

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 (Seller)

Name: Margaret Kaufman (deceased)
Cyd Kaufman
Pam Fuchs

Street: 2015 6th Ave # 318C

City: Clarkston State: WA Zip code: 99403

Phone number: 509-295-8414, 208-446-3292

NEW REGISTERED OWNER (Buyer)

Name: Denise Ann Eastum

Street: 2015 6th Ave # 318

City: Clarkston WA State: WA Zip code: 99403

Phone number: 509-751-0941

LOCATION OF MOBILE HOME

Name:

Street: 2015 6th Ave # 318C

City: Clarkston, WA State: WA Zip code: 99403

LEGAL OWNER

Name:

Street:

City: State: Zip code:

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5041350020002-3180
LIST ASSESSED VALUE(S): \$ 6,700.00

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

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.
Marlette	1977		14x70	VLN #H14270FKK	70720

Date of Sale: 11-16-18

Taxable Sale Price: \$ 21,500

Excise Tax: State: \$ 275.20
Local: \$ 53.75

Delinquent Interest: State: \$
Local: \$

Delinquent Penalty: \$

Subtotal: \$ 0.00

State Technology Fee: \$ 5.00

Affidavit Processing Fee: \$

Total Due: \$ 333.95

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.

AFFIDAVIT

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

Signature of Seller/Agent: [Signature]
Name (print): Cyd Kaufman

Date and Place of Signing: 11/16/18 Asotin County Courthouse

Signature of Buyer/Agent: [Signature]
Name (print): Denise Ann Eastum

Date & Place of Signing: 11-16-18 Asotin Court House

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

11-16-18 [Signature]
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 9A.45.060, RCW 9A.56.010 (4d), and RCW 9A.56.020).

THIS SPACE - TREASURER'S USE ONLY

NOV 16 2018

ASOTIN COUNTY
TREASURER

51748

0200

D. EASTUM
CH# 2761

Affidavit of Loss/Release of Interest

When completed, mail or take this form to any vehicle licensing office. If mailing, you must have your signature notarized.

License plate/Registration number		Vehicle Identification Number (VIN) or Vessel Hull Identification Number (HIN) <i>H14270FKK 70720</i>	
Model year <i>1977</i>	Make <i>Maske</i>	Model	Body style <i>MOB</i>

Affidavit of loss – Signature must be notarized or certified

Check all that apply
I do not have the following:
 Title Registration Tab Decal Plates Metal tag

It is not in my possession because it was:
 Destroyed Illegible Lost Stolen Defaced and can no longer be used

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.

<i>Cyd Kaufman</i> PRINT Name	PRINT Name
<i>509 295-8414 KAUFMCW450B5</i> (Area code) Telephone Washington driver license number	Position and company name, if signing for a business Position and company name, if signing for a business
Email	Email
<i>10/3/18 - Asotin (city & County)</i> Date and place (city or county) signed	Date and place (city or county) signed
<i>[Signature]</i> Signature	<i>[Signature]</i> Signature

Release of interest – Signature must be notarized or certified

What are you releasing (check all that apply)
I am releasing interest in the following for the vehicle or vessel described above.
 Ownership Gross weight license Personalized plate

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.

<i>Cyd Kaufman</i> PRINT Name	PRINT Name
<i>509-295-8414 KAUFMCW450B5</i> (Area code) Telephone Washington driver license number	Position and company name, if signing for a business Position and company name, if signing for a business
<i>cyd109@hotmail.com</i> Email	(Area code) Telephone Washington driver license number
<i>10/3/18 - Asotin (city & County)</i> Date and place (city or county) signed	Date and place (city or county) signed
<i>[Signature]</i> Signature	<i>[Signature]</i> Signature

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

State of *Washington* County of *Asotin*

Sealed or witnessed before me on *10-3-18* by *Cyd Kaufman*
Name of person(s) signing this document

Dulene Wilkerson
Notary/Agent/Subagent signature

Dulene Wilkerson
Notary printed or stamped name

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

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
	H14270FKK70780	1977	Merch		MOB

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.

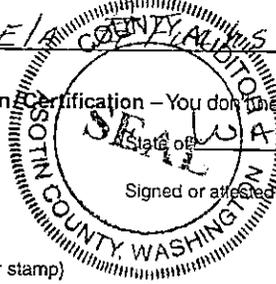
I certify that Margaret Hausman, the registered owner of this vehicle/vessel, died on the 15 day of August, 2018. The deceased left no estate necessitating administration, and no letters of administration or letters testamentary have been issued to any persons. The vehicle/vessel has not been bequeathed by will to anyone other than the person signing below who is Daughters of the deceased. No relative who would have prior right, except Pamela Fuchs survives the deceased, and provision has been made for payment of debts of the deceased.

Relationship to deceased: Daughters
 Person who would have prior right: Pamela Fuchs

Printed name: PAMELA FUCHS Signature: Pamela Fuchs Date: 10/3/2018

Notarization Certification - You do not need your signature notarized if you sign in front of a WA vehicle licensing agent, who can certify your signature.

State of Washington County of Asotin
 Signed or attested before me on 10-3-18 by Pamela Fuchs
 Name of person(s) signing this document

(Seal or stamp) 

Title: Deputy and Darlene Wilkinson
 Notary/Agent/Subagent signature: Darlene Wilkinson
 Notary printed or stamped name: Darlene Wilkinson
 Dealer or county/office number or notary expiration date: 020104

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 _____
 at _____
 was duly entered in _____
 Name of administrator (if in probate) _____ Docket number of case _____
 on the _____ day of _____, _____

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 _____ and is qualified to act as such, and that a decree of solvency has been entered.

Executor/Administrator signature _____ Date _____
 County Clerk signature _____ Date _____

51748

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

State of Idaho
CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER §§21(1) AND §27, IDAHO CODE. Local Reg. No.

DECEDENT TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS PARENTS INFORMANT DISPOSITION PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix)	2. SEX	3. SOCIAL SECURITY NUMBER	
	MARGARET ALICE KAUFMAN	FEMALE	██████████	
	4a. AGE-Last Birthday	4b. UNDER 1 YEAR	4c. UNDER 1 DAY	5. DATE OF BIRTH (Mo/Day/Yr)
	93 (Years)	Months	Days	03/19/1925
	6. BIRTHPLACE (City and State, Territory, or Foreign Country)	SPOKANE, WASHINGTON		
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY	7b. COUNTY	7c. CITY OR TOWN	
	WASHINGTON	ASOTIN	CLARKSTON	
	7d. STREET AND NUMBER	7e. APT. NO.	7f. ZIP CODE	7g. INSIDE CITY LIMITS?
	2015 6TH AVE	318C	99403	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	8. MARITAL STATUS AT TIME OF DEATH	9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)		
<input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown				
10. EVER IN U.S. ARMED FORCES?	11a. FATHER'S NAME (First, Middle, Last, Suffix)	11b. BIRTHPLACE (State, Territory, or Foreign Country)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	WILLIAM H YOUNG	OREGON		
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix)	12b. BIRTHPLACE (State, Territory, or Foreign Country)		
	MARGARET STRONG	NORTH DAKOTA		
13a. INFORMANT'S NAME (Type or print)	13b. RELATIONSHIP TO DECEDENT	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)		
CYD KAUFMAN	DAUGHTER	730 13TH STREET CLARKSTON, WA 99403		
14. METHOD OF DISPOSITION	15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place)	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY		
<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)	MOUNTAIN VIEW CREMATORY 3521 SEVENTH STREET LEWISTON, IDAHO 83501	MOUNTAIN VIEW FUNERAL HOME 3521 SEVENTH STREET LEWISTON, IDAHO 83501		
17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		17b. LICENSE NUMBER (Of licensee)	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH?	
ELECTRONICALLY FILED: GERALD E. BARTLOW		M0771	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
19a. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA				
19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input checked="" type="checkbox"/> Other (Specify) HOSPICE HOUSE				
20. FACILITY NAME (if not facility, give street and number)		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE	22. COUNTY OF DEATH	
2290 WEST PRAIRIE AVE		COEUR D'ALENE, ID 83815	KOOTENAI	
23. DATE OF DEATH (Mo/Day/Yr) (Spell month)	24. TIME OF DEATH (24hr)	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month)	26. TIME PRONOUNCED DEAD (24hr)	
August 15, 2018	23:31	August 15, 2018	23:31	
27. CAUSE OF DEATH			Approximate Time Interval: Onset to Death	
PART I. 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. Enter only one cause on a line.			DAYS	
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. RESPIRATORY FAILURE				
DUE TO (or as a consequence of):				
Sequitally list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).			2 WEEKS	
b. SEVERE DEBILITY				
DUE TO (or as a consequence of):				
c. BASAL GANGLIA CEREBROVASCULAR ACCIDENT			16 DAYS	
DUE TO (or as a consequence of):				
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I				
ATRIAL FIBRILLATION; HYPERTENSION; STAGE III RENAL FAILURE				
28a. WAS AN AUTOPSY PERFORMED?	28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
29. DID TOBACCO USE CONTRIBUTE TO DEATH?	30. IF FEMALE (Aged 10-54):	31. MANNER OF DEATH		
<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 45 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Pregnant but pregnant within 42 days of death	<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		
32. DATE OF INJURY (Mo/Day/Yr) (Spell month)	33. TIME OF INJURY (24hr)	34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	35. INJURY AT WORK?	
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____				
37. DESCRIBE HOW INJURY OCCURRED, IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable				
38a. WAS DECEDENT:	38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY?			
<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown			
39a. CERTIFIER (Check only one, based on official capacity for this certificate)			39b. LICENSE NUMBER	
<input type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input checked="" type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE			NP-0399	
- To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated.				
<input type="checkbox"/> CORONER			39c. DATE SIGNED	
- 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.			8 / 21 / 2018	
Signature and Title of Certifier → ELECTRONICALLY SIGNED: LISA GRACE MARIE BREISACHER, N.P.			MM DD YYYY	
39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print)				
LISA GRACE MARIE BREISACHER, 2290 W PRAIRIE AVENUE COEUR D'ALENE, ID 83815				
40a. REGISTRAR'S SIGNATURE			40b. DATE SIGNED	
<i>James B. Aydelotte</i>			8 / 21 / 2018	
			MM DD YYYY	

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: AUG 22 2018

This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

JAMES B. AYDELOTTE
STATE REGISTRAR

51748





000991196

STATE OF IDAHO County of Lewiston

This copy of a death certificate was issued
by the District Health Department on behalf of
the the Bureau of Vital Records and Health
Statistics.

Pauline Durst

Local Vital Statistics Registration Official