



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 Judith L. Foust, Gary Foust, deceased; Street 2115 10th Ave. #100; City Clarkston WA 99403. LOCATION OF MOBILE HOME: Name Golden Acres Mobile Home Park; Street 1430 Chestnut St #22; City Clarkston WA 99403.

NEW REGISTERED OWNER: Name Jennifer M. Barham; Street 1430 Chestnut St, #22 PO Box 1002; City Clarkston WA 99403. LEGAL OWNER: Name Jennifer M. Barham; Street 1430 Chestnut St, #22 PO Box 1002; City Clarkston WA 99403.

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-004-23-011-0002-0220 LIST ASSESSED VALUE(S): \$ 45,200.00

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: Brod, 1992, 56/25, BD11398.

Date of Sale 12/04/2018. Taxable Sale Price \$68,000.00. Excise Tax: State \$870.40, Local \$170.00. Delinquent Interest: State \$0.0025, Local \$. Subtotal \$1,040.40. State Technology Fee \$5.00. Affidavit Processing Fee \$. Total Due \$1,045.40. WAC No. (Sec/Sub) and WAC Title fields.

Asotin 0202

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 Judith L. Foust. Name (print) Judith L. Foust. Date and Place of Signing: 12/04/18, Clarkston, WA. Signature of Grantee/Agent Jennifer M. Barham. Name (print) Jennifer M. Barham. Date & Place of Signing: 12/04/18, Clarkston, WA.

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 12-4-18. 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).

THIS SPACE - TREASURER'S USE ONLY

REV 84 0003e (4/9/08) COUNTY TREASURER

A TEC CK # 26105

PAID

DEC - 4 2018

ASOTIN COUNTY TREASURER

51784



STATE OF WASHINGTON

Vehicle Certificate of Title

VH 381839

Title Number 1763404500

Vehicle Identification Number (VIN) BD11398

Year 1992 Make BROD

Model 56/25 Body style

Title Issue Date 18-Oct-2018

Miles 0

Odometer Status Exempt

Fuel Type

Scale Weight 0

Gross Vehicle Weight Rating Code

Vehicle Color

Prior Title State

Prior Title Number

Comments 67750/2006, Duplicate

Brands

Sale price \$ 68,000.00 Date of sale 12-4-18

Buyer: You must apply for title within 15 calendar days of acquiring the vehicle to avoid a penalty. Take this signed title to a vehicle/vessel licensing office with the appropriate fees.
Legal Owner: To release interest, sign below and give this title to the registered owner/transferee or to a vehicle licensing office with the proper fee within 10 days of satisfaction of the security interest, or you may be liable to the owner/transferee for penalties.
Seller: You must complete a Report of Sale and file it with the Department of Licensing within 5 business days of the sale. File at dol.wa.gov or at any vehicle licensing office or county auditor.

Legal Owner GARY FOUST JUDITH FOUST 1430 CHESTNUT ST SPACE 22 CLARKSTON WA 99403

Registered Owner Same as Legal Owner

Signature of first legal owner releases all interest in the vehicle described above. If signing for a business, include business name, signature, and title. Judith Foust for Gary Foust 12-4-18

Signature of registered owner releases all interest in the vehicle described above. If signing for a business, include business name, signature, and title. Judith Foust for Gary Foust as surviving heir 12-4-18

Signature of second legal owner releases all interest in the vehicle described above. If signing for a business, include business name, signature, and title.

Signature of registered owner releases all interest in the vehicle described above. If signing for a business, include business name, signature, and title.

I certify that the records of the Department of Licensing show the persons named hereon as registered owners and legal owners of the vehicle described.

Pat Kohler Director, Department of Licensing

Assignment by registered owner. Federal regulation and state law require you to state the mileage when transferring ownership if the vehicle is less than 10 years old, unless exempt. Failure to complete this statement or providing a false statement may result in fines and/or imprisonment. I certify to the best of my knowledge, the odometer reading is: (no tenths) Transfer date. This reading is (check one): [ ] the actual mileage of the vehicle [ ] in excess of its mechanic limits [ ] not the actual mileage. Signature of transferee/buyer X PRINTED name of transferee/buyer Address of transferee/buyer Signature of transferor/seller X PRINTED name of transferor/seller Address of transferor/seller 51784

Keep in a safe place. Any alteration or erasure voids this title.

**Affidavit of Inheritance / Litigation**

License Plate/Registration Number	Year 1992	Make Brod	Series/Body Style 56/25
-----------------------------------	--------------	--------------	----------------------------

Vehicle Identification Number (VIN) OR Vessel Hull Identification Number (HIN)  
BD11398

**INHERITANCE**

**NOTE: This affidavit is to be used when no executor or administrator is appointed.**

I, being duly sworn, depose and say that Gary Foust, who is the registered owner of this vehicle/vessel, died on the 27th day of April, 2018.

That the deceased left no estate necessitating administration, and no letters of administration or letters testamentary have been issued to any persons; that said vehicle/vessel has not been bequeathed by will to anyone other than the undersigned; that the undersigned is Spouse of the deceased; that no relative who would have prior right, except None survives said deceased, and that provision has been made for payment of debts of the deceased. SEE BELOW FOR NOTARY/CERTIFICATION OF SIGNATURE.

Judith L. Foust X Judith L. Foust

**COUNTY CLERK CERTIFICATE FOR TRANSFER OF VEHICLE/VESSEL IN LITIGATION**

This certificate, properly completed, will serve instead of all other court papers. Section 1 will suffice for all cases where an order of the court is entered transferring title to a motor vehicle/vessel. This may be used in divorce cases as well as probates.

I certify that in the superior court of the State of Washington for the County of \_\_\_\_\_:

1. An order transferring title to this vehicle/vessel to: \_\_\_\_\_ at \_\_\_\_\_ was duly entered in \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 2018. X

For those cases in which the estate executor or administrator transfers title. 2. \_\_\_\_\_ was duly appointed under the nonintervention will of \_\_\_\_\_; that they are qualified to act as such, and that a decree of solvency has been entered. X



**NOTARIZATION / CERTIFICATION**

State of Washington County of Asotin Signed or attested before me on December 4, 2018

by Judith L. Foust Signature \_\_\_\_\_

Notary's Name (PRINTED or STAMPED) Celina D. Reynold

Title Notary AND: County / Office No. OR 12.20.21

51784

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-019498

LOCAL FILE NUMBER: 1718

DATE ISSUED: 05/15/2018  
FEE NUMBER: 31751

FIRST AND MIDDLE NAME(S): GARY ARTHUR  
LAST NAME(S): FOUST

COUNTY OF DEATH: SPOKANE  
DATE OF DEATH: APRIL 27, 2018  
HOUR OF DEATH: 08:14 PM  
SEX: MALE AGE: 77 YEARS  
SOCIAL SECURITY NUMBER: ██████████

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: 1430 CHESTNUT ST. SPACE 22  
CITY, STATE, ZIP: CLARKSTON, WA 99403  
INSIDE CITY LIMITS: YES COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 10 YEARS

BIRTH DATE: DECEMBER 06, 1940  
BIRTHPLACE: FOSTER, OR

FATHER/PARENT: WILLIAM FOUST  
MOTHER/PARENT: CLARINE DEWOLF

MARITAL STATUS: MARRIED  
SPOUSE: JUDITH LEANNA FIELD

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: BALL & DODD FUNERAL HOME & CREMATORY

OCCUPATION: SUPPLIES COORDINATOR  
INDUSTRY: UNITED STATES MILITARY  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: YES

CITY, STATE: SPOKANE, WASHINGTON  
DISPOSITION DATE: MAY 01, 2018

INFORMANT: JUDITH LEANNA FOUST  
RELATIONSHIP: SPOUSE  
ADDRESS: 1430 CHESTNUT ST., SPACE 22, CLARKSTON, WA 99403

FUNERAL FACILITY: NEPTUNE SOCIETY - SPOKANE

ADDRESS: 98 EAST FRANCIS  
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99208  
FUNERAL DIRECTOR: SHANNON SMITH

CAUSE OF DEATH:  
A: STAGE FOUR ADENOCARCINOMA OF UNKNOWN PRIMARY, PROBABLY LUNG  
INTERVAL: 8 MONTHS

B: INTERVAL:  
C: INTERVAL:  
D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ALZHEIMER'S DEMENTIA,  
DIABETES TYPE 2

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

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

CERTIFIER NAME: KATE E. CAVENY, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 101 W. 8TH AVE ATTN: 9N HOSPITALISTS  
CITY, STATE, ZIP: SPOKANE, WA 99204  
DATE SIGNED: APRIL 30, 2018

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: SHANNON BITTNER  
DATE RECEIVED: MAY 01, 2018

51784  
*[Handwritten signatures and initials]*



# 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: \_\_\_\_\_ 2. Date of Event: \_\_\_\_\_ 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)

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: \_\_\_\_\_

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 2<sup>nd</sup> parent (if required): \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS – go to [www.doh.wa.gov](http://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

MAY 15 2018



Paula L. Maxwell  
CHIEF DEPUTY REGISTRAR

*Paula Maxwell*  
*tracy*  
*Paula Maxwell*

3810-01  
51784



0 1 8 9 4 4 6 5