



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 Elaine D. Burton, Street 2115 6th Ave. sp#57, City Clarkston WA Zip Code 99403

NEW REGISTERED OWNER: Name Jaye Anne Coffland, Street 1450 Paramount St., City Pocatello ID Zip Code 83201

LOCATION OF MOBILE HOME: Name Elaine D. Burton, Street 2115 6th Ave. sp#57, City Clarkston WA Zip Code 99403

LEGAL OWNER: Name Elaine D. Burton, Street 2115 6th Ave. sp#57, City Clarkston WA Zip Code 99403

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 504135003 00010570 LIST ASSESSED VALUE(S): \$ 58,400 78,400

REAL PROPERTY PARCEL or ACCOUNT NO. LIST ASSESSED VALUE(S): \$ 58,400 78,400

Table with columns: MAKE, YEAR, MODEL, SIZE, SERIAL NO. or I.D., REVENUE TAX CODE NO. Row 1: Marle, 2002

Date of Sale 3/24/16, Taxable Sale Price, Excise Tax: State, Local, Delinquent Interest: State 200, Local, Delinquent Penalty, Subtotal, State Technology Fee 5.00, Affidavit Processing Fee 5.00, Total Due 10.00

AFFIDAVIT: I certify under penalty of perjury... Signature of Grantor/Agent Jaye Anne Coffland, Name (print) Jaye Anne Coffland, Date and Place of Signing: 3-24-2016

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 2016, Date 3/24/16, County Treasurer or Deputy V. Allen

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).

Cash 10.00

PAID THIS SPACE - TREASURER'S USE ONLY

REV 84 0003 (12/27/06)

ASOTIN COUNTY TREASURER

48178

COUNTY TREASURER

STATE OF WASHINGTON
VEHICLE CERTIFICATE OF OWNERSHIP

CERTIFICATE NUMBER
0311802709

VEHICLE NUMBER &250241	DATE OF REGISTRATION 04/28/2003	MODEL YEAR 2002	MAKE MARLE	POWER-USE MOB	SERIES & BODY STYLE 26/66
VEHICLE IDENTIFICATION NUMBER H020750	EQUIPMENT NUMBER	VEHICLE WEIGHT	MI LAGE 0000000	ODOMETER CODE EXEMPTION	
CURRENT STANDARDS 06/034-2003			PRIOR TITLE STATE		PRIOR TITLE NUMBER

REGISTERED OWNER(S)
 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 _____
 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: When lien is satisfied, release interest by signing above 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.
 (SEE REVERSE FOR ADDITIONAL INFORMATION.)

04/02 0034131 AB

KEEP IN A SAFE PLACE

ANY ALTERATION OR ERASURE VOIDS THIS TITLE

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-006511

DATE ISSUED: 03/23/2016

FEE NUMBER: 000024435

GIVEN NAMES: DORIS ELAINE
LAST NAME: BURTON
AKA: ELAINE BURTON

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: FEBRUARY 11, 2016
HOUR OF DEATH: 10:24 P.M.
SEX: FEMALE
AGE: 78 YEARS

SOCIAL SECURITY NUMBER: ██████████

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: MARCH 08, 1937
BIRTHPLACE: OROVILLE, OKANOGAN CNTY, WASHINGTON

MARITAL STATUS: WIDOWED
SPOUSE:

OCCUPATION: TEACHER
INDUSTRY: PUBLIC EDUCATION
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? NO

INFORMANT: SCOTT BURTON
RELATIONSHIP: SON
ADDRESS: P.O. BOX 2633, FORKS, WASHINGTON 98331

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: TRI-STATE MEMORIAL HOSPITAL, INC.
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 2115-6TH STREET 57
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
INSIDE CITY LIMITS? NO
COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 13 YEARS

FATHER/PARENT: LLOYD WILLIAM EMRY
MOTHER/PARENT: MERVIN DORA ROBERTS

METHOD OF DISPOSITION: REMOVAL FROM STATE
PLACE OF DISPOSITION: VALLEY CREMATORY
CITY, STATE: LEWISTON, ID
DISPOSITION DATE: FEBRUARY 16, 2016

FUNERAL FACILITY: VASSAR-RAWLS FUNERAL HOME
ADDRESS: 920 21ST AVE
CITY, STATE, ZIP: LEWISTON ID 98501
FUNERAL DIRECTOR: DENNIS W. HASTINGS

CAUSE OF DEATH:

A. CONGESTIVE HEART FAILURE

INTERVAL: 5 DAYS

B. AORTIC STENOSIS

INTERVAL: UNKNOWN

C.

INTERVAL:

D.

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

ACUTE RENAL FAILURE

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? UNKNOWN

PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: CURTIS R. NERNES, MD

TITLE: PHYSICIAN

CERTIFIER

ADDRESS: 1221 HIGHLAND AVE

CITY, STATE, ZIP: CLARKSTON WA 99403

DATE SIGNED: FEBRUARY 12, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORNER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN:

NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:

BRADY WOODBURY

DATE RECEIVED: FEBRUARY 16, 2016

ITEM(S) AMENDED: NONE

NUMBER(S): NONE

DATE(S): NONE

DOH 01-803 (1/14)

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SECRET
CONFIDENTIAL

~~SECRET~~



SECRET

MAR 23 2006

AA00244435
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Law Offices of

David A. Gittins

David A. Gittins*

**Licensed in Washington and Idaho*

Lucy Dukes

Lloyd L. Pike (1937-1997)

T.H. Little (1906-1982)

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P.O. Box 191
Clarkston, WA 99403

Telephone: (509) 758-2501
Facsimile: (509) 758-3576

e-mail: mail@gittinslaw.com
lucy@gittinslaw.com

March 24, 2016

Asotin County Auditor
135 2nd St
Asotin, WA 99402

Asotin County Treasurer
135 2nd St
Asotin, WA 99402

Re: Transfer of Property Belonging to Doris Elaine Burton

Ladies and Gentlemen:

I am the attorney for Jaye Anne Coffland, the authorized claiming successor of Doris Elaine Burton. Doris Elaine Burton passed away on February 11, 2016. At the time of her death, she was a resident of Asotin County, Washington. Her sole beneficiaries were her daughter, Jaye Anne Coffland, and her son, Scott Burton. Scott Burton signed an affidavit authorizing Jaye Anne Coffland to act on his behalf as claiming successor. The decedent's estate consists of tangible personal property with a value less than \$100,000. The estate therefore qualifies for transfer by affidavit under RCW 11.62.010.

As statutes indicate, Washington law authorizes and requires you to transfer a decedent's tangible personal property upon receipt of the enclosed Affidavit. You will note that RCW 11.62.020 provides that a person who transfers personal property pursuant to such an affidavit is discharged and released to the same extent as if he or she dealt with a personal representative of an estate in probate.

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Not only is an estate not required, the statutes require you to treat the claiming successor in the same manner as a personal representative of the decedent. For your information I have enclosed copies of the following:

1. A copy of the Affidavit in compliance with RCW 11.62.010;
2. A copy of the Death Certificate;
3. A copy of RCW 11.62.010 and 11.62.020.

Should you have any questions, kindly give me a call.

Very truly yours,

LAW OFFICES OF DAVID A. GITTINS



DAVID A. GITTINS

DAG:jg

Enclosures

cc: Jaye Anne Coffland

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CERTIFIED

FILED

Small Estates Affidavit

2016 APR 25 11:00 AM

AFFIDAVIT OF Jaye Anne Cottland
(Successor's name)

FOR DISTRIBUTION OF DECEDENT'S PROPERTY

State of Idaho

16 - 4 - 00025 - 1

)ss.

County of Blaine

I (successor's name), Jaye Anne Cottland being first duly sworn upon oath, declare that:

1. I wish to claim property of the deceased, Elaine Burton
(decedent's full name), whose Social Security Number is 536-36-7343, and who was a Washington state resident on the date of his/her death.

2. I am a successor as defined in RCW 11.62.005. Here are my name and address:

Jaye Anne (Burton) Cottland
1450 Paramount St.
Pocatello, ID 83201

3. The value of the decedent's entire estate subject to probate, not including the surviving spouse's community property interest in any assets which are subject to probate in the decedent's

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estate, wherever located, less liens and encumbrances, does not exceed \$100,000.

- 4. At least forty days have elapsed since the decedent's death.
- 5. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.
- 6. All debts of the decedent including funeral and burial expenses have been paid or provided for.

7. I am claiming the following portions of the following property: any and all financial accounts and/or property of Elaine Burton.

_____. All of this property is subject to probate.

8. I have personally served or mailed written notice to all the decedent's other successors identifying my claim and describing the property claimed. At least ten days have passed since the service or mailing of such notice.

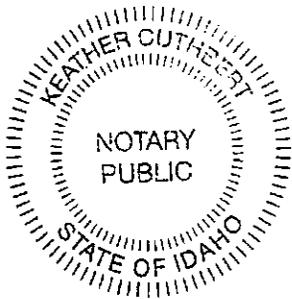
9. I am entitled to full payment or delivery of the property claimed on my own behalf, and on the behalf of any other successor from whom I have attached to this affidavit a written authorization.

Signed this 22 day of March, 2011.

Jaye Anne Coffland
(your signature)

Jaye Anne Coffland
(print or type name)

SIGNED AND SWORN to before me on Mar 22, 2011, by Jaye Anne Coffland



Heather Cutler
(Signature)

Heather Cutler
(Please print name legibly)

NOTARY PUBLIC in and for the State of

Idaho Washington, residing at Lewiston

My appointment expires: 7/19/2018

STATE OF WASHINGTON)

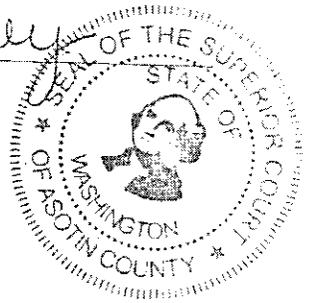
County of Asotin

I, MARIE EGGART, County Clerk and ex-officio Clerk of the Superior Court for the State of Washington for Asotin County, do hereby certify that this instrument is a true and correct copy of the original as the same now appears on file and of record in my office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Seal of said Superior Court this 28th day of March 2016

MARIE EGGART, Clerk

By Umkenzi Kelley
Deputy Clerk



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