Department of Revenue
Washington State

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: Daniel Fred Murray
Street: 2115 6th Ave, Space 76
City: Clarkston State: Wa Zip Code: 99403

NEW REGISTERED OWNER
Name: Clara Murray
Street: 2115 6th Ave, Space 76
City: Clarkston State: Wa Zip Code: 99403

LOCATION OF MOBILE HOME
Name: Daniel Fred Murray
Street: 2115 6th Ave, Space 76
City: Clarkston State: Wa Zip Code: 99403

LEGAL OWNER
Name: Clara Murray
Street: 2115 6th ave, Space 76
City: Clarkston State: Wa Zip Code: 99403

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 504135003000107000
LIST ASSESSED VALUE(S): $

REAL PROPERTY PARCEL or ACCOUNT NO. 69,400.00
LIST ASSESSED VALUE(S): $

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.
Marlette	1994	9151	28X66	H-00B643A/B	

Date of Sale
Taxable Sale Price ..... $
Excise Tax: State ..... $
Local ..... $
Delinquent Interest: State ..... $
Local ..... $
Delinquent Penalty ..... $
Subtotal ..... $
State Technology Fee ..... $ 5.00
Affidavit Processing Fee ..... $ 5.00
Total Due ..... $

If exemption claimed, WAC number & title:
WAC No. (Sec/Sub)
WAC Title

A MINIMUM OF $10.00 IS DUE IN FEE(S) AND/OR TAX.

458-61A-200 (1)

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** X Clara Murray
Name (print) CLARA MURRAY
Date and Place of Signing: 10/26/16

Signature of **Grantee/Agent** X Clara Murray
Name (print) CLARA MURRAY
Date & Place of Signing: 10/26/16

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.

10/26/16 Date — 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).

PAID
THIS SPACE - TREASURER'S USE ONLY
DF Merry Ck# 7505
OCT 26 2016
ASOTIN COUNTY TREASURER

49762

REV 84 0003 (12/27/06)

COUNTY TREASURER

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-038869

DATE ISSUED: 10/14/2016

FEE NUMBER: 0003202069

GIVEN NAMES: DANIEL FRED
LAST NAME: MURRAY

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: SEPTEMBER 22,2016
HOUR OF DEATH: 09:08 P.M.
SEX: MALE
AGE: 94 YEARS
SOCIAL SECURITY NUMBER: [redacted]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: OCTOBER 22,1921
BIRTHPLACE: MALDEN, WHITMAN CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: CLARA BAFUS

OCCUPATION: CONDUCTOR
INDUSTRY: RAILROAD
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? YES

INFORMANT: SANDRA ESTLUND
RELATIONSHIP: DAUGHTER
ADDRESS: 2752 18TH ST. CLARKSTON, WASHINGTON 99403

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

RESIDENCE STREET: 2215 6TH AVE. 76
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
INSIDE CITY LIMITS? NO
COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER/PARENT: JAMES MURRAY
MOTHER/PARENT: WINNIE L.

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: EVERGREEN IOOF CEMETERY
CITY, STATE: ROSALIA, WA
DISPOSITION DATE: SEPTEMBER 30,2016

FUNERAL FACILITY: SCHANZENBACH FUNERAL HOME
ADDRESS: 115 W 7TH ST
CITY, STATE, ZIP: ROSALIA WA 99170
FUNERAL DIRECTOR: MICHAEL R ROSSEY

CAUSE OF DEATH:
A. CARDIO RESPIRATORY ARREST
INTERVAL: MINUTES
B. SEPTIC SHOCK WITH MULTIPLE ORGAN DYSFUNCTION
INTERVAL: HOURS
C. HYPOXIC RESPIRATORY FAILURE
INTERVAL: HOURS
D. GRAM NEGATIVE BACTEREMIA
INTERVAL: HOURS

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? PROBABLY
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: ANUPAM ARORA, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1221 HIGHLAND AVE
CITY,STATE,ZIP: CLARKSTON WA 99403
DATE SIGNED: SEPTEMBER 23,2016

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: INFORMANT,DOD

NUMBER(S): 2016066773,2016066775
DATE(S): 10/11/2016,10/11/2016

LOCAL DEPUTY REGISTRAR:
BRADY WOODBURY
DATE RECEIVED: SEPTEMBER 27,2016

49762

DOH 01-003 (10/15)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL

NEW | USED

OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES

$

REMARKS:

BALANCE CARRIED TO OPTIONAL EQUIPMENT $

NOTE: WARRANTY AND EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVERSE

DESCRIPTION OF TRADE-IN

MAKE MODEL BODY TYPE

TITLE NO. SERIAL NO. COLOR

AMOUNT OWED TO WHOM

ANY DEBT I OWE ON THE TRADE-IN IS TO BE PAID BY YOU ME

You and I certify that the additional terms and conditions printed on the other side of this contract are agreed to as a part of this agreement, the same as if printed above the signatures. I am purchasing the described trailer, manufactured home or vehicle; the optional equipment and accessories, the insurance as described has been voluntary; that my trade-in is free from all claims whatsover, except noted.

BASE PRICE OF UNIT $

OPTIONAL EQUIPMENT

Cost of Parts and Sc

SUB-TOTAL $

SALES TAX

NON-TAXABLE ITEMS

VARIOUS FEES AND INSURANCE

1. CASH PURCHASE PRICE $

TRADE IN ALLOWANCE $

LESS BAL. DUE ON TRADE $

NET ALLOWANCE $

CASH DOWN PAYMENT $

CASH AS AGREED BELOW $

2. LESS TOTAL CREDITS

SALES TAX (If Not Included Above)

3. Unpaid Balance of Cash Sale Price $

WORKSHEET. THIS IS NOT PART OF YOUR CONTRACT. ALL FIGURES ARE ESTIMATES. THEY DO NOT CONSTITUTE AN AGREEMENT FOR CREDIT.

A. OTHER CHARGES

Title or Fee $

Insurance or Premiums $

Credit Life Insurance $

Total Accident & Health $

Total Other Fees $

Total Fees $

Total Taxes $

Registration Fees $

Total $

B. UNPAID BALANCE-AMOUNT FINANCED The amount of credit provided to you or on your behalf (3 - A) $

ANNUAL PERCENTAGE RATE

C. FINANCE CHARGE $

D. TOTAL OF PAYMENTS $

E. TOTAL SALE PRICE

$

Payable in monthly payments of $ beginning

and continuing through

THIS AGREEMENT IS THE ENTIRE UNDERSTANDING BETWEEN YOU AND ME AND NO OTHER REPRESENTATION, STATEMENT, VERBAL OR WRITTEN, PRIOR TO THIS DATE WHICH IS NOT CONTAINED IN THIS CONTRACT

I, OR WE, ACKNOWLEDGE RECEIPT OF A COPY OF THIS ORDER AND THAT I, OR WE, HAVE READ AND UNDERSTAND THE BACK OF THIS AGREEMENT.

BUYER

DEALER

SOCIAL SECURITY NO.

Total Cash Price Optional and Accessories as an Order in the Total Price

BUYER

By AUTHORIZED

SOCIAL SECURITY NO.

49762

STANDARD A PLAIN LANGUAGE PURCHASE AGREEMENT

WASHINGTON STATE DEPARTMENT OF LICENSING

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, see **Affidavit of Loss/Release of Interest, Owner deceased**, contact a vehicle licensing office, or call (360) 902-3770, option 5.

License plate/Registration #	Vehicle identification/Vessel hull identification # (VIN/HIN)	Year	Make	Model	Body style
Q649902	1H0086 43AB	1994	CREST	66/28	

Inheritance – Complete this section 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 Daniel Fred Murray (Name of deceased), the registered owner of this vehicle/vessel, died on the 22 (Day) day of Sept (Month), 2016 (Year). 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 (Relationship to deceased) of the deceased. No relative who would have prior right, except Clara Murray (Person who would have prior right) survives the deceased, and provision has been made for payment of debts of the deceased.

Clara Murray (Printed name) X Clara Murray (Signature) 10-26-16 (Date)

Notarization / Certification – You don't need your signature notarized if you sign in front of a vehicle licensing agent, who can certify your signature.

COUNTY AUDITOR SEAL ASOTIN COUNTY WASHINGTON (Seal or stamp)

State of Washington County of Asotin

Signed or attested before me on 10-26-16 by Clara Murray (Name of person signing this document)

Darlene Wilkinson (Notary/Agent/Subagent signature)

Darlene Wilkinson (Notary printed or stamped name)

Title Deputy and 030104 (Dealer or county/office number or notary expiration date)

Litigation – County Clerk Certificate of Transfer of Vehicle or Vessel
This certificate, properly completed, will take the place of all other court papers.
Submit this form with a Vehicle or Vessel 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 _____ (Transferee)

   at _____ (Transferee address)

   was duly entered in _____ (Title of case)

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

   on the _____ (Day) day of _____ (Month) _____ (Year).

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

   _____ (Name of executor/administrator) was duly appointed under the nonintervention

   will of _____ (Name of deceased) and is qualified to act as such, and

   that a decree of solvency has been entered.

X _____ (Executor/Administrator signature) _____ (Date)

X _____ (County Clerk signature) _____ (Date)

TD-420-041 (R/12/16)/WA

49762

WASHINGTON STATE DEPARTMENT OF LICENSING

Affidavit of Loss/Release of Interest/ Gross Weight License

When completed, mail or take this original, notarized form to any vehicle and vessel licensing office.

License/Registration number	Year	Make	Series/Body
Q049902	1994	Crest	66/28

Vehicle Identification Number (VIN) or Vessel Hull Identification Number (HIN): H008643AB

What are you reporting?

Check all that apply

Affidavit of loss ..... ☒ Yes ☐ No

The following item is not in my possession because it was lost, stolen, destroyed, or mutilated.

- ☒ Title
- ☐ Registration
- ☐ Tab
- ☐ Decal
- ☐ Plates

Release of interest .... ☐ Yes ☐ No

I release interest in the vehicle or vessel described above.

Gross weight license .. ☐ Yes ☐ No

I authorize the transfer of this gross weight license to the new owner to remain with the vehicle described above.

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. If signing for a business, I have full authority to do so.

Clara Murray
PRINT or TYPE Name of first owner

509-758-2388
(Area code) Telephone number

Washington driver license, ID, or UBI

Position and company name if signing for a business

X Clara Murray
Signature

PRINT or TYPE Name of second owner

(Area code) Telephone number

Washington driver license, ID, or UBI

Position and company name if signing for a business

X
Signature

Notarization

COUNTY AUDITOR SEAL ASOTIN COUNTY WASHINGTON

State of Washington, County of Asotin

Signed or attested before me on 10-26-16 by Clara Murray
Name of person

Darlene Wilkison
Notary signature

Darlene Wilkison
Printed or stamped name

Title Deputy and 020104
Dealer or county/office number or notary expiration date

ID 420-040 (R/11/15)WA

We are committed to providing equal access to our services. If you need accommodation, please call (360) 902-3770 or TTY (360) 664-0116.

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