

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: CAROLYN R. STROTHER

Street: 2115 6TH AVE. TRLR. 49

City: CLARKSTON State: WA Zip code: 99403

Phone number: _____

LOCATION OF MOBILE HOME

Name: _____

Street: 2115 6TH AVE. TRLR. 49

City: CLARKSTON State: WA Zip code: 99403

NEW REGISTERED OWNER (Buyer)

Name: Cindy R Smith

Street: 2203 2ND AVE

City: CLARKSTON State: WA Zip code: 99403

Phone number: 509-758-3883

LEGAL OWNER

Name: _____

Street: _____

City: _____ State: _____ Zip code: _____

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-041-35-003-0001-0490 REAL PROPERTY PARCEL or ACCOUNT NO. _____

LIST ASSESSED VALUE(S): \$ 59,500 LIST ASSESSED VALUE(S): \$ _____

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.
<u>MARQ</u>	<u>1994</u>		<u>42X28</u>	<u>NW #009495</u>	

Date of Sale: 1-31-19

Taxable Sale Price: \$ _____

Excise Tax: State: \$ _____ 0.00

Location Local: \$ _____ 0.00

Delinquent Interest: State: \$ _____

Local: \$ _____

Delinquent Penalty: \$ _____

Subtotal: \$ _____ 0.00

State Technology Fee: \$ _____ 5.00

Affidavit Processing Fee: \$ _____ 5.00

Total Due: \$ _____ 10.00

If exemption claimed, WAC number & title:
WAC No. (Sec/Sub) 458-61A-202(2)(i)
WAC Title INHERITANCE

A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX.

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

1-31-19 TERRY E. ...
Date County Treasurer or Deputy

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: Cindy R Smith

Name (print): CINDY R. Smith

Date and Place of Signing: 01-31-19 ASOTIN WA

Signature of Buyer/Agent: Cindy R Smith

Name (print): CINDY R. Smith

Date & Place of Signing: 01-31-19 ASOTIN WA

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

C. SMITH
CK# 4207
REV 84 0003e (07/09/18) COUNTY TREASURER

JAN 31 2019
ASOTIN COUNTY
TREASURER

51922

0200

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
	009495	1994	MARO	42x28	

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 Carolyn R. Strohm, the registered owner of this vehicle/vessel, died on the 14th day of November, 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 the daughter of the deceased. No relative who would have prior right, except none survives the deceased, and provision has been made for payment of debts of the deceased.

Cindy R. Smith Cindy R. Smith 1-3-19
 Printed name Signature Date

Relationship to deceased: the daughter
 Person who would have prior right: none

Notarization/Certification - You don't 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, drafted, tested, certified on 1/3/2019 by Cindy R. Smith
 Name of person(s) signing this document

(Seal or stamp) State of Washington
 DAVID A. GITTINS
 MY COMMISSION EXPIRES MARCH 28, 2021
 Title _____ and _____
 Dealer or county/office number or notary expiration date

Notary/Agent/Subagent signature: David A. Gittins
 Notary printed or stamped name

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 _____
 Transferee

at _____
 Transferee address

was duly entered in _____
 Title of case

Name of administrator (if in probate) _____ Docket number of case _____
 on the _____ day of _____, _____
 Day Month Year

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

_____ was duly appointed under the nonintervention will of _____ and is qualified to act as such, and that a decree of solvency has been entered.

X _____ 51922
 Executor/Administrator signature Date

X _____
 County Clerk signature Date

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-050974

DATE ISSUED: 11/27/2018
FEE NUMBER:

FIRST AND MIDDLE NAME(S): CAROLYN RAE
LAST NAME(S): STROHM

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: NOVEMBER 14, 2018
HOUR OF DEATH: 05:01 PM
SEX: FEMALE AGE: 82 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: AUGUST 15, 1936
BIRTHPLACE: LEWISTON, ID

MARITAL STATUS: WIDOWED
SPOUSE: NOT APPLICABLE

OCCUPATION: BANKER
INDUSTRY: BANKING
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: CINDY SMITH
RELATIONSHIP: DAUGHTER
ADDRESS: 2203 2ND AVE, CLARKSTON WA, 99403

CAUSE OF DEATH:
A: HEART FAILURE
INTERVAL: ABOUT 5 DAYS
B: LIFELONG SMOKING
INTERVAL: UNKNOWN
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: PRESTIGE CARE AND REHABILITATION
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 2115 6TH AVE #49
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 6 MONTHS

FATHER/PARENT: RAYMOND HACKBARTH
MOTHER/PARENT: GOLDA HOMAN

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: NOVEMBER 26, 2018

FUNERAL FACILITY: MERCHANT RICHARDSON, BROWN FUNERAL HOMES
LLC
ADDRESS: PO. BOX 107
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
FUNERAL DIRECTOR: RICHARD LASSITER

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

CERTIFIER NAME: BRIAN F. CIEZKI, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 1625 5TH ST
CITY, STATE, ZIP: CLARKSTON, WA 99403
DATE SIGNED: NOVEMBER 26, 2018

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

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: NOVEMBER 26, 2018

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Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7614
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
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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: _____

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 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

1. 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.
2. 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.
3. Documentary proof must be five or more years old or established within five years of birth.

<p>Child under 18</p> <ul style="list-style-type: none"> • 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 	<p>Adult (18 years or older)</p> <ul style="list-style-type: none"> • 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
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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

1. 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.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. 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.
2. 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

NOV 27 2018

51922

Glenn Houser MD
 Dr. Glenn Houser
 Health District Officer
 Garfield County Health District



0 1 2 2 0 0 9 9

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



STATE OF WASHINGTON
Vehicle Certificate of Title

Title Number
1734319312

Vehicle Identification Number (VIN) 009495	Year 1994	Make MARO	Model 42 X 28	Body style
Title Issue Date 28-Mar-2018	Odometer Miles 0	Odometer Status Exempt	Fuel Type	
Scale Weight 0	Gross Vehicle Weight Rating Code	Vehicle Color GRY / GRN	Prior Title State Washington	Prior Title Number 1737500744
Comments 51700/2016				
Brands				

Sale price \$ _____

Date of sale _____

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
CAROLYN R STROHM
2115 6TH AVE TRLR 49
CLARKSTON WA 99403-1570

Registered Owner
Same as Legal Owner

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

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

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

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

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.

Pet 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 ____/____/____
Odometer reading in miles

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 _____

Signature of transferor/seller
X _____

PRINTED name of transferee/buyer

PRINTED name of transferor/seller

Address of transferee/buyer

Address of transferor/seller

51922



24001003-011094-01-000000000

CAROLYN R STROHM
2115 6TH AVE TRLR 49
CLARKSTON WA 99403-1570



Reassignment by vehicle dealer	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: <input checked="" type="checkbox"/> _____ (no truths) Transfer date: ____ / ____ / ____ Odometer reading in miles	
	This reading is (check one): <input type="checkbox"/> the actual mileage of the vehicle <input type="checkbox"/> in excess of its mechanic limits <input type="checkbox"/> not the actual mileage.	
	Signature of transferee/buyer X	Signature of transferor/seller X
	PRINT name of transferee/buyer	PRINT name of transferor/seller
Address of transferee/buyer		
Address of transferor/seller		
Buying dealer's state license number (if applicable)		
Selling dealer's state license number (if applicable)		
Reassignment by vehicle dealer	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: <input checked="" type="checkbox"/> _____ (no truths) Transfer date: ____ / ____ / ____ Odometer reading in miles	
	This reading is (check one): <input type="checkbox"/> the actual mileage of the vehicle <input type="checkbox"/> in excess of its mechanic limits <input type="checkbox"/> not the actual mileage.	
	Signature of transferee/buyer X	Signature of transferor/seller X
	PRINT name of transferee/buyer	PRINT name of transferor/seller
Address of transferee/buyer		
Address of transferor/seller		
Buying dealer's state license number (if applicable)		
Selling dealer's state license number (if applicable)		

Legal owner/Lienholder to be recorded and shown on the new Vehicle Certificate of Title:

Name of legal owner/lienholder _____ Address of legal owner/lienholder _____
 Legal owner/Lienholder customer account number _____
 Washington driver license number or United Business Identifier (UBI) _____