



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 The Passmore Family Trust, James C Passmore Trustee, Street 2115 6th Ave #39, City Clarkston WA 99403

NEW REGISTERED OWNER: Name The Passmore Family Trust, James C Passmore Trustee, Street 2115 6th Ave #39, City Clarkston WA 99403

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 50413500300010390, LIST ASSESSED VALUE(S): \$ 63,200

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

Table with columns: MAKE, YEAR, MODEL, SIZE, SERIAL NO. or I.D., REVENUE TAX CODE NO. (Row: Count, 1997, 52/27, 52/27, VMHI780607254AB)

Date of Sale 6/14/16, Taxable Sale Price \$ 0, Excise Tax State \$, Local \$, Delinquent Interest State \$, Local \$, Delinquent Penalty \$, Subtotal \$, State Technology Fee \$ 5.00, Affidavit Processing Fee \$, Total Due \$ 10.00, WAC No. 458-61A-202, WAC Title Inheritance

AFFIDAVIT: I certify under penalty of perjury... Signature of Grantor/Agent James C. Passmore, Name (print) James C. Passmore, Date and Place of Signing: 6/14/2016

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

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

J. Passmore ck 4935

PAID

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REV 84 0003 (12/27/06)

JUN 14 2016

ASOTIN COUNTY TREASURER

COUNTY TREASURER

STATE OF WASHINGTON VEHICLE CERTIFICATE OF TITLE

TITLE NUMBER
9714946104

VEHICLE LICENSE NUMBER: **+119870** DATE OF APPLICATION: **05/29/1997** YEAR: **1997** MAKE: **COUNT** PLANT/STATE: **MOB** VIN: **52/27**

VEHICLE IDENTIFICATION NUMBER (VIN): **VMHI2806W72545AB** EXEMPT ODOMETER DISCLOSURE: **0000000**

CLAIMANT'S FULL NAME AND ADDRESS:

SAME AS LEGAL OWNER BELOW

LEGAL OWNER

**THE PASSMORE FAMILY TRUST
PASSMORE, JAMES C TRUSTEE
PASSMORE, RUTH V
2115 6TH AVE #39
CLARKSTON WA 99403-1569**

SELLER'S SIGNATURE AND TITLE: _____

BY _____

BY _____

SALE PRICE: _____
SIGNATURE(S) OF LEGAL OWNER(S) BELOW HEREBY RELEASES ALL INTEREST IN VEHICLE DESCRIBED ABOVE:

BY _____

BY _____

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 Title 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 TITLE WITHIN 15 DAYS FROM DATE OF DELIVERY TO AVOID PENALTY (SEE REVERSE FOR ADDITIONAL INFORMATION.)

TO VERIFY THAT THE INFORMATION ON THIS TITLE IS CORRECT, YOU MAY CHECK THE VIN AND TITLE NUMBER ON THE VEHICLE AND TITLE NUMBER AND LEGAL OWNER(S) ON THE TITLE WITH THE LICENSEE.



04/98 0025833 AB
TD-420-002 0025833 AB

KEEP IN A SAFE PLACE

ANY ALTERATION OR ERASURE VOIDS THIS TITLE

Seller: Please DETACH HERE

STATE OF WASHINGTON - DEPARTMENT OF LICENSING

Seller: Please DETACH HERE

VEHICLE SELLER'S REPORT OF SALE

REQUIRED WHENEVER OWNERSHIP CHANGES - INCLUDING DEALER TRANSFER

DOL USE ONLY

WARNING: THIS FORM DOES NOT TRANSFER TITLE

PLEASE PRINT OR TYPE - SEE IMPORTANT INSTRUCTIONS ON REVERSE SIDE

VEHICLE LICENSE NUMBER: **+119870** YEAR: **1997** MAKE: **COUNT** VIN: **VMHI2806W72545AB** PLANT/STATE: **MOB** VIN: **52/27** TITLE NUMBER: **9714946104**

TRANSFEROR SELLER PRINT NAME (Do not release from post, remove only for the operation of the vehicle) _____
MUST be delivered to the Department of Licensing, or mailed to the Department of Licensing, within 5 days from the date of sale of the vehicle. The DOL mailing address is _____

State of Washington
Department of Licensing
PO BOX 9038
OLYMPIA WA 98507-9038



SELLER

PURCHASER

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Affidavit of Inheritance/Litigation

Use this form if you have inherited a vehicle or vessel or were awarded one through litigation. To find out if you need additional documents, contact a vehicle licensing office or call (360) 902-3770, option 5.

License plate/Registration number <u>+ 119870</u>	Year <u>1997</u>	Make <u>Cougar</u>	Series/Body style <u>MOB</u>
Vehicle Identification Number (VIN) or Vessel Hull Identification Number (HIN) <u>VNH128066072545AB</u>			

Inheritance—This affidavit is used when no executor or administrator is appointed for the deceased.

Submit this form with the vehicle or vessel title and a copy of the death certificate. An Odometer Disclosure Statement or a Release of Interest may be required.

I certify that Ruth V. PASSMORE, the registered owner of this vehicle/vessel, died on the 8 day of May, 2016.

The deceased left no estate necessitating administration, and no letters of administration or letters testamentary have been issued to any persons. The vehicle/vessel has not been bequeathed by will to anyone other than the person signing below who is Spouse of the deceased. No relative who would have prior right, except James C. Passmore survives the deceased, and provision has been made for payment of debts of the deceased. Signature must be notarized or certified below.

James C. Passmore James C. Passmore 6-14-16

Printed name Signature Date

County clerk certificate for transfer of vehicle or vessel in litigation

This certificate, properly completed, will serve instead of all other court papers.

Submit this form with a Title Application and an Odometer Disclosure Statement (if applicable).

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

1. For orders of the court transferring title (including divorce and probate):

An order transferring title to this vehicle/vessel to _____ at _____ was duly entered in _____

Transferee Transferee's address Title of case

Name of administrator (if in probate) _____ Docket number of case _____

on the _____ day of _____, _____

Day Month Year

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

_____ was duly appointed under the nonintervention will of _____ and is qualified to act as such, and that a decree of solvency has been entered.

Name of executor/administrator Name of deceased

_____ Date _____

_____ Date _____

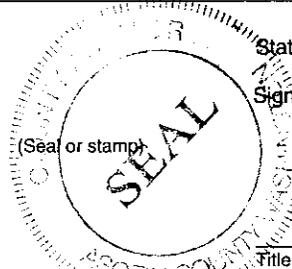
Executor/Administrator signature County Clerk signature

Notarization/Certification

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State of Washington, County of Asotin

Signed or attested before me on 6-14-16 by James C. Passmore

(Seal or stamp)  Signature Barlene Wilkinson

Printed or stamped name Barlene Wilkinson

Deputy and 02016-1

Title Dealer or county/office number or notary expiration date

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-019330

DATE ISSUED: 05/18/2016

FEE NUMBER: 0003201067

GIVEN NAMES: RUTH VIVIAN
LAST NAME: PASSMORE

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: MAY 08, 2016
HOUR OF DEATH: 10:36 A.M.
SEX: FEMALE
AGE: 85 YEARS

SOCIAL SECURITY NUMBER: ██████████

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: AUGUST 28, 1930
BIRTHPLACE: GLASGOW, MONTANA

MARITAL STATUS: MARRIED
SPOUSE: JAMES CARTER PASSMORE

OCCUPATION: REGISTERED NURSE
INDUSTRY: MEDICAL
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? NO

INFORMANT: JAMES CARTER PASSMORE
RELATIONSHIP: HUSBAND
ADDRESS: 2115 6TH AVE. SPACE 39; CLARKSTON, WA 99403

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

RESIDENCE STREET: 2115 6TH AVE. SPACE 39
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
INSIDE CITY LIMITS? NO

COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 18 YEARS

FATHER/PARENT: HENRY W BEECHER
MOTHER/PARENT: CLARICE CORUM

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNTAIN VIEW
CITY, STATE: LEWISTON, ID
DISPOSITION DATE: MAY 11, 2016

FUNERAL FACILITY: NEPTUNE SOCIETY - SPOKANE
ADDRESS: 222 EAST FRANCIS AVENUE
CITY, STATE, ZIP: SPOKANE WA 99208
FUNERAL DIRECTOR: FELICIA A. GAINEV

CAUSE OF DEATH:

- A. SEPSIS
INTERVAL: DAYS
- B. URINARY TRACT INFECTION
INTERVAL: DAYS
- 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? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: TIMOTHY W. HOCKENBERRY, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1221 HIGHLAND AVE
CITY, STATE, ZIP: CLARKSTON WA 99403
DATE SIGNED: MAY 10, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

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

ITEM(S) AMENDED: NONE

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

LOCAL DEPUTY REGISTRAR:
BRADY WOODBURY
DATE RECEIVED: MAY 11, 2016

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DOH 01-003 (10/15)

