR Vessel Hull Identification Number (HIN)<br>16429 |              |               |                            |

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That the deceased left no estate necessitating administration, and no letters of administration or letters testamentary have been issued to any persons; that said vehicle/vessel has not been bequeathed by will to anyone other than

the undersigned; that the undersigned is daughter of the deceased; that no relative

who would have prior right, except Kathryn Lindquist survives said deceased,

and that provision has been made for payment of debts of the deceased. **SEE BELOW FOR NOTARY/CERTIFICATION OF SIGNATURE.**

Arleta Fiarbanks

*Arleta Fiarbanks*

**COUNTY CLERK CERTIFICATE FOR TRANSFER OF VEHICLE/VESSEL IN LITIGATION**

This certificate, properly completed, will serve instead of all other court papers. Section 1 will suffice for all cases where an order of the court is entered transferring title to a motor vehicle/vessel. This may be used in divorce cases as well as probates.

I certify that in the superior court of the State of Washington for the County of: \_\_\_\_\_ :

1. An order transferring title to this vehicle/vessel to: \_\_\_\_\_

at \_\_\_\_\_ was duly entered in \_\_\_\_\_

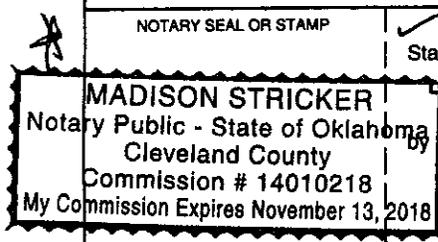
on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

For those cases in which the estate executor or administrator transfers title.

2. \_\_\_\_\_ was duly appointed under the nonintervention will

of \_\_\_\_\_; that they are qualified to act as such, and that a

decree of solvency has been entered. \_\_\_\_\_



**NOTARIZATION / CERTIFICATION**

State of ~~Washington~~ Oklahoma Signed or attested before me on 12-29-15

County of Cleveland

ARLETA FIARBANKS Signature Arleta Fiarbanks

Notary's Name (PRINTED or STAMPED) Madison Stricker

Title NOTARY AND: Dealer No. OR County / Office No. OR Notary Expiration Date 11-13-18

49016

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

146

STATE FILE NUMBER

OFFICE USE ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

DISTRICT

LOCAL FILE NUMBER

COPIES

HOSPITAL

OCCURRENCE

RESIDENCE

TRACT

OCCUPATION

|  |  |   |  |   |   |   |                              |   |   |  |                                |                                      |                              |  |
|--|--|---|--|---|---|---|------------------------------|---|---|--|--------------------------------|--------------------------------------|------------------------------|--|
| 1. NAME<br>First Middle Last<br><b>EVERLYN EVANGELINE RICHIE</b>   |  |   | 2. SEX (M/F)<br><b>Female</b>                          |   | 3. DEATH DATE (Mo, Day, Yr)<br><b>May 9, 2003</b> |   |                              |   |   |  |                                |                                      |                              |  |
| 4. AGE LAST BIRTHDAY (Yrs)<br><b>95</b>  |  | 5. UNDER 1 YEAR<br>MOS DAYS<br><b>MO5</b>   |  | 6. UNDER 1 DAY<br>HOURS MINS<br><b>MO5</b>  |   | 7. BIRTHDATE (Mo, Day, Yr)<br><b>Sep 15, 1907</b>   |                              | 8. BIRTHPLACE (City, State or Foreign Country)<br><b>Winchester, Idaho</b>  |   | 9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No)<br><b>No</b> |                                | 10. COUNTY OF DEATH<br><b>Asotin</b> |                              |  |
| 11. CITY, TOWN OR LOCATION OF DEATH<br><b>Clarkston</b>  |  |   |  | 12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME<br>1 <input type="checkbox"/> HOME 2 <input type="checkbox"/> IN TRANSPORT 3 <input type="checkbox"/> EMERG. ROOM/PTN 4 <input type="checkbox"/> HOSP. 5 <input checked="" type="checkbox"/> NUR HOME 6 <input type="checkbox"/> OTHER PLACE<br><b>Clarkston Care Center</b> |   |   |                              | 13. SMOKING IN LAST 15 YEARS? (Yes/No)<br><b>No</b>                         |   |  |                                |                                      |                              |  |
| 14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify)<br><b>Divorced</b>  |  |   | 15. SURVIVING SPOUSE (If wife, give maiden name)       |   |   | 16. SOCIAL SECURITY NO.<br><b>[REDACTED]</b>  |                              |   | 17. DECEDENT'S EDUCATION (Specify only highest grade completed)<br>Elementary/Secondary (0-12) <b>8</b> College (1-4 or 5+) |  |                                |                                      |                              |  |
| 18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)<br><b>Laborer</b>  |  |   | 19. KIND OF BUSINESS OR INDUSTRY<br><b>Lumber Mill</b> |   |   | 20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.)<br><b>NO</b> Specify:                              |                              |   | 21. RACE (Specify)<br><b>White</b>  |  |                                |                                      |                              |  |
| 22. RESIDENCE — NUMBER AND STREET<br><b>1242-11th Street</b>   |  |   | 23. CITY/TOWN, OR LOCATION<br><b>Clarkston</b>         |   | 24. INSIDE CITY LIMITS? (Yes/No)<br><b>Yes</b>    |   | 25A. COUNTY<br><b>Asotin</b> |   | 25B. LENGTH OF RES. IN CO.<br><b>21 Yrs.</b>  |  | 26. STATE<br><b>Washington</b> |                                      | 27. ZIP CODE<br><b>99403</b> |  |
| 28. FATHER'S NAME — FIRST, MIDDLE, LAST<br><b>Frank Newell Hall</b>  |  |   |  |   |   | 29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME<br><b>Daisy D. Hayward</b>  |                              |   |   |  |                                |                                      |                              |  |
| 30. INFORMANT — NAME<br><b>Katheryn L. Lindquist</b>   |  |   |  |   |   | 31. MAILING ADDRESS — STREET OR RFD NO., CITY OR TOWN, STATE, ZIP<br><b>P.O. Box 192, Clarkston, Washington 99403</b>   |                              |   |   |  |                                |                                      |                              |  |
| 32. BURIAL, CREMATION REMOVAL, OTHER (Specify)<br><b>Removal/Burial</b>  |  | 33. DATE (Mo, Day, Yr)<br><b>May 9, 2003</b>                                      |  | 34. CEMETERY/CREMATORY — NAME<br><b>Craigmont IOOF Cemetery</b>   |   |   |                              | 35. LOCATION — CITY/TOWN, STATE<br><b>Craigmont, Idaho</b>                  |   |  |                                |                                      |                              |  |
| 36. FUNERAL DIRECTOR SIGNATURE<br><i>[Signature]</i>   |  |   |  | 37. NAME OF FACILITY<br><b>Vassar-Rawls Funeral Home</b>  |   |   |                              | 38. ADDRESS OF FACILITY<br><b>920-21st Avenue, Lewiston, Idaho 83501</b>    |   |  |                                |                                      |                              |  |
| 39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.<br>SIGNATURE AND TITLE<br><i>[Signature]</i><br>40. DATE SIGNED (Mo., Day, Yr)<br><b>05-12-2003</b>  |  |   |  |   |   | 43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.<br>SIGNATURE AND TITLE<br><b>X</b> |                              |   |   |  |                                |                                      |                              |  |
| 41. HOUR OF DEATH (24 Hrs.)<br><b>1325</b>   |  |   |  |   |   | 44. DATE SIGNED (Mo., Day, Yr)  |                              |   | 45. HOUR OF DEATH (24 Hrs.)   |  |                                |                                      |                              |  |
| 42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  |  |   |  |   |   | 46. PRONOUNCED DEAD (Mo., Day, Yr)  |                              |   | 47. HOUR PRONOUNCED DEAD (24 Hrs.)  |  |                                |                                      |                              |  |
| 48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)<br><b>Dennis Mountjoy, M.D., 1271 Highland Avenue, Clarkston, Washington 99403</b>  |  |   |  |   |   | 49. ME/CORONER FILE NUMBER  |                              |   |   |  |                                |                                      |                              |  |
| 50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:   |  |   |  |   |   |   |                              |   |   |  |                                |                                      |                              |  |
| IMMEDIATE CAUSE (Final disease or condition resulting in death)  |  | A. <b>STROKE.</b>   |  |   |   |   |                              |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>Months</b>                |                                |                                      |                              |  |
| DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST. |  | B. <b>ATHEROSCLEROSIS</b>   |  |   |   |   |                              |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>YEARS</b>                 |                                |                                      |                              |  |
|  |  | C.  |  |   |   |   |                              |   |   | INTERVAL BETWEEN ONSET AND DEATH                                 |                                |                                      |                              |  |
|  |  | D.  |  |   |   |   |                              |   |   | INTERVAL BETWEEN ONSET AND DEATH                                 |                                |                                      |                              |  |
| 51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE   |  |   |  |   |   | 52. AUTOPSY? (Yes/No)<br><b>No</b>  |                              | 53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No)<br><b>No</b> |   |  |                                |                                      |                              |  |
| 54. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)  |  | 55. INJURY DATE (Mo, Day, Yr)   |  | 56. HOUR OF INJURY (24 Hrs)   |   | 57. DESCRIBE HOW INJURY OCCURRED:   |                              |   |   |  |                                |                                      |                              |  |
| 58. INJURY AT WORK? (Yes/No)   |  | 59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify) |  |   |   | 60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE  |                              |   |   |  |                                |                                      |                              |  |
| 61. RECORD AMENDMENT (Registrar use only)<br>ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE  |  |   |  | 62. REGISTRAR SIGNATURE<br><b>X [Signature]</b>   |   |   |                              | 63. DATE RECEIVED (Mo., Day, Yr)<br><b>MAY 12 2003</b>                      |   |  |                                |                                      |                              |  |

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOI 119-008 (Rev. 7/01) (Form 0515-710)

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

49016

**AFFIDAVIT FOR CORRECTION**

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

**ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.**

|  |            |   |   |                  |
|--|------------|---|---|------------------|
| NUMBER OF CERTIFICATES   | FEE NUMBER | INITIALS  | DATE                                      | AFFIDAVIT NUMBER |
| <b>STATE OFFICE USE ONLY</b>   |            |   | <b>STATE OFFICE USE ONLY</b>              |                  |
| Birth <input type="checkbox"/> Marriage <input type="checkbox"/><br>Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with |            | 1. STATE FILE NUMBER _____ for _____  |   |                  |
| 2. NAME _____  |            | 3. DATE OF EVENT _____  | 4. PLACE OF EVENT (City and County) _____ |                  |
| 5. FATHER'S FULL NAME (if Birth), HUSBAND (if Marriage/Dissolution) _____  |            | 6. MOTHER'S FULL MAIDEN NAME (if Birth), WIFE (if Marriage/Dissolution) _____ |   |                  |
| THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:  |            |   |   |                  |
| THE RECORD NOW SHOWS:  |            | THE TRUE FACT IS:   |   |                  |
| 7. _____   |            | 8. _____  |   |                  |
| 9. _____   |            | 10. _____   |   |                  |
| 11. _____  |            | 12. _____   |   |                  |
| 13. _____  |            | 14. _____   |   |                  |
| I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY _____  |            |   |   | 15. _____        |
| PHONE NUMBER: _____  |            |   |   |                  |
| I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT                           |            |   |   |                  |
| 16. SIGNATURE _____  |            | 17. DATE _____  | 18. ADDRESS _____                         |                  |

DCH 110-007 (Rev. 3/89)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

**Birth Certificates**

1. All changes must be established by documentary proof submitted with the affidavit.
2. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
3. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe, Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
4. Proof must be five (or more) years old or established within five years of birth.
5. Examples of documents of proof:
 

|                               |                           |   |
|-------------------------------|---------------------------|---|
| Certificate of Naturalization | Marriage Record           | School Record   |
| Census Record                 | Medical Record            | Voter's Registration Card (if it bears an effective date) |
| Hospital Records              | Military Record (DD-214)  | Alien Registration Card (front and back)                  |
| Insurance Records             | Your Child's Birth Record | Passport  |
6. **Up to age one, the parent(s) or legal guardian may change the child's surname with an affidavit for correction provided:**
  - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
  - The new surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
  - After age one, surname changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
7. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
8. **This affidavit cannot be used to add a father to a birth certificate.** (use the paternity affidavit - form DOJH 110-001)

**Death Certificates**

1. Only the informant, the funeral director, or executor/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

**Marriage/Dissolution (Divorce) Certificates**

1. Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections  
 Center for Health Statistics  
 1112 Quince Street South  
 P.O. Box 9709  
 Olympia, WA 98507-9709

This is a legal document.  
 Complete in ink and do not alter.

II00328249

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