



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: KARL W. ENGER Street: 2005 6TH AVE LOT 161 City: CLARKSTON State: WA Zip Code: 99403

NEW REGISTERED OWNER Name: WANDA J. ENGER Street: 2015 6TH AVE LOT 161 City: CLARKSTON State: WA Zip Code: 99403

LOCATION OF MOBILE HOME Name: Street: 2015 6TH AVE LOT 161 City: CLARKSTON WA 99403

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

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 504135-002-0002-0062-11010 LIST ASSESSED VALUE(S): \$

REAL PROPERTY PARCEL or ACCOUNT NO. LIST ASSESSED VALUE(S): \$ 41,000

Table with columns: MAKE, YEAR, MODEL, SIZE, SERIAL NO. or I.D., REVENUE TAX CODE NO. Row 1: SILVERCREST, 1992, VIN# 1707139, 52X28, 0241072

Date of Sale, Taxable Sale Price, Excise Tax (State, Local), Delinquent Interest, Delinquent Penalty, Subtotal, State Technology Fee (5.00), Affidavit Processing Fee (5.00), Total Due (10.00), WAC No. (458 61A 202(8)(g)), WAC Title

AFFIDAVIT I certify under penalty of perjury... Signature of Grantor/Agent Wanda J. Enger, Name (print) WANDA J ENGER, Date and Place of Signing: 5/18/16

Signature of Grantee/Agent Wanda J. Enger, Name (print) WANDA J ENGER, Date & Place of Signing: 5/18/16

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 5/18/16 County Treasurer or Deputy Deana Patton

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

Paid Cash [Signature]

MAY 18 2016

49322

ASOTIN COUNTY TREASURER

COUNTY TREASURER

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-005981

LOCAL FILE NUMBER: 0575

DATE ISSUED: 02/16/2016

FEE NUMBER: 0003201069

GIVEN NAMES: KARL WESLEY
LAST NAME: ENGER

COUNTY OF DEATH: SPOKANE
DATE OF DEATH: FEBRUARY 10, 2016
HOUR OF DEATH: 02:30 P.M.
SEX: MALE
AGE: 79 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: AUGUST 11, 1936
BIRTHPLACE: SPOKANE, SPOKANE CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: WANDA MULLINS

OCCUPATION: LABORER
INDUSTRY: PAPER MILL
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? YES

INFORMANT: WANDA ENGER
RELATIONSHIP: WIFE
ADDRESS: 2015 6TH AVENUE CLARKSTON WA 99403

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: PROVIDENCE HOLY FAMILY HOSPITAL
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99208

RESIDENCE STREET: 2015 6TH AVENUE
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
INSIDE CITY LIMITS? YES
COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 8 YEARS

FATHER/PARENT: CHARLES ENGER
MOTHER/PARENT: HAZEL MAEL

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: PACIFIC NW CREMATORY
CITY, STATE: SPOKANE, WA
DISPOSITION DATE: FEBRUARY 12, 2016

FUNERAL FACILITY: COMMUNITY CREMATION AND FUNERAL (SPOKANE)
ADDRESS: 4407 N. DIVISION STREET, #103
CITY, STATE, ZIP: SPOKANE WA 99207
FUNERAL DIRECTOR: SETH HINNEN

CAUSE OF DEATH:

- A. ACUTE RENAL FAILURE
INTERVAL: 4 DAYS
- B. CARDIOPULMONARY ARREST
INTERVAL: 4 DAYS
- C. CHRONIC OBSTRUCTIVE PULMONARY DISEASE
INTERVAL: YEARS
- D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
ANOXIC BRAIN INJURY, SHOCK LIVER

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? PROBABLY
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: PETER L. WEITZMAN, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 5633 N. LIDGERWOOD STREET
CITY, STATE, ZIP: SPOKANE WA 99220
DATE SIGNED: FEBRUARY 11, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

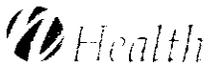
NUMBER(S): NONE
DATE(S): NONE

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

LOCAL DEPUTY REGISTRAR:
JUNE RICE-CRANER
DATE RECEIVED: FEBRUARY 12, 2016

49322

DCH 01-003 (10/15)



Affidavit for Correction

Mailed to: Center for Health Statistics
P.O. Box 49814
Olympia, WA 98504-7814
360.338.4300

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

STATE OFFICE USE ONLY

State File Number: _____ Birth Number: _____ Initials: _____ Date: _____ Affidavit Number: _____

Required information must match current information on record

Required

Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)
1. Date of Record: _____ 2. Date of Event: _____ 3. Place of Event: _____
4. Full Name of Full Legal Name of Spouse A for Marriage or Dissolution: _____ 5. Mother's Parent Full Birth Name (Spouse B for Marriage or Dissolution): _____
6. Title of Person Requesting Correction: _____ <input type="checkbox"/> Beneficiary <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Beneficiary's Lawyer <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify): _____

7. Return Mailing Address: _____
Telephone Number: _____ Email Address: _____

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record now shows:

The true fact is:

8. _____	_____
10. _____	_____
12. _____	_____
14. _____	_____

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

16a. Signature: _____ Date: _____
Printed Name: _____ Title: _____

INSTRUCTIONS - For more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

- Self-Declaration (Form DOH-214)
- Some other copies
- Social Security National Report
- Certified Birth Certificate
- Certified Death Certificate
- Certified Marriage License
- Certified Divorce Report (J-551)

- Birth Certificates**
1. Only the original birth certificate is acceptable. It must be at least 18 or older may change the birth certificate.
 2. The priority must match the birth certificate. If the birth certificate shows the name of the baby Ann Doe, the proof must show the name to be Mary Jane.
 3. Death certificate must be filed with the birth certificate.
- Death Certificates**
- Only the original certificate is acceptable.
 - If the first name on the certificate is incorrect, the place of birth and date of birth are required.
 - The name of the parent(s) must be on the certificate.

17. If the affidavit is used to add a father to a birth certificate (use paternity or acknowledgment form DOH 322-032) from both parents, both certificates are required.

- Marriage/Dissolution (Divorce) Certificate**
1. The affidavit must be filed with the original certificate.
 2. The affidavit must be filed with the original certificate.

CERTIFIED

SPOKANE REGIONAL HEALTH DISTRICT

FEB 11 2018



Joel McCullough
Joel McCullough
HEALTH OFFICER

49322

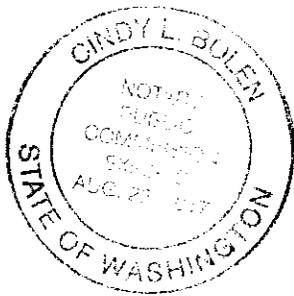
EF00045911

9. The claiming successor has given written notice, either by personal service or by mail, identifying her claim, and describing the property claimed, to all other successors of the decedent, and that at least ten (10) days have elapsed since the service or mailing of such notice; and
10. The successor of the decedent is either personally entitled to full payment or delivery of the property claimed or is entitled to full payment or delivery thereof on the behalf and written authority of all other successors who have an interest therein.

DATED this 18th day of May, 2016.

Wanda J. Enger
WANDA ENGER
2015 Sixth Avenue #161A
Clarkston, WA 99403

SUBSCRIBED AND SWORN to before me this 18th day of May, 2016.



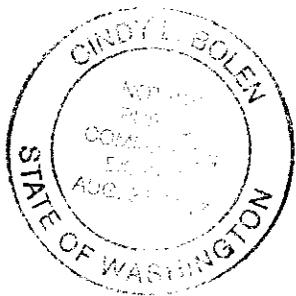
Cindy L. Bolen
Notary Public in and for the State of Washington
Residing at: Leviston, Id
My Commission Expires: 8/25/2017

9. The claiming successor has given written notice, either by personal service or by mail, identifying her claim, and describing the property claimed, to all other successors of the decedent, and that at least ten (10) days have elapsed since the service or mailing of such notice; and
10. The successor of the decedent is either personally entitled to full payment or delivery of the property claimed or is entitled to full payment or delivery thereof on the behalf and written authority of all other successors who have an interest therein.

DATED this 18th day of May, 2016.

Wanda J. Enger
WANDA ENGER
2015 Sixth Avenue #161A
Clarkston, WA 99403

SUBSCRIBED AND SWORN to before me this 18th day of May, 2016.



Cindy L. Bolen
Notary Public in and for the State of Washington
Residing at: Kewreston, Id
My Commission Expires: 8/25/2017

STATE OF WASHINGTON
VEHICLE CERTIFICATE OF OWNERSHIP (TITLE)

CERTIFICATE NUMBER
0710902612

LICENSE NUMBER 8024672	VEHICLE IDENTIFICATION NUMBER (VIN) 17707139	YEAR 1992	MAKE SLAKE	MODEL	STYLE	SERIES BODY 52/28
DATE ISSUED 04/19/2007	ODOMETER MILES 000000	ODOMETER STATUS EXEMPT	FLEET NUMBER	EQUIP NUMBER	FUEL TYPE UNPOWERED	
USE CLASS MOB	SCALE WEIGHT 00000	GROSS WEIGHT 000000	VEHICLE COLOR WHI	PLATE STATE WA	PRIOR TITLE NUMBER 0705302810	

COMMENTS
65000-2007

BRANDS

VOID

SALE PRICE

DATE OF SALE

LEGAL OWNER: When lien is satisfied, release interest in vehicle below and deposit this document to County Auditor or Agent with proper fee. Failure to properly release and deposit this document within 10 days after lien is satisfied may result in monetary penalty to the debtor, pursuant to RCW 46.12.020. **TRANSFEREE/BUYER MUST APPLY FOR TRANSFER OF OWNERSHIP WITHIN 15 DAYS FROM DATE OF DELIVERY TO AVOID PENALTY.**

LEGAL OWNER

REGISTERED OWNER

**TWIN RIVER NAT'L BANK
 1507 G STREET
 LEWISTON ID 83501-2016**

**ENGER, KARL W
 2015 6TH AVE NO A161
 CLARKSTON WA 99403**

**TWIN RIVER NATIONAL BANK
 DAVE CLARK-LOAN OFFICER 04/27/2016**

Dave Clark-Loan Officer 04/27/16
 SIGNATURE OF LEGAL OWNER, HEREBY RELEASES ALL INTEREST IN VEHICLE AS DESCRIBED ABOVE DATE

SIGNATURE OF REGISTERED OWNER, HEREBY RELEASES ALL INTEREST IN VEHICLE DESCRIBED ABOVE DATE

SIGNATURE OF LEGAL OWNER, HEREBY RELEASES ALL INTEREST IN VEHICLE AS DESCRIBED ABOVE DATE

SIGNATURE OF REGISTERED OWNER, HEREBY RELEASES ALL INTEREST IN VEHICLE DESCRIBED ABOVE DATE

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

Elizabeth A. Luce
 DIRECTOR DEPARTMENT OF LICENSING 05/06

0036595 01 MB
 0036595 01 MB

I certify, to the best of my knowledge, that the ODOMETER READING, as shown below: (CHECK ONE)

ASSIGNMENT BY REGISTERED OWNER	<input checked="" type="checkbox"/> NO TENTHS	<input type="checkbox"/> 1. is the ACTUAL MILEAGE of the vehicle <input type="checkbox"/> 2. is in EXCESS OF ITS MECHANICAL LIMITS <input type="checkbox"/> 3. is NOT THE ACTUAL MILEAGE
	ODOMETER READING (in miles)	
	TRANSFEREE / BUYER: unless licensed dealer, must transfer title within 15 days of sale. If we warrant this Title and certify that the vehicle described herein has been sold to the following:	
	SIGNATURE OF TRANSFEREE / BUYER	SIGNATURE OF TRANSFEROR / SELLER
HANDPRINTED NAME OF TRANSFEREE / BUYER		HANDPRINTED NAME OF TRANSFEROR / SELLER
ADDRESS OF TRANSFEREE / BUYER		ADDRESS OF TRANSFEROR / SELLER

FEDERAL REGULATION AND STATE LAW REQUIRE THAT YOU STATE THE MILEAGE IN CONNECTION WITH THE TRANSFER OF OWNERSHIP. FAILURE TO COMPLETE ODOMETER STATEMENT OR PROVIDING A FALSE STATEMENT MAY RESULT IN FINES AND/OR IMPRISONMENT.

KEEP IN A SAFE PLACE

ANY ALTERATION OR ERASURE VOIDS THIS TITLE

If you are the buyer: You must apply for a new Certificate of Ownership (Title) within 15 calendar days of acquiring the vehicle. Take the signed title to your local vehicle licensing office and pay the appropriate fees and taxes. You must also complete an application for Certificate of Ownership. It is available on our website at www.dol.wa.gov, or from your local vehicle licensing office. If you do not transfer ownership within 15 calendar days, there is a penalty fee.