

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: CONSTANCE WANKE

Street: 2015 6TH AVE, SPC. 210B

City: CLARKSTON State: WA Zip code: 99403

Phone number: _____

LOCATION OF MOBILE HOME

Name: _____

Street: 2015 6TH AVE, SPC. 210B

City: CLARKSTON State: WA Zip code: 99403

NEW REGISTERED OWNER (BUYER)

Name: JO Property Group

Street: 1700 Adams Ave. #212

City: Costa Mesa State: CA Zip code: 92626

Phone number: 714 751-3901

LEGAL OWNER

Name: JO Property Group

Street: 1700 Adams Ave. #212

City: Costa Mesa State: CA Zip code: 92626

PERSONAL PROPERTY PARCEL or ACCOUNT NO.: 5-011-05-002-0002-2100

LIST ASSESSED VALUE(S): \$ 10,100

REAL PROPERTY PARCEL or ACCOUNT NO.: _____

LIST ASSESSED VALUE(S): \$ _____

MAKE	YEAR	MODEL	SIZE	SERIAL NO. of ID.	REVENUE TAX CODE NO.
<u>PARLETTE</u>	<u>1979</u>		<u>14x70</u>	<u>90583</u>	

Date of Sale: 2/12/19

Taxable Sale Price: \$ 8000.00

Excise Tax: State: \$ 102.40-0.00

Location Local: \$ 20.00-0.00

Delinquent Interest: State: \$ _____

Local: 0200 \$ _____

Delinquent Penalty: \$ _____

Subtotal: \$ 122.40-0.00

State Technology Fee: \$ 5.00

Affidavit Processing Fee: \$ _____

Total Due: \$ 127.40-10.00

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.

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: 2/12/19 County Treasurer or Deputy: Asst. Asotin

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 Wolter

Name (print): Cindy Wolter

Date and Place of Signing: Asotin WA 2-12-19

Signature of Buyer/Agent: Michael Johnston

Name (print): Michael Johnston

Date & Place of Signing: 1/31/19 Costa Mesa

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

PAID

FEB 12 2019

ASOTIN COUNTY
TREASURER

51954
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Cash HS

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-050579

DATE ISSUED: 12/06/2018

FEE NUMBER:

FIRST AND MIDDLE NAME(S): CONNIE J.
LAST NAME(S): WANKE

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: NOVEMBER 12, 2018
HOUR OF DEATH: 03:00 PM PRESUMED
SEX: FEMALE AGE: 71 YEARS
SOCIAL SECURITY NUMBER: ██████████

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 2015 6TH AVE #210
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

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

RESIDENCE STREET: 2015 6TH AVE #210
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARS

BIRTH DATE: MAY 25, 1947
BIRTHPLACE: COLFAX, WA

FATHER/PARENT: CHARLES J MINGUS
MOTHER/PARENT: ROWENA V NAGLE

MARITAL STATUS: DIVORCED
SPOUSE: NOT APPLICABLE

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

OCCUPATION: SUPERVISOR
INDUSTRY: HOSPITAL KITCHEN
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: NOVEMBER 21, 2018

INFORMANT: CINDY WOLTERING
RELATIONSHIP: SISTER
ADDRESS: 2736 18TH ST, CLARKSTON WA, 99403

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

CAUSE OF DEATH:
A: PRESUMED DIABETIC KETOACIDOSIS
INTERVAL: HOURS
B: TYPE ONE DIABETES
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: LISA WEBBER
TITLE: CORONER/ME
CERTIFIER ADDRESS: PO BOX 220
CITY, STATE, ZIP: ASOTIN, WA 99402
DATE SIGNED: NOVEMBER 20, 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: MAURINE L. NICHOLSON
DATE RECEIVED: NOVEMBER 21, 2018

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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
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Required	Required information must match current information on record			
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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 nd parent (if required):
Printed name:	Printed name:
Date:	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.

<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

- 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.

CERTIFIED

DOH 422-034 October 2015

DEC 06 2018

JD

Glenn Houser MD
Dr. Glenn Houser
 Health District Officer

Garfield County Health District



0 1 2 2 0 1 1 1

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

CERTIFIED

FILED

2018 DEC 26 PM 4:36

MICHELLE A. KELLEY
COUNTY CLERK
ASOTIN COUNTY, WA

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF ASOTIN

Case No: 18 - 4 - 00102 - 02

In the matter of the Estate of:

CONSTANCE J. WANKE,
a/k/a CONNIE J. WANKE,

Deceased.

LETTERS TESTAMENTARY

STATE OF WASHINGTON)
County of ASOTIN) ss.

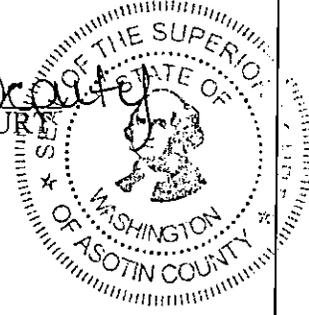
WHEREAS, the Last Will and Testament of CONSTANCE J. WANKE, a/k/a CONNIE J. WANKE, deceased, was, on December 26, 2018, duly exhibited, proven, and recorded in our said Superior Court; and, whereas, it appears in and by said Will that Cindy L. Woltering is the person nominated as Personal Representative and executor in said Will, and, whereas, Cindy L. Woltering has petitioned this Court to be appointed Personal Representative thereof and has duly qualified, and this Court has entered an order granting nonintervention powers to the Personal Representative,

NOW, THEREFORE, KNOW ALL MEN BY THESE PRESENTS, that we do hereby authorize Cindy L. Woltering to execute the terms of the Will with nonintervention powers according to law.

51954

1 WITNESS my hand and the seal of said Court on December 26, 2018.

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3 *Jennifer B. Deady*
4 CLERK OF THE SUPERIOR COURT
5 ASOTIN COUNTY

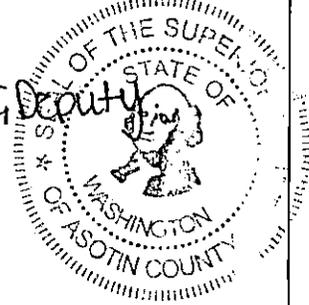


6 STATE OF WASHINGTON)
7 County of ASOTIN) ss.

8 I, ~~MCKENZIE KELLEY~~ County Clerk in and for the said County and State,
9 do hereby certify that the foregoing is a true and correct copy of the original LETTERS
10 TESTAMENTARY as the same appear on file and of record in my office and that said
11 LETTERS TESTAMENTARY are now in full force and effect and have never been
12 revoked.

11 IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my seal
12 this 26th day of December, 2018.

13 *Jennifer B. Deady*
14 Clerk of the Superior Court



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