



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 Ethel Simmons, Jack Simmons, deceased; Street 2571 Aurora Dr; City Clarno Valley, State AZ, Zip Code 86313

NEW REGISTERED OWNER: Name Keith W. Mellinger, Suzanne R. Mellinger; Street 821 Van Arsdol Street; City Clarkston, State WA, Zip Code 99403

LOCATION OF MOBILE HOME: Name Ethel Simmons, Jack Simmons, deceased; Street 821 Van Arsdol Street; City Clarkston, State WA, Zip Code 99403

LEGAL OWNER: Name Keith W. Mellinger, Suzanne R. Mellinger; Street 821 Van Arsdol Street; City Clarkston, State WA, Zip Code 99403

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-004-23-014-0014-0010 LIST ASSESSED VALUE(S): \$ 5,000.00

REAL PROPERTY PARCEL or ACCOUNT NO. 1-004-23-014-0014-0000 LIST ASSESSED VALUE(S): \$ 33,200.00

Table with columns: MAKE, YEAR, MODEL, SIZE, SERIAL NO. or I.D., REVENUE TAX CODE NO. Row 1: Camel, 1969, 43/24, 2299

Date of Sale 09/11/2018; Taxable Sale Price \$ 33,000.00; Excise Tax: State \$ 422.40, Local \$ 82.50; Total Due \$ 509.90

AFFIDAVIT: I certify under penalty of perjury... Signature of Grantor/Agent [Signature]; Name (print) Ethel Simmons by Sherry L. Annis, POA; Signature of Grantee/Agent [Signature]; Name (print) Keith W. Mellinger

Asotin 6200

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 2018. Date 9-13-18

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

THIS SPACE - TREASURER'S USE ONLY



AFFIDAVIT (LACK OF PROBATE)

Sherry Lea Annis, being first duly sworn, deposes and says:
 The undersigned affiant is the rightful heir to the real property described below, and is Daughter
 (relationship to decedent) of Jack E. Simmons (decedent), who died on (date)
10-24-17, at
Spokane, Cooten, WA.
City County State

*** A CERTIFIED COPY OF THE DEATH CERTIFICATE MUST BE PRESENTED. PLEASE NOTE: A copy may be used for recording at the discretion of the county.

REGARDING DISPOSITION OF REAL PROPERTY:

Attach the full legal description of the property with county and parcel number being transferred which is located at a commonly recognized address of: 821 Van Arsdale
Clarkston, WA., 99403
City State Zip Code

- Decedent left no Last Will and Testament and/or Community Property Agreement; OR Decedent left a Community Property Agreement in favor of surviving spouse (A COPY OF WHICH IS ATTACHED for review), or has been recorded under _____ County recording number _____; OR
- Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked (A COPY OF WHICH IS ATTACHED for review)

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

Ethel V. Simmons 84 wife
1529W 4510 S Hurricane, UT. 84737 (Heritage Home)
Full name, age, relationship, address

Sherry Lea Annis 65 Daughter
2571 Querora Dr. Chino Valley, AZ. 86323
Full name, age, relationship, address

Jack M. Simmons 62 Son
1529W 4510 S. Hurricane, UT. 84737
Full name, age, relationship, address

Full name, age, relationship, address

(Continued on next page)

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-046166

LOCAL FILE NUMBER: 4111

DATE ISSUED: 10/30/2017
FEE NUMBER: 28420

FIRST AND MIDDLE NAME(S): JACK EWING
LAST NAME(S): SIMMONS

COUNTY OF DEATH: SPOKANE
DATE OF DEATH: OCTOBER 24, 2017
HOUR OF DEATH: 08:30 PM
SEX: MALE AGE: 85 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: PROVIDENCE SACRED HEART MEDICAL CENTER
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99204

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

RESIDENCE STREET: 25150 RIDGE LANE
CITY, STATE, ZIP: JULIAETTA, ID 83535
INSIDE CITY LIMITS: NO COUNTY: LATAH
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 5 YEARS

BIRTH DATE: JANUARY 11, 1932
BIRTH PLACE: OLD HICKORY, TN

FATHER/PARENT: LESTER EWING SIMMONS
MOTHER/PARENT: GRACE ESTELLE FEW

MARITAL STATUS: MARRIED
SPOUSE: ETHEL VERNÁ DIMMETT

METHOD OF DISPOSITION: OTHER
PLACE OF DISPOSITION: LEWIS-CLARK MEMORIAL GARDENS

OCCUPATION: MACHINIST
INDUSTRY: MOTORCYCLE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: NOVEMBER 03, 2017

INFORMANT: ETHEL V. SIMMONS
RELATIONSHIP: WIFE
ADDRESS: 25150 RIDGE LANE, JULIAETTA, IDAHO 83535

FUNERAL FACILITY: VASSAR-RAWLS FUNERAL HOME

ADDRESS: 920 21ST AVENUE
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
FUNERAL DIRECTOR: DENNIS W. HASTINGS

- CAUSE OF DEATH:
- A: ACUTE ON CHRONIC RENAL FAILURE
INTERVAL: DAYS
 - B: MULTIPLE MYELOMA
INTERVAL: YEARS
 - C: _____
INTERVAL: _____
 - D: _____
INTERVAL: _____
- OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: JOSEPH T. MICHELS, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 101 W. 8TH AVE ATTN: 9N HOSPITALISTS
CITY, STATE, ZIP: SPOKANE, WA 99204
DATE SIGNED: OCTOBER 26, 2017

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DIANNA SCHROEDER
DATE RECEIVED: OCTOBER 27, 2017

51578



Affidavit for Correction

Mail 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

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

Required information must match current information on record

Record Type: Birth Death Marriage Dissolution (Divorce)

1. Name on Record: First Middle Last 2. Date of Event: MM/DD/YYYY 3. Place of Event: City or County

4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
First Middle Last/Maiden First Middle Last/Maiden

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

7. Return Mailing Address: P.O. Box or Street Address City State Zip

Telephone Number: () 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:
8.	9.
10.	11.
12.	13.
14.	15.

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

16a. Signature: 16b. Signature of 2nd parent (if required):

Printed name: Date: Printed name: Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

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

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

Birth Certificates

- Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
- The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
- Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, a court order is required to change the last name
- No proof is required to change the first or middle name*
- To correct parent's information, one documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required

Adult (18 years or older)

- Only the adult can change his or her birth certificate
- If the first or middle name is missing, three pieces of documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015

CERTIFIED
SPOKANE REGIONAL HEALTH DISTRICT

OCT 30 2017

51578



Paula Maxwell
Paula L. Maxwell
CHIEF DEPUTY REGISTRAR



0 1 6 6 2 5 2 1

Certificate not valid unless the Seal of the State of Washington changes color when heat applied.



AFFIDAVIT OF LOSS RELEASE OF INTEREST

LICENSE/REGISTRATION NUMBER	YEAR 1969	MAKE Camel	SERIES AND BODY 43/24
VEHICLE IDENTIFICATION NUMBER (VIN) OR VESSEL HULL IDENTIFICATION NUMBER (HIN) 2299			TITLE NUMBER 1409327207

Any person who knowingly makes a false statement of a material fact shall be guilty of a felony. Upon conviction they shall be punished by a fine of up to \$5,000 and/or imprisonment for up to ten years. (RCW 46.12.210)

L O S S	By my signature I swear and say that the (CHECK THE APPLICABLE BOX) <input checked="" type="checkbox"/> TITLE <input type="checkbox"/> REGISTRATION <input type="checkbox"/> TAB <input type="checkbox"/> DECAL issued to me, is not now in my possession because it was (CHECK THE APPLICABLE BOX) <input checked="" type="checkbox"/> LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> DESTROYED <input type="checkbox"/> MUTILATED <i>Jack Simmons deceased</i> <i>by Ethel Simmons heir</i> Signature _____ Printed Name (Position, if signing for business or organization) _____ DOL Customer Account Number * _____ NOTARY SEAL OR STAMP _____ NOTARIZATION/CERTIFICATION State of _____ County of _____ Signed or attested before me on _____ by <u>SHERRY C. ANNIS</u> Signature _____ Printed Name of Person Signing Document _____ Notary/Agent Signature _____ Notary's Name (PRINTED or STAMPED) _____ Title _____ AND: Dealer No. OR _____ Notary/Agent _____ County / Office No. OR _____ Notary Expiration Date _____
	* SEE ATTACHMENT

R E L E A S E	By my signature I release my interest as Legal Owner of the vehicle/vessel described above. (NOTE: This Release of Interest must be signed by ALL Legal Owner(s), with signatures notarized; use additional forms if necessary.) <input checked="" type="checkbox"/> _____ Signature of person releasing interest _____ Printed Name (Position, if signing for business or organization) _____ DOL Customer Account Number * _____ <input checked="" type="checkbox"/> _____ Signature of person releasing interest _____ Printed Name (Position, if signing for business or organization) _____ DOL Customer Account Number * _____ NOTE: A Vehicle Odometer Disclosure (Form TD-420-006) is required when transferring a vehicle that is nine (9) years old or newer, unless otherwise exempt. The new owner <u>MUST</u> apply for title within 15 days. Failure to do so will result in monetary penalty assessment.
	GROSS WEIGHT LICENSE (AGENT: You must verify gross weight license. Your signature certifies that the information was verified.) I authorize this Gross Weight License to be transferred to the new owner and remain with the vehicle described above: <input checked="" type="checkbox"/> _____ Signature _____ Printed Name (Position, if signing for business or organization) _____ DOL Customer Account Number * _____
	NOTARY SEAL OR STAMP _____ NOTARIZATION/CERTIFICATION State of Washington _____ Signed or attested before me on _____ County of _____ by _____ Signature _____ Printed Name of Person Signing Document _____ Notary/Agent Signature _____ Notary's Name (PRINTED or STAMPED) _____ Title _____ AND: Dealer No. OR _____ Notary/Agent _____ County / Office No. OR _____ Notary Expiration Date _____

*The DOL CUSTOMER ACCOUNT NUMBER is found on the Washington Driver's License or Identification Card (12 digits)- or if the owner is a business or organization, is the UBI number found on the Master Business License or Business License and Registration Certificate (9 digits).

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 902-3600 or TTY (360) 664-8885.

51578

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California)
County of Riverside)

On September 8TH 2018 before me, Isabella Suklja, Notary public,
(here insert name and title of the officer)

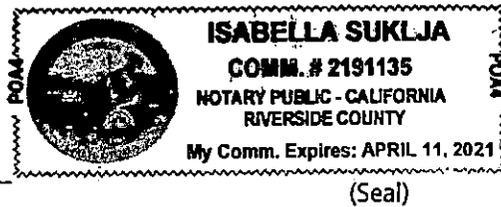
personally appeared Sherry L. Annis

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Isabella Suklja



OPTIONAL INFORMATION

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this acknowledgment to an unauthorized document and may prove useful to persons relying on the attached document.

Description of Attached Document

The preceding Certificate of Acknowledgment is attached to a document titled/for the purpose of Affidavit of Loss Release of Interest - VIN: 2299 Title # 1409327207, containing 1 + Ack pages, and dated 09/08/2018.

The signer(s) capacity or authority is/are as:

- Individual(s)
- Attorney-in-Fact
- Corporate Officer(s) _____
Titles)

- Guardian/Conservator
- Partner - Limited/General
- Trustee(s)
- Other: _____

representing: _____
Name(s) of Person(s) or Entity(ies) Signer is Representing

Additional Information	
Method of Signer Identification	
Proved to me on the basis of satisfactory evidence: <input checked="" type="checkbox"/> form(s) of identification <input type="checkbox"/> credible witness(es)	
Notarial event is detailed in notary journal on: Page # _____ Entry # _____	
Notary contact: _____	
Other	
<input type="checkbox"/> Additional Signer(s)	<input type="checkbox"/> Signer(s) Thumbprint(s)

51578