



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: Philip Tetwiler, Anthony + Rebecca Rousseau; Street: 11400 Richardson Ave; City: Duwamish WA 98017

NEW REGISTERED OWNER Name: Craig E Tetwiler; Street: 1828 14th St C WA 99403; City: Clarkston WA 99403

LOCATION OF MOBILE HOME Name: 1828 14th St; Street: Clarkston WA 99403; City: Clarkston WA 99403

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

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5125 00 0110 0000 LIST ASSESSED VALUE(S): \$ 30,500 0020

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

Table with 6 columns: MAKE, YEAR, MODEL, SIZE, SERIAL NO. or I.D., REVENUE TAX CODE NO. Row 1: KIT, 1980, Rough Oak, 20x10, R000259

Date of Sale; Taxable Sale Price; Excise Tax: State, Local; Delinquent Interest: State, Local; Delinquent Penalty; Subtotal; State Technology Fee; Affidavit Processing Fee; Total Due; WAC No. 458-01A-201(B)(1); 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: Carolyn A. Pfeiffer; Date and Place of Signing: 5-25-2016; Signature of Grantee/Agent; Date & Place of Signing: 5-25-2016

TREASURER'S CERTIFICATE I hereby certify that property taxes due 05/25/16 County on the mobile home described hereon have been paid to and including the year 2016 Date: 5/25/16 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

MAY 25 2016

49338

PAID

COUNTY TREASURER

Paid cash IP

**REAL ESTATE EXCISE TAX
 SUPPLEMENTAL STATEMENT**
 (WAC 458-61A-304)

This form must be submitted with the Real Estate Excise Tax Affidavit (FORM REV 84 0001A) for claims of tax exemption as provided below. Completion of this form is required for the types of real property transfers listed in numbers 1-3 below. Only the first page of this form needs original signatures.

AUDIT: Information you provide on this form is subject to audit by the Department of Revenue. **In the event of an audit, it is the taxpayers' responsibility to provide documentation to support the selling price or any exemption claimed.** This documentation must be maintained for a minimum of four years from date of sale. (RCW 82.45.100) Failure to provide supporting documentation when requested may result in the assessment of tax, penalties, and interest. Any filing that is determined to be fraudulent will carry a 50% evasion penalty in addition to any other accrued penalties or interest when the tax is assessed.

PERJURY: Perjury is a class C felony which is punishable by imprisonment in a state correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars (\$5,000.00), or by both imprisonment and fine (RCW 9A.20.020 (1C)).

The persons signing below do hereby declare under penalty of perjury that the following is true (check appropriate statement):

1. **DATE OF SALE:** (WAC 458-61A-306(2))

I, (print name) _____ certify that the _____
 (type of instrument), dated _____, was delivered to me in escrow by _____
 (seller's name). **NOTE:** Agent named here must sign below and indicate name of firm. The payment of the tax is considered current if it is not more than 90 days beyond the date shown on the instrument. If it is past 90 days, interest and penalties apply to the date of the instrument.

Reasons held in escrow: _____

Signature

Firm Name

2. **GIFTS:** (WAC 458-61A-201) The gift of equity is non-taxable; however, any consideration received is not a gift and is taxable. The value exchanged or paid for equity plus the amount of debt equals the taxable amount. One of the boxes below must be checked. Both Grantor (seller) and Grantee (buyer) must sign below.

Grantor (seller) gifts equity valued at \$ _____ to grantee (buyer).

NOTE: Examples of different transfer types are provided on the back. This is to assist you with correctly completing this form and paying your tax.

"Consideration" means money or anything of value, either tangible (boats, motor homes, etc) or intangible, paid or delivered, or contracted to be paid or delivered, including performance of services, in return for the transfer of real property. The term includes the amount of any lien, mortgage, contract indebtedness, or other encumbrance, given to secure the purchase price, or any part thereof, or remaining unpaid on the property at the time of sale. **"Consideration"** includes the assumption of an underlying debt on the property by the buyer at the time of transfer.

A: Gifts with consideration

1. Grantor (seller) has made and will continue to make all payments after this transfer on the total debt of \$ _____ and has received from the grantee (buyer) \$ _____ (include in this figure the value of any items received in exchange for property). Any consideration received by grantor is taxable.
2. Grantee (buyer) will make payments on _____% of total debt of \$ _____ for which grantor (seller) is liable and pay grantor (seller) \$ _____ (include in this figure the value of any items received in exchange for property). Any consideration received by grantor is taxable.

B: Gifts without consideration

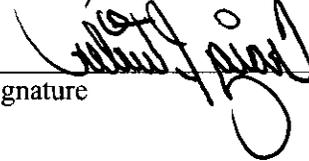
1. There is no debt on the property; Grantor (seller) has not received any consideration towards equity. No tax is due.
2. Grantor (seller) has made and will continue to make 100% of the payments on total debt of \$ _____ and has not received any consideration towards equity. No tax is due.
3. Grantee (buyer) has made and will continue to make 100% of the payments on total debt of \$ _____ and has not paid grantor (seller) any consideration towards equity. No tax is due.
4. Grantor (seller) and grantee (buyer) have made and will continue to make payments from joint account on total debt before and after the transfer. Grantee (buyer) has not paid grantor (seller) any consideration towards equity. No tax is due.

Has there been or will there be a refinance of the debt? YES NO

If grantor (seller) was on title as co-signor only, please see WAC 458-61A-215 for exemption requirements.

The undersigned acknowledges this transaction may be subject to audit and have read the above information regarding record-keeping requirements and evasion penalties.


 Grantor's Signature


 Grantee's Signature

3. **IRS "TAX DEFERRED" EXCHANGE** (WAC 458-61A-213)

I, (print name) _____, certify that I am acting as an Exchange Facilitator in transferring real property to _____ pursuant to IRC Section 1031, and in accordance with WAC 458-61A-213.

NOTE: Exchange Facilitator must sign below.

 Exchange Facilitator's Signature

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CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-019682

LOCAL FILE NUMBER: 2731

DATE ISSUED: 07/17/2015

FEE NUMBER: 0000243830

GIVEN NAMES: PHILIP I
LAST NAME: TETWILER

COUNTY OF DEATH: SPOKANE
DATE OF DEATH: July 14, 2015
HOUR OF DEATH: 07:46 P.M.
SEX: MALE
AGE: 71 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: SEPTEMBER 29, 1943
BIRTHPLACE: CLARKSTON, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: CAROLYN HATLEBERG

OCCUPATION: ELECTRONIC TECH
INDUSTRY: ELECTRONICS
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES? YES

INFORMANT: CAROLYN TETWILER
RELATIONSHIP: SPOUSE
ADDRESS: 1106 RICHARDSON AVE, LEWISTON ID, 83501

PLACE OF DEATH: EMERGENCY ROOM
FACILITY OR ADDRESS: PROVIDENCE SACRED HEART MEDICAL CENTER
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99204

RESIDENCE STREET: 1106 RICHARDSON AVE
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
INSIDE CITY LIMITS? YES
COUNTY: NEZ PERCE
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 32 YEARS

FATHER: GLENN R TETWILER
MOTHER: BEULA WOLFE

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: LEWIS CLARK MEMORIAL GARDENS
CITY, STATE: LEWISTON, ID
DISPOSITION DATE: JULY 21, 2015

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES LLC
ADDRESS: PO. BOX 107
CITY, STATE, ZIP: CLARKSTON WA 99403
FUNERAL DIRECTOR: RICHARD LASSITER

CAUSE OF DEATH:

- A. COMPLICATIONS OF HEMORRHAGIC SHOCK
INTERVAL: HOURS
- B. ILLIAC ARTERY LACERATIONS
INTERVAL: HOURS
- C. IMPALEMENT ON FENCEPOST
INTERVAL: HOURS
- D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: JULY 14, 2015
HOUR OF INJURY: 01:04 P.M.
INJURY AT WORK? NO
PLACE OF INJURY: OUTSIDE OF HOME

LOCATION OF INJURY: 1106 RICHARDSON AVE.
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
COUNTY: NEZ PERCE

DESCRIBE HOW INJURY OCCURRED:
FELL FROM ROOF ONTO METAL FENCE POST

MANNER OF DEATH: ACCIDENT
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

ME/CORONER: JOHN D. HOWARD, MD
TITLE: MEDICAL EXAMINER
ME/CORONER
ADDRESS: 5901 N LIDGERWOOD ST STE 248
CITY, STATE, ZIP: SPOKANE WA 99208
DATE SIGNED: JULY 16, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 15-2403
ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:
JUNE RICE-CRANER
DATE RECEIVED: JULY 16, 2015

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

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DOH 01-003 (1/14)



Lawrence M. Garges, M.D.

Lawrence M. Garges, M.D.
Health Officer

JUL 17 2015

AA00243840

43938

STATE OF WASHINGTON
VEHICLE LICENSE AND TITLE

TITLE NUMBER
9211301805

8006259 06/28/90 1980 KIT MOB 28/60

R8079W12SN7893 000000 EXEMPT ODOMETER DISCLOSURE

WA 9017906006

ROUSSEAU, ANTHONY E
ROUSSEAU, REBECCA L
1712 13TH STREET
CLARKSTON WA 99403

Anthony E Rousseau
ANTHONY E ROUSSEAU
OWNER

SEAPORT CITIZENS BANK
P O BOX 1268
LEWISTON ID 83501-1268

Seaport Citizens Bank
SEAPORT CITIZENS BANK
LEWISTON, IDAHO



3/92 RE0036847 KEEP IN SAFE PLACE

ANY ALTERATION OR ERASURE VOIDS THIS TITLE

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