



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: Gordon R Charest, Street: 1312 Bridge St. trLR #6, City: Clarkston, WA, Zip Code: 99403

NEW REGISTERED OWNER

Name: Shanon Getz, Street: 3233 9th St., City: Lewiston, ID, Zip Code: 83501

LOCATION OF MOBILE HOME

Name: 1312 trailer #6, Street: Bridge Street, City: Clarkston, WA, Zip Code: 99403

LEGAL OWNER

Name: Street: City: State: Zip Code:

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5004210020004 LIST ASSESSED VALUE(S): \$ 3500.

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

Table with columns: MAKE (Buddy), YEAR (1972), MODEL, SIZE (60x12), SERIAL NO. or I.D. (B1866F), REVENUE TAX CODE NO.

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(1)), WAC Title (Inheritance)

AFFIDAVIT: I certify under penalty of perjury... Signature of Grantor/Agent (See attached), Signature of Grantee/Agent (Shanon Getz)

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 on 10/5/16

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

10.00 Cash (Va)

THIS SPACE - TREASURER'S USE ONLY

PAID

OCT 05 2016

ASOTIN COUNTY TREASURER

49713

COUNTY TREASURER

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-034934

DATE ISSUED: 08/31/2016

FEE NUMBER: 0000046721

GIVEN NAMES: GORDON RICHARD
LAST NAME: CHAREST

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: AUGUST 27, 2016
HOUR OF DEATH: 10:00 P.M. PRESUMED
SEX: MALE
AGE: 71 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: JULY 17, 1945
BIRTHPLACE: SANDPOINT, IDAHO

MARITAL STATUS: DIVORCED
SPOUSE:

OCCUPATION: CARPENTER
INDUSTRY: CONSTRUCTION
EDUCATION: 9-12TH GRADE, NO DIPLOMA
US ARMED FORCES? YES

INFORMANT: SHERRY LOMBARD
RELATIONSHIP: SISTER
ADDRESS: 1215 WASHINGTON ST #4, CLARKSTON WA, 99403

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1312 BRIDGE ST #6
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 1312 BRIDGE ST #6
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
INSIDE CITY LIMITS? YES
COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 3 YEARS

FATHER/PARENT: LEWIS CHAREST
MOTHER/PARENT: MARY CATHERINE NICHOLSON

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY
CITY, STATE, ZIP: LEWISTON, ID
DISPOSITION DATE: AUGUST 30, 2016

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. RESPIRATORY FAILURE
INTERVAL: MOMENTS
- B. CHRONIC OBSTRUCTIVE PULMONARY DISEASE
INTERVAL: YEARS
- 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? YES
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

ME/CORONER: LISA WEBBER
TITLE: CORONER
ME/CORONER
ADDRESS: PO BOX 220
CITY, STATE, ZIP: ASOTIN WA 99402
DATE SIGNED: AUGUST 29, 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

LOCAL DEPUTY REGISTRAR:
SUNDIE HOFFMAN
DATE RECEIVED: AUGUST 30, 2016

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

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DOH 01-003 (10/15)

I give My 1972 - 12x60
Buddy trailer to Sharon
Getz ON Feb. 20, 2016
as is with Condition I
get to live in it as
owner / occupancy
until My Death

Gordon R Charest

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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>049896</u>	Year <u>1972</u>	Make <u>Buddy</u>	Series/Body style <u>Buddy 60/12</u>
Vehicle Identification Number (VIN) or Vessel Hull Identification Number (HIN) <u>B1866F</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 Gordon R. Charest, the registered owner of this vehicle/vessel, died on the 27 day of Aug., 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 Niece of the deceased. No relative who would have prior right, except Shanon Getz survives the deceased, and provision has been made for payment of debts of the deceased. Signature must be notarized or certified below.

Shanon Getz Shanon Getz 10-5-2016

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 _____ on the _____ day of _____, 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.

Executor/Administrator signature Date

County Clerk signature Date

Notarization/Certification

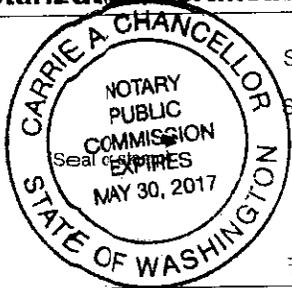
State of Washington, County of Asotin

Signed or attested before me on 10/5/2016 by Shanon Getz

Carrie A. Chancellor
Signature
Printed or stamped name

and exp: MAY 30, 2017
Dealer or county/office number or notary expiration date

Title _____



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STATE OF WASHINGTON

Vehicle Certificate of Ownership (Title)

Certificate Number

1114707705

License number: &049896	Vehicle identification number (VIN): B1866F	Year: 1972	Make: BUDDY	Model:	Style:	Series/Body: 60/12
Date issued: 05/27/2011	Odometer miles: 000000	Odometer status: E	Fleet number:	Equipment number:	Fuel type:	
Use class: MOB	Scale weight: 00000	Gross weight:	Vehicle color: WHITE / BROWN	Prior title state: WA	Prior title number: 1013702708	
Comments: 4200-2011						

Brands:

Sale price \$ _____

Date of sale _____

Legal owner: To release your interest, sign below. Then give this title to the registered owner/transferee or send it to a vehicle licensing office with the proper fee. You may be liable to the registered owner/transferee for penalties if you do not release interest within 10 days after proper demand.

Legal owner
CHAREST, GORDON R
1312 BRIDGE ST TRLR 6
CLARKSTON, WA 99403

Registered owner
SAME AS LEGAL OWNER

Gordon R Charest

Signature of legal owner releases all interest in the vehicle described above

Date _____

Gordon R Charest

Signature of registered owner releases all interest in the vehicle described above

Date _____

Signature of legal owner releases all interest in the vehicle described above

Date _____

Signature of registered owner releases all interest in the vehicle described above

Date _____

I certify that the records of the Department of Licensing show the persons named for the registered owners and legal owners of the vehicle described above.

Abette R. Lewis
Director, Department of Licensing

Federal regulation and state law requires you to state the mileage in connection with the transfer of ownership. Failure to complete this transfer statement or providing a false statement of mileage in lines and/or imp is prohibited.

I certify, to the best of my knowledge, the odometer reading is: actual miles approximate miles. Transfer date: / /

This reading is (check one) the actual mileage of the vehicle in excess of the mechanic's limits not true or correct mileage.

Signature of transferee/buyer

Signature of transferor/seller

PRINTED name of transferee

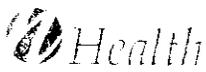
PRINTED name of transferor/seller

Address of transferee/buyer

Address of transferor/seller

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This is a state form. Any other source is unauthorized.



Affidavit for Correction

Mailed to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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

STATE OFFICE USE ONLY

Record Number: _____ Reg. Number: _____ Initials: _____ Date: _____ Affidavit Number: _____

Required information must match current information on record

Record Type: Birth Death Marriage Dissolution (Divorce)

1. Name on Record: _____ 2. Date of Event: _____ 3. Place of Event: _____

4. Father (Parent F of Legal Name) (Spouse A for Marriage or Dissolution) 5. Mother (Parent M of Birth Name) (Spouse B for Marriage or Dissolution)

6. Name of Person(s) Requesting Correction: _____ Relationship to Person on Record: Self Guardian Infantant Hospital Parent(s) Funeral Director Other (specify): _____

7. Home Phone Address: _____ 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: _____

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

(If by Signature of a parent of required)

Print Name: _____ Title: _____ Printed name: _____ Date: _____

INSTRUCTIONS - go to [Affidavit information](#)

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

Examples of documentary proof include:

- School transcripts
- Social Security Number Report
- Passport
- Green Permanent Resident card (I-551)

Birth certificates: If you are age 18 or older, you may change the birth certificate. If you are under 18, you must have the name of the parent(s) on the affidavit sign the name of the child to be changed.

Adopted children: If you are the adoptive parent of a child, you may change the birth certificate. If you are not the adoptive parent, you must have the name of the adoptive parent(s) on the affidavit sign the name of the child to be changed.

Children of a stepparent: If you are the stepparent of a child, you may change the birth certificate. If you are not the stepparent, you must have the name of the stepparent(s) on the affidavit sign the name of the child to be changed.

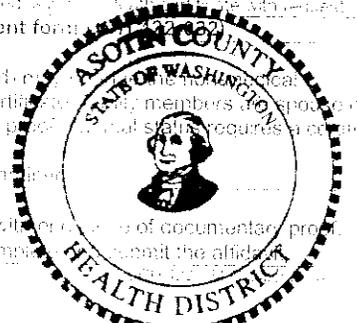
Children of a common-law partner: If you are a common-law partner of a child's parent, you may change the birth certificate. If you are not a common-law partner, you must have the name of the common-law partner(s) on the affidavit sign the name of the child to be changed.

Children of a common-law partner: If you are a common-law partner of a child's parent, you may change the birth certificate. If you are not a common-law partner, you must have the name of the common-law partner(s) on the affidavit sign the name of the child to be changed.

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Joel McCullough
Joel McCullough, M.D., MPH, MS
Health Officer

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