

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: Mary Ann & Ernie Cooper
2115 6th Ave #31
 Street: Clarkston WA 99403
 City State Zip code
 Phone number: _____

NEW REGISTERED OWNER (Buyer)

Name: Mary Ann McNeely-Cooper
2115 6th Ave. #31
 Street: Clarkston WA 99403
 City State Zip code
 Phone number: _____

LOCATION OF MOBILE HOME

Name: _____
Same
 Street: _____
 City State Zip code: _____

LEGAL OWNER

Name: Mary Ann McNeely-Cooper
Same
 Street: _____
 City State Zip code: _____

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5041350030010310
 LIST ASSESSED VALUE(S): \$ 65,200

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

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.
<u>NASU</u>	<u>1995</u>	<u>60/56</u>			

Date of Sale Date of Death 10/19/18 4/23/19

Taxable Sale Price\$ 0

Excise Tax: State\$ 0.00

Location Local\$ 0.00

Delinquent Interest: State\$ _____

Local\$ _____

Delinquent Penalty\$ 0.00

Subtotal\$ _____

State Technology Fee\$ 5.00

Affidavit Processing Fee\$ _____

Total Due\$ 10.00

If exemption claimed, WAC number & title:
 WAC No. (Sec/Sub) 458-61A-203(1)
 WAC Title Surviving spouse
 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 Ma McNeely-Cooper

Name (print) Mary Ann McNeely-Cooper

Date and Place of Signing: 4/23/19 Asotin

Signature of Buyer/Agent Ma McNeely-Cooper

Name (print) Mary Ann McNeely-Cooper

Date & Place of Signing: 4/23/19 Asotin

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 2019
4/23/19 H Steiner
 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 9.45.060, RCW 9A.56.010 (4d), and RCW 9A.56.020).

THIS SPACE - TREASURER'S USE ONLY

10.00 Cash
 REV 84 0003e (07/09/18) COUNTY TREASURER
HS

PAID
 APR 23 2019
 ASOTIN COUNTY

052113



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, contact a vehicle licensing office or call (360) 902-3770, option 5.

License plate/Registration number	Year 1995	Make NASC	Series/Body style
Vehicle Identification Number (VIN) or Vessel Hull Identification Number (HIN) NNID 33887AB			

Inheritance—This affidavit is used 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 Ernest L. Cooper, the registered owner of this vehicle/vessel, died on the 19th day of October, 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 Surviving spouse 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. Signature must be notarized or certified below.

Mary Ann McNeely-Cooper X Mary Ann McNeely-Cooper 4/23/19
 Printed name Signature Date

County clerk certificate for transfer of vehicle or vessel in litigation

This certificate, properly completed, will serve instead of all other court papers. Submit this form with a 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 _____

_____ on the _____ day of _____, _____

_____ 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
 Executor/Administrator signature Date

_____ X
 County Clerk signature Date

Notarization/Certification

State of _____, County of _____

Signed or attested before me on _____ by _____

(Seal or stamp)

_____ and _____
 Title Dealer or county/office number or notary expiration date

Signature _____
 Printed or stamped name _____

57112



STATE OF WASHINGTON
Vehicle Certificate of Title

Title Number
1760617312

Vehicle Identification Number (VIN) NNID33887AB	Year 1995	Make NASU	Model 60/56	Body style
Title Issue Date 07-Jan-2019	Odometer Miles 0	Odometer Status Exempt	Fuel Type	
Scale Weight 0	Gross Vehicle Weight Rating Code	Vehicle Color WHI	Prior Title State Washington	Prior Title Number 1420903501
Comments 42000/2014, JTWROS				

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
ERNEST L COOPER
MARY ANN MCNEELY-COOPER
2116 6TH AVE # 31
CLARKSTON WA 99403-1509

Registered Owner
Same as Legal Owner

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

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

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

X _____ Date _____
 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.

Teresa Brinton
 Director, Department of Licensing

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

Signature of transferor/seller

PRINTED name of transferee/buyer

PRINTED name of transferor/seller

Address of transferee/buyer

Address of transferor/seller

Assignment by registered owner

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

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 §§ 2-2110 AND §§ 2-2114, IDAHO CODE.

Local Reg. No. _____

DECEASED TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. FOR INSTRUCTIONS SEE HANDBOOK.	1. DECEASED'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) ERNEST L. COOPER		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE-Last Birthday 63 (Years)		4b. UNDER 1 YEAR Months: _____ Days: _____	
MORTICIAN: Complete/Verify and File Within 5 Days of Death.	5. DATE OF BIRTH (Mo/Day/Yr) 03/06/1955		6. BIRTHPLACE (City and State, Territory, or Foreign Country) CHEYENNE, WYOMING	
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY WASHINGTON		7b. COUNTY ASOTIN	
	7c. CITY OR TOWN CLARKSTON		7d. STREET AND NUMBER 2115 6TH AVE	
PARENTS	8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) MARY ANN LINDBERG	
	10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11. BIRTHPLACE (State, Territory, or Foreign Country) TEXAS	
INFORMANT	11a. FATHER'S NAME (First, Middle, Last, Suffix) DAVID RAY COOPER		12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) MARILYN J. FOX	
	12. BIRTHPLACE (State, Territory, or Foreign Country) WYOMING		13. MAILING ADDRESS (Street and Number, City, State, Zip Code) 2115 6TH AVE APT. #31 CLARKSTON, WA 99403	
DISPOSITION	13a. INFORMANT'S NAME (Type or print) MARY ANN COOPER		13b. RELATIONSHIP TO DECEASED WIFE	
	14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify) _____		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) MOUNTAIN VIEW CREMATORY 3521 SEVENTH STREET LEWISTON, IDAHO 83501	
PLACE OF DEATH	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY MOUNTAIN VIEW FUNERAL HOME 3521 SEVENTH STREET LEWISTON, IDAHO 83501		17. LICENSE NUMBER (Of licensee) M0771	
	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: GERALD E. BARTLOW		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DATE OF DEATH	19a. IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify) _____		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: _____	
	20. FACILITY NAME (If not facility, give street and number) ST. JOSEPH REGIONAL MEDICAL CTR		21. CITY, TOWN, OR LOCATION OF DEATH; AND ZIP CODE LEWISTON, ID 83501	
CAUSE OF DEATH	22. COUNTY OF DEATH NEZ PERCE		23. DATE OF DEATH (Mo/Day/Yr) (Spell month) October 19, 2018	
	24. TIME OF DEATH (24hr) 21:46		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) October 19, 2018	
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	26. TIME PRONOUNCED DEAD (24hr) 21:46		27. CAUSE OF 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. IMMEDIATE CAUSE (Final disease or condition resulting in death): a. SEPSIS DUE TO (or as a consequence of): _____	
	28. UNDERLYING CAUSE (Final disease or injury that initiated the events resulting in death): b. PERITONITIS DUE TO (or as a consequence of): _____ c. ISCHEMIC BOWEL DUE TO (or as a consequence of): _____		Approximate Time Interval: Onset to Death 24 HOURS	
CERTIFIER: Complete Within 72 Hours of Death	PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I. RHEUMATOID ARTHRITIS; ULCERATIVE COLITIS; NEPHROGENIC DIABETES INSIPIDIS		29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	29. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE	30. IF FEMALE (Aged 15-54): <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year		31. MANNER 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) _____	
REGISTRAR	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	
	35. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number of Location _____ Apartment Number _____		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 DECEASED OCCUPIED, if applicable _____	
CERTIFIER	36a. TRANSPORTATION INJURY ONLY <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____		36b. WHAT SAFETY DEVICE(S) DID DECEASED USE/EMPLOY? <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	
	38a. CERTIFIER (Check only one, based on official capacity for this certificate) <input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE (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 (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.)		38b. LICENSE NUMBER: M-04849	
REGISTRAR	Signature and Title of Certifier ELECTRONICALLY SIGNED: MICHAEL C. MINICK, M.D.		39c. DATE SIGNED 10 / 26 / 2018 MM DD YYYY	
	39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) MICHAEL C. MINICK, 415 SIXTH STREET LEWISTON, ID 83501		40a. REGISTRAR'S SIGNATURE <i>James B. Aydelotte</i>	
40b. DATE SIGNED 10 / 29 / 2018 MM DD YYYY		41. 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: **OCT 29 2018**

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

52113

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



000991381

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

52113