



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: Wayne E. Johnson, Amy L. Barker; Street: 1913 Bridger Lane; City: Clarkston, WA; Zip Code: 99403

NEW REGISTERED OWNER Name: Robert Porter; Street: 1913 Bridger Lane; City: Clarkston, WA; Zip Code: 99403

LOCATION OF MOBILE HOME Name: 1913 Bridger Lane; Street: Clarkston, WA; City: Clarkston, WA; Zip Code: 99403

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

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 50041300500090000 LIST ASSESSED VALUE(S): \$ 8700

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

Table with columns: MAKE (Shasta), YEAR (1977), MODEL, SIZE (66 Ft), SERIAL NO. or I.D. (713351), REVENUE TAX CODE NO.

Date of Sale: 6/1/16; Taxable Sale Price: \$1,000.00; Excise Tax: State \$12.80, Local \$2.50; Delinquent Interest: State \$, Local \$; Delinquent Penalty: \$220; Subtotal: \$; State Technology Fee: \$5.00; Affidavit Processing Fee: \$; Total Due: \$20.30

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: Amy L. Barker; Name (print): Amy L. Barker; Date and Place of Signing: ; Signature of Grantee/Agent: Robert Porter; Name (print): Robert Porter; 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 2016 6/1/16 [Signature] 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).

Cash THIS SPACE - TREASURER'S USE ONLY PAID JUN 01 2016 ASOTIN COUNTY TREASURER 49359 COUNTY TREASURER

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFIED COPY
FOR VA USE ONLY

CERTIFICATE NUMBER: 2015-010625

DATE ISSUED: 04/17/2015

FEE NUMBER: 0000243567

GIVEN NAMES: WAYNE EDWARD
LAST NAME: JOHNSON

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: APRIL 10, 2015
HOUR OF DEATH: 04:30 P.M. PRESUMED
SEX: MALE
AGE: 76 YEARS

SOCIAL SECURITY NUMBER: ██████████

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: SEPTEMBER 02, 1938
BIRTHPLACE: DINGLE, IDAHO

MARITAL STATUS: DIVORCED
SPOUSE:

OCCUPATION: CIVIL ENGINEER
INDUSTRY: ENGINEERING
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES? YES

INFORMANT: AMY JOHNSON
RELATIONSHIP: DAUGHTER
ADDRESS: 1208 NORTH STREET, CLARKSTON WA, 99403

PLACE OF DEATH: OTHER PLACE
FACILITY OR ADDRESS: 808 PORT DRIVE
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 1913 BRIDGER LANE
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
INSIDE CITY LIMITS? NO
COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 10 YEARS

FATHER: THIEL H JOHNSON
MOTHER: IONE S LYON

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY
CITY, STATE: LEWISTON, ID
DISPOSITION DATE: APRIL 17, 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. PENDING
INTERVAL: PENDING
- B. INTERVAL:
- 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? UNKNOWN
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

ME/CORONER: KATE S. GOLDING
TITLE: CORONER
ME/CORONER
ADDRESS: PO BOX 220
CITY, STATE, ZIP: ASOTIN WA 99402
DATE SIGNED: APRIL 15, 2015

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

LOCAL DEPUTY REGISTRAR:
BRADY WOODBURY
DATE RECEIVED: APRIL 17, 2015

549359

DOH 01-003 (1/14)



Lawrence M. Garges, M.D.

Lawrence M. Garges, M.D.
Health Officer

APR 17 2015

AA00243567

49359

STATE OF WASHINGTON
 MOTOR VEHICLE CERTIFICATE OF OWNERSHIP (TITLE)
 CERTIFICATE NUMBER
0721903005

ENGINE NUMBER 8242260	VEHICLE IDENTIFICATION NUMBER (VIN) 713351	YEAR 1977	MAKE SHAST	MODEL	STYLE	SERIES BODY 66FT
DATE OF REGISTRATION 08/07/2007	ODOMETER READING 000000	ODOMETER STATUS EXEMPT	EXEMPT NUMBER	SHIP NUMBER	FUEL TYPE UNPOWERED	PERIOD TITLE NUMBER 0512302607
LINE TYPE MOB	SCALE WEIGHT 00000	SALES PRICE 000000	VEHICLE COLOR BLU	REGISTRATION STATE WA		

COMMENTS
6000-2007

NOTES

SALE PRICE \$ _____
 DATE OF SALE _____

LEGAL OWNER: When lien is released, release interest in vehicle below and transmit this document to County Auditor or County with proper fee. Failure to do so may result in a transfer of ownership within 10 days after lien is satisfied; may result in a statutory penalty to the debtor. RCW 46.13.020 TRANSFEREE/BUYER MUST APPLY FOR TRANSFER OF OWNERSHIP WITHIN 15 DAYS FROM DATE OF DELIVERY TO AVOID PENALTY.

LEGAL OWNER

**JOHNSON, WAYNE E
 1913 BRIDGER LANE
 CLARKSTON WA 99403-3056**

REGISTERED OWNER

SAME AS LEGAL OWNER

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

0046301 01 AB
 0046301 01 AB

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

ASSIGNMENT BY REGISTERED OWNER

NO TENTHS
 is the ACTUAL MILEAGE of the vehicle
 is in EXCESS OF ITS MECHANICAL LIMITS
 is NOT THE ACTUAL MILEAGE

ODOMETER READING (in miles) _____
 TRANSFEREE / BUYER: unless licensed dealer, must transfer title within 15 days of sale.
 If we want this Title and certify that the vehicle described herein has been sold to the following: _____ Date of Transfer _____

SIGNATURE OF TRANSFEREE / BUYER _____
 HANDPRINTED NAME OF TRANSFEREE / BUYER _____
 ADDRESS OF TRANSFEREE / BUYER _____

SIGNATURE OF TRANSFEROR / SELLER _____
 HANDPRINTED NAME OF TRANSFEROR / SELLER _____
 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 pay the title and license fees to the County Auditor or County Clerk of the County where the vehicle is registered. You must also pay the sales tax. For more information, please call the Department of Licensing at 1-800-531-5628 or visit our website at www.dol.wa.gov.
 49359

CERTIFIED

Amended
Affidavit of
Successor of Decedent

FILED

State of Washington
County of Asotin

#16-4-00044-7

2016 MAY 27 A 12 15

The undersigned, upon first being duly sworn on oath, deposes and states:

1. I am the successor (as defined in RCW 11.62.005) of the decedent:

Wayne E. Johnson
(Full Name of decedent)

ISSN: 519-38-3279
(Decedent's Social Security Number)

2. The decedent was a resident of the State of Washington on the date of death.
3. The value of the decedent's entire estate subject to probate, not including a surviving spouse's community property interest in any assets that are subject to probate in the decedent's estate, wherever located, less liens and encumbrances, does not exceed ONE HUNDRED THOUSAND DOLLARS (\$100,000.00).
4. Forty days have passed since the date of death: 04-10-2015 (date of death).
5. No application or petition for the appointment of a personal representative is pending in any court 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. A description of the personal property and/or sum of money claimed, or portion thereof, which is subject to probate, is as follows:

Contents of safety deposit box
1977 Shast, vehId 713351 mobile home

8. I have given written notice, either by personal service or by mail, identifying my claim, and describing the property claimed, to all other successors of the decedent. At least ten days have elapsed since the service or mailing of such notice.
9. I am entitled to full payment or delivery of the property claimed

Personally, or
 On the behalf of and with the written authority of all other successors who have interest.

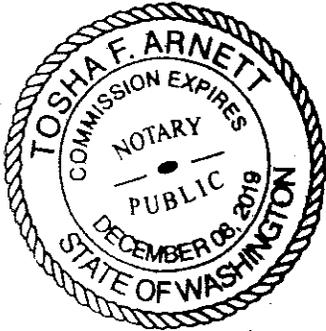
Amy S. Barker
Successor's Signature

Amy L. Barker
Print or Type Name

1208 North St.
Successor's Address

Clarkston WA, 99403
Successor's City/State/Zip

Subscribed and Sworn to before me this date: May 27, 2016



Tosha Arnett
Notary Public

My appointment expires: 12/08/19

