



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: Glenda Bartlett, Street: 1430 16th AVE, City: Clarkston, State: WA, Zip Code: 99403

NEW REGISTERED OWNER: Name: Larry Ray Bartlett SR, Street: 1430 16th AVE, City: Clarkston, State: WA, Zip Code: 99403

LOCATION OF MOBILE HOME: Name: Glenda Bartlett, Street: 1428 16th AVE, City: Clarkston, State: WA, Zip Code: 99403

LEGAL OWNER: Name: Larry Ray Bartlett SR, Street: 1428 16th AVE, City: Clarkston, State: WA, Zip Code: 99403

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5004 26 006 0004 LIST ASSESSED VALUE(S): \$ 0010

REAL PROPERTY PARCEL or ACCOUNT NO. 3700, 2 LIST ASSESSED VALUE(S): \$

Table with columns: MAKE, YEAR, MODEL, SIZE, SERIAL NO. or I.D., REVENUE TAX CODE NO. Row 1: Flamingo, 1972, 1972 Flamingo, 12x60, 2401

Date of Sale, Taxable Sale Price, Excise Tax, Delinquent Interest, Delinquent Penalty, Subtotal, State Technology Fee, Affidavit Processing Fee, Total Due, WAC No. (Sec/Sub), 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: Jerry Allen, Name (print): Jerry Allen, Date and Place of Signing: 11-16-16 Asotin. Signature of Grantee/Agent: Larry R Bartlett SR, Name (print): LARRY R B BARTLETT SR, Date & Place of Signing: 11-16-16 Asotin

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 2014. Date: 11/16/16, 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).

PAID THIS SPACE - TREASURER'S USE ONLY

Jerry Allen Pd CLK# 378

NOV 16 2016 ASOTIN COUNTY TREASURER

49827

COUNTY TREASURER

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 \$49329	Year 1972	Make FLAMI	Series/Body style 60/12DLX
Vehicle Identification Number (VIN) or Vessel Hull Identification Number (HIN) 2401			

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 _____, the registered owner of this vehicle/vessel, died on the _____ day of _____, 19____.

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 _____ of the deceased. No relative who would have prior right, except _____ survives the deceased, and provision has been made for payment of debts of the deceased. Signature must be notarized or certified below.

X

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 Asotin

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 _____

Name of administrator (if in probate) _____ on the _____ day of _____, 19____. Docket number of case _____

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

Jerry I. Allen was duly appointed under the nonintervention will of Glenda M. Bartlett (12-4-00068-1) and is qualified to act as such, and that a decree of solvency has been entered.

X Jerry Allen 6-9-16
Executor/Administrator signature Date

X _____
County Clerk signature Date

Notarization/Certification

State of WA, County of Asotin

Signed or attested before me on _____ by _____

Judy Wilson
Signature
Judy Wilson
Printed or stamped name

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

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**STATE OF WASHINGTON
DEPARTMENT OF HEALTH**

Local File Number 831 Washington State Certificate of Death State File Number 2012 58652

1. Legal Name (include AKA's if any) First Middle LAST <u>GLEND A. BARTLETT</u>				2. Death Date <u>AUGUST 2, 2012</u>	
3. Sex (M/F) <u>FEMALE</u>	4a. Age - Last Birthday <u>72</u>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number <u>[REDACTED]</u>	6. County of Death <u>ASOTIN</u>
7. Birthdate <u>JULY 30, 1940</u>		8a. Birthplace (City, Town, or County) <u>KING CITY</u>	8b. (State or Foreign Country) <u>CALIFORNIA</u>	9. Decedent's Education <u>10th GRADE</u>	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <u>NO</u>			11. Decedent's Race(s) <u>WHITE</u>	12. Was Decedent ever in U.S. Armed Forces? <u>NO</u>	
13a. Residence Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) <u>1430 16th AVE.</u>				13b. City or Town <u>CLARKSTON</u>	
13c. Residence County <u>ASOTIN</u>		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country <u>WASHINGTON</u>	13f. Zip Code + 4 <u>99403</u>	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. <u>36 YEARS</u>		15. Marital Status at Time of Death <u>WIDOWED</u>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)	
17. Usual Occupation (indicate type of work done during most of working life. (DO NOT USE RETIRED)) <u>RENTAL MANAGER</u>			18. Kind of Business/Industry (Do not use Company Name) <u>RENTAL PROPERTIES</u>		
19. Father's Name (First, Middle, Last, Suffix) <u>JOHN L. PITTIS</u>			20. Mother's Name Before First Marriage (First, Middle, Last) <u>DORATHY M. WHEELER</u>		
21. Informant's Name <u>JERRY ALLEN</u>		22. Relationship to Decedent <u>SON</u>	23. Mailing Address: Number and Street or RFD No. City or Town State Zip <u>1654 DISTANCOFF #26 CLARKSTON WA 99403</u>		
24. Place of Death, if Death Occurred in a Hospital: <u>DECEDENT'S HOME</u>					
25. Facility Name (if not a facility, give number & street or location) <u>1430 16th AVE.</u>				26a. City, Town, or Location of Death <u>CLARKSTON</u>	26b. State <u>WA.</u>
28. Method of Disposition <u>REMOVAL/CREMATION</u>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <u>MT. VIEW CREMATORY</u>		30. Location-City/Town, and State <u>LEWISTON, ID. 83501</u>	
31. Name and Complete Address of Funeral Facility <u>MERCHANT FUNERAL HOME, 1000-7TH STREET CLARKSTON, WA 99403</u>				32. Date of Disposition <u>AUG. 4, 2012</u>	
33. Funeral Director Signature X <u>Don F. Brown</u>					

Cause of Death (See instructions and examples)

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. <u>Rheumatic valvular heart disease</u>	Interval between Onset & Death <u>None</u>
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. _____ Due to (or as a consequence of):	Interval between Onset & Death
	c. _____ Due to (or as a consequence of):	Interval between Onset & Death
	d. _____ Due to (or as a consequence of):	Interval between Onset & Death

35. Other significant conditions contributing to death but not resulting in the underlying cause given above
Arterial, marked obesity, 1922 diabetes

36. Autopsy? Yes No

37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death
 Natural Homicide
 Accident Undetermined
 Suicide Pending

39. If female
 Not pregnant within past year Not pregnant, but pregnant within 42 days before death
 Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death
 Unknown if pregnant within the past year

40. Did tobacco use contribute to death?
 Yes Probably
 No Unknown

41. Date of Injury (MM/DD/YYYY)

42. Hour of Injury (24hrs)

43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)

44. Injury at Work? Yes No Unk

45. Location of Injury: Number & Street: _____ Apt No. _____
 City or Town: _____ County: _____ State: _____ Zip Code + 4: _____

46. Describe how injury occurred

47. If transportation injury, specify:
 Driver/Operator Pedestrian
 Passenger Other (Specify)

48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place specified to the cause(s) and manner stated
Richard J. Weiland Jr.

48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated
Richard J. Weiland Jr.

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)
Richard J. Weiland Jr., M.D., 1207 Evergreen Cr., Clarkston, Wa. 99403

50. Hour of Death (24hrs)
0330

51. Name and Title of Attending Physician if other than Certifier (Type or Print)

52. Date Signed (MM/DD/YYYY)
08/02/2012

53. Title of Certifier
Medical Doctor

54. License Number
WA 15988

55. ME/Coroner File Number

56. Was case referred to ME/Coroner?
 Yes No

57. Registrar Signature
[Signature]

58. Date Received (MM/DD/YYYY)
AUG 03 2012

59. Amendments

7, 31-DA-66064 SC 10/17/2012

DOH 01-003 (12/11)

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

49827

GIVEN under my hand and official seal on September 21, 2012.



Vonda K. Gittins

Notary Public for Washington

Residing at Clarkston

My appointment expires: 9-17-2013

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OATH OF PERSONAL
REPRESENTATIVE

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Law Office of
David A. Gittins
843 Seventh Street
Clarkston, WA 99403
(509)758-2501
Facsimile: (509) 758-3576

49827

STATE OF WASHINGTON
VEHICLE CERTIFICATE OF TITLE

TITLE NUMBER
9616402511

VEHICLE IDENTIFICATION NUMBER: \$49329
DATE OF PURCHASE: 11/14/84
MODEL YEAR: 1972
MAKE: FLAMI
MODEL: MOB
PURCHASE PRICE: 60/12DLX

2401

REGISTRATION NUMBER: WA
REGISTRATION STATE: WA
REGISTRATION EXPIRES: 8621000504

BARTLETT, GLENDA
P O BOX 348
1430 16TH AVE
CLARKSTON WA 99403

Jerry Allen P.R.

WEST ONE BANK
PO BOX 718
LEWISTON ID 83501-0718

G. M. ... *S. M. ...*

JUL 1 1996

Keary Bates



TRANSFEREE/BUYER MUST APPLY FOR TRANSFER OF TITLE WITHIN 15 DAYS FROM DATE OF DELIVERY TO AVOID PENALTY. SEE REVERSE FOR ADDITIONAL INFORMATION.

07796 0021086 0021086

KEEP IN A SAFE PLACE

ANY ALTERATION OR ERASE REVOIDS THIS TITLE

VEHICLE SELLER'S REPORT OF SALE

WARNING: THIS FORM DOES NOT TRANSFER TITLE

PLEASE PRINT OR TYPE - SEE IMPORTANT INSTRUCTIONS ON REVERSE SIDE

VEHICLE IDENTIFICATION NUMBER: \$49329
MODEL YEAR: 1972
MAKE: FLAMI
MODEL: MOB
PURCHASE PRICE: 60/12DLX
TITLE NUMBER: 9616402511



SELLER

PURCHASER

49827