



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: Joan Day
Street: 802 Vineland Dr
City: CLARKSTON State: WA Zip Code: 99403

NEW REGISTERED OWNER

Name: Susan Swofford
Street: 2155 Valley View Dr
City: CLARKSTON State: WA Zip Code: 99403

LOCATION OF MOBILE HOME

Name:
Street: 802 Vineland Dr
City: CLARKSTON State: WA Zip Code: 99403

LEGAL OWNER

Name: Susan Swofford
Street: 2155 Valley View Dr
City: CLARKSTON State: WA Zip Code: 99403

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-132-00-027-0000-0010
LIST ASSESSED VALUE(S): \$ 4600

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

Table with 6 columns: MAKE, YEAR, MODEL, SIZE, SERIAL NO. or I.D., REVENUE TAX CODE NO.
Row 1: MAKE, YEAR 1972, MODEL Buddy, SIZE 14x70, SERIAL NO. B1617F

Date of Sale 10/27/17
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 \$ 10.00
WAC No. (Sec/Sub) 458-61A-202(6)(F)
WAC Title inheritance
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 Susan Swofford
Name (print) Susan L Swofford
Date and Place of Signing:
Signature of Grantee/Agent Susan Swofford
Name (print) Susan L Swofford
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 2017
Date 10/30/17 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).

THIS SPACE - TREASURER'S USE ONLY

Susan Swofford
CK # 834

PAID

OCT 30 2017

ASOTIN COUNTY TREASURER

Handwritten initials/signature

CERTIFIED

FILED

2013 MAR -4 P 4: 35

MARIE J. EGGART
COUNTY CLERK
ASOTIN COUNTY, WA

SUPERIOR COURT OF WASHINGTON FOR ASOTIN COUNTY

In the Matter of the Estate of

JOAN SWOFFORD DAY,

Deceased.

NO. 13 - 4 - 00019 - 1

LETTERS OF ADMINISTRATION

WHEREAS, JOAN SWOFFORD DAY, late of Clarkston, Asotin County, Washington, on or about the 13th day of February, 2013, died intestate, leaving at the time of her death, property in this state subject to administration:

NOW, THEREFORE,

KNOW ALL MEN BY THESE PRESENTS, that we do hereby appoint SUSAN SWOFFORD Administrator upon said estate, and whereas said Administrator has duly qualified, hereby authorizes her to administer the same according to law.

WITNESS my hand and seal of said court this 13 day of ^{March} ~~February~~, 2013.

Marie Eggart
CLERK OF THE SUPERIOR COURT

LETTERS OF ADMINISTRATION

Broyles & Laws, PLLC
901 Sixth Street
Clarkston, WA 99403
(509) 758-1636

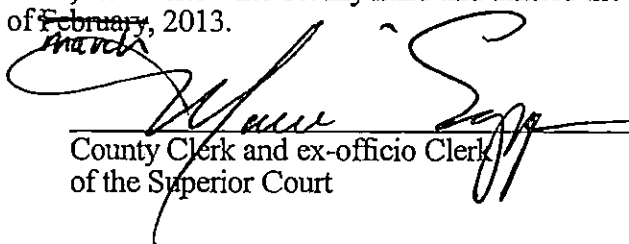
50697

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19

STATE OF WASHINGTON)
)
) ss
County of Asotin)

I, MARIE EGGART, County Clerk of the County of Asotin, State of Washington, and ex-officio Clerk of the Superior Court of the State of Washington for Asotin County, do hereby certify that the within and foregoing is a full, true and correct copy of the original Letters of Administration and of the whole thereof, as the same is now on file and of record in the above entitled cause in my office and custody, said letters have never been revoked and are still in Full Force and Effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Superior Court, this 4th day of ~~February~~ ^{March}, 2013.

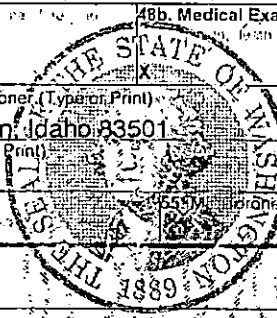


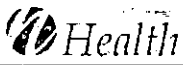
County Clerk and ex-officio Clerk
of the Superior Court

STATE OF WASHINGTON DEPARTMENT OF HEALTH

| | | | | | | |
|---|--------------------------------------|--|---|---|-------------------------------------|---|
| Local File Number | | Washington State Certificate of Death | | | State File Number | |
| 1. Legal Name (include AKA's if any) First Middle LAST Suffix JOAN MARIE DAY | | | | 2. Death Date February 13, 2013 | | |
| 3. Sex (M/F) Female | 4a. Age - Last Birthday 71 | 4b. Under 1 Year Months Days | 4c. Under 1 Day Hours Minutes | 5. Social Security Number [REDACTED] | 6. County of Death Asotin | |
| 7. Birthdate January 6, 1942 | | 8a. Birthplace (City, Town, or County) Hot Springs | | 8b. (State or Foreign Country) Montana | | |
| 10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No | | | | 11. Decedent's Race(s) White | | 12. Was Decedent ever in U.S. Armed Forces? No |
| 13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 802 Vineyard Drive | | | | 13b. City or Town Clarkston | | |
| 13c. Residence: County Asotin | | 13d. Tribal Reservation Name (if applicable) | | 13e. State or Foreign Country Washington | | 13f. Zip Code + 4 99403 |
| 14. Estimated length of time at residence. 38 Years | | 15. Marital Status at Time of Death Divorced | | 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). Care Giver | | | | 18. Kind of Business/Industry (Do not use Company Name) Home Health | | |
| 19. Father's Name (First, Middle, Last, Suffix) George Maddison Crouch | | | 20. Mother's Name Before First Marriage (First, Middle, Last) Fay Allen Daley | | | |
| 21. Informant's Name Susan L. Swofford | | 22. Relationship to Decedent Daughter | | 23. Mailing Address: Number and Street or RFD No City or Town State Zip 1014-20th Avenue, Clarkston, Washington 99403 | | |
| 24. Place of Death, if Death Occurred in a Hospital: | | | | Place of Death, if Death Occurred Somewhere Other than a Hospital. Decedent's home | | |
| 25. Facility Name (if not a facility, give number & street or location) 802 Vineyard Drive | | | | 26a. City, Town, or Location of Death Clarkston | | 26b. State WA |
| 28. Method of Disposition Removal/Crem. | | 29. Place of Final Disposition (Name of cemetery, crematory, other place) Valley Crematory | | 30. Location-City/Town, and State Lewiston, Idaho | | |
| 31. Name and Complete Address of Funeral Facility Vassar-Rawls Funeral Home, 920-21st Avenue, Lewiston, Idaho 83501 | | | | 32. Date of Disposition February 15, 2013 | | |
| 33. Funeral Director Signature X <i>[Signature]</i> | | | | | | |

| | | | | | | |
|--|--|---|--|---|--|---|
| Cause of Death (See instructions and examples) | | | | | | |
| 34. Enter the <u>chain of events</u> - 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. <i>progressive metastatic Breast cancer to Bone through metastasis</i> | | | | Interval between Onset & Death |
| 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. <i>Anorexia, Cachexia and dehydration to the progressive metastatic breast cancer</i> | | | | Interval between Onset & Death |
| | | c. | | | | Interval between Onset & Death |
| | | d. | | | | Interval between Onset & Death |
| 35. Other significant conditions contributing to death but not resulting in the underlying cause given above | | | | 36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending | | 39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year | | 40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) | | |
| 48a. Certifying Physician - (Type or Print) <i>[Signature]</i> | | | | 48b. Medical Examiner/Coroner - (Type or Print) | | |
| 49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Sushma Pant, M.D., 1250 Idaho Street, Lewiston, Idaho 83501 | | | | 50. Hour of Death (24hrs) 1020 | | |
| 51. Name and Title of Attending Physician if other than Certifier (Type or Print) | | | | 52. Date Signed (MM/DD/YYYY) 02-16-2013 | | |
| 53. Title of Certifier Medical Doctor | | 54. License Number 716586 | | 55. M.D. or D.O. File Number | | 56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 57. Registrar Signature <i>[Signature]</i> | | | | 58. Date Received (MM/DD/YYYY) 50697 FEB 19 2013 | | |
| 59. Amendments | | | | | | |





Affidavit for Correction

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 258-3600

This is a legal Document. Complete in Ink and do not alter.

STATE OFFICE USE ONLY

| | | | | |
|-------------------|------------|----------|------|------------------|
| State File Number | Fee Number | Initials | Date | Affidavit Number |
|-------------------|------------|----------|------|------------------|

Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record: MARY ANN DOE 2. Date of Event: 3. Place of Event: (City or County)

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) 5. Mother's Full Maiden Name (For Birth): (Wife for Marriage or Dissolution)

The Record is Incorrect or Incomplete as follows:

| | |
|--------------------------|----------------------|
| 6. The Record now shows: | 7. The True fact is: |
| 8. | 9. |
| 10. | 11. |
| 12. | 13. |

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) Telephone Number:

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

15. Signature: 16. Date: 17. Address:

All vital records are registered as received.
 Most changes must be established by documentary proof submitted with the affidavit
 Examples of documentary proof: Certificate of Naturalization, Numident Report (Social Security Administration), School Transcripts (Official), Hospital /Medical Record, Military Record (DD-214), Voter's Registration Card (if it bears an effective date), Life Insurance Policy, Birth Record, Alien Registration Card (front and back), Marriage/Divorce Record, Passport, We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
- Child (under 18)**
 - Only parent(s) or legal guardian can change the birth certificate.
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
- Adult (18 years or older)**
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, three pieces of documentary proof are required.
 - If the first and/or middle name is misspelled, two pieces of documentary proof are required.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
 - Proof must be five (or more) years old or have been established within five years of birth.

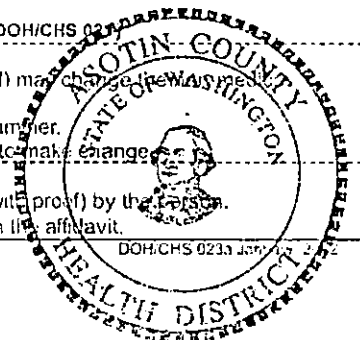
4. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 0231)

Death Certificates:

- Only the informant, the funeral director, or executor/administrators (if evidence confirming such position is presented) may change the cause of death.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make change.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date, or place of birth or residence) may be changed by affidavit (with proof) by the informant.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.



Lawrence M. Garges, M.D.
 Lawrence M. Garges, M.D.
 Health Officer

FEB 19 2013

XX00189058

MARY ANN DOE