



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 Orine A. Wilson, Street P.O. Box 686, City Asotin, State WA, Zip Code 99402

LOCATION OF MOBILE HOME: Name Sonary Crest, Street 2015 6th Ave. Unit 146A, City Clarkston, State WA, Zip Code 99403

NEW REGISTERED OWNER: Name Frank Giratas, Tammi Lee Giratas, Street 2015 6th Ave. Unit 146A, City Clarkston, State WA, Zip Code 99403

LEGAL OWNER: Name Freedom Northwest Credit Union, Street 141 9th St., City Lewiston, State ID, Zip Code 83501

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-041-35-002-0002-1461 LIST ASSESSED VALUE(S): \$61,200.00

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

Table with columns: MAKE, YEAR, MODEL, SIZE, SERIAL NO. or I.D., REVENUE TAX CODE NO. Row 1: Glen River, 1989, 55/28, 3291, 23P

Date of Sale 05/23/2019, Taxable Sale Price \$50,000.00, Excise Tax: State \$640.00, County Local \$125.00, Delinquent Interest: State \$0.0025, Delinquent Penalty \$, Subtotal \$765.00, State Technology Fee \$5.00, Affidavit Processing Fee \$, Total Due \$770.00

0200

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 Penny Gehrke, Attorney-in-Fact for Orine A. Wilson, Name (print) Penny Gehrke, Attorney-in-Fact for Orine A. Wilson, Date and Place of Signing: 05/23/2019 - Clarkston, WA

Signature of Grantee/Agent Frank Giratas or Tammi Lee Giratas, Name (print) Frank Giratas or Tammi Lee Giratas, Date & Place of Signing: 05/23/2019 - 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 2019, Date 5-26-19, 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

PAID

REV 84 0003e (4/9/08) COUNTY TREASURER ATEC 05271937

MAY 24 2019 ASOTIN COUNTY TREASURER

052196

**STATE OF WASHINGTON  
DEPARTMENT OF HEALTH**

Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any) First Middle LAST Suffix <b>ROBERT DAVIS WILSON</b>				2. Death Date <b>03/05/2010</b>	
3. Sex (M/F) <b>Male</b>	4a. Age - Last Birthday <b>83</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death <b>Asotin</b>
7. Birthdate [REDACTED]		8a. Birthplace (City, Town, or County) <b>Pocatello</b>	8b. (State or Foreign Country) <b>Idaho</b>	9. Decedent's Education <b>Doctorate</b>	
10. Was Decedent of Hispanic Origin? (yes or no); yes, specify			11. Decedent's Race(s) <b>White</b>		12. Was Decedent Ever in U.S. Armed Forces? <b>yes</b>
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>2015 6th Avenue Sp-146-A</b>				13b. City or Town <b>Clarkston</b>	
13c. Residence: County <b>Asotin</b>		13d. Tribal/Reservation Name (if applicable) <b>N/A</b>	13e. State or Foreign Country <b>Washington</b>	13f. Zip Code + 4 <b>99403</b>	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence.		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <b>Orine Arave</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Dentist</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Pedodontist</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Dr. Adrian N. Wilson</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Dora Gladys Davis</b>		
21. Informant's Name <b>Orine Wilson</b>		22. Relationship to Decedent <b>Wife</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>2015 6th Ave. Clarkston, WA 99403 146-A</b>	
24. Place of Death, if Death Occurred in a Hospital:			25. Place of Death, if Death Occurred Somewhere Other than a Hospital: <b>Decedent's Residence</b>		
25. Facility Name (if not a facility, give number & street or location) <b>2015 6th Avenue Sp- 146-A</b>			26a. City, Town, or Location of Death <b>Clarkston</b>		26b. State <b>WA</b>
27. Zip Code <b>99403</b>		28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Valley Crematory</b>	
30. Location-City/Town, and State <b>Lewiston, ID. 83501</b>		31. Name and Complete Address of Funeral Facility <b>Malcom's Funeral Home 1711-18th St. Lewiston, ID. 83501</b>		32. Date of Disposition <b>3/8/2010</b>	
33. Funeral Director Signature: X <i>Stephen Jordan</i>					

Cause of Death (See instructions and examples)

34. 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. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>Coronary Artery Disease</b>	Interval between Onset & Death <b>YEARS</b>
Due to (or as a consequence of):	Interval between Onset & Death
b. _____	Interval between Onset & Death
Due to (or as a consequence of):	Interval between Onset & Death
c. _____	Interval between Onset & Death
Due to (or as a consequence of):	Interval between Onset & Death
d. _____	Interval between Onset & Death

35. Other significant conditions contributing to death but not resulting in the underlying cause given above

36. Autopsy?  Yes  No

37. Were autopsy findings available to complete the Cause of Death?  Yes  No

38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g. Decedent's home, construction site, restaurant, wooded area)	
44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk		45. Location of Injury: Number & Street City or Town: _____ County: _____ State: _____ Zip Code + 4: _____			
46. Describe how injury occurred				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	

48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. <i>[Signature]</i>		48b. Medical Examiner/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.	
49. Name and Address of Certifier - Physician, Medical Examiner, or Coroner (Type or Print) <b>Celso R. Chavez M.D. 1522 17th Street Lewiston, ID 83501</b>		50. Hour of Death (24hrs) <b>0130</b>	
51. Name and Title of Attending Physician if other than Certifier (Type or Print) <b>Physician</b>		52. Date Signed (mm/dd/yyyy) <b>3/5/2010</b>	
53. License Number <b>M5380</b>		54. State Medical Examiner File Number	
55. Registrar Signature <i>[Signature]</i>		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Amendments		58. Date Received (mm/dd/yyyy) <b>MAR 05 2010</b>	



**52196**

[REDACTED]

[REDACTED]

# Affidavit for Correction

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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Use the section below for requesting any changes on the record.

Record Type:  Birth  Death  Marriage  Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as:  Self  Parent  Guardian  Informant  Funeral Director  Other (Specify) \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

**All changes must be established by documentary proof submitted with the affidavit**

Examples of documentary proof: Certificate of Naturalization	Medical Record	School Record
Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
Insurance Records	Birth Record	Alien Registration Card (front and back)
Marriage/Divorce Records	Passport	

**Birth Certificates:**

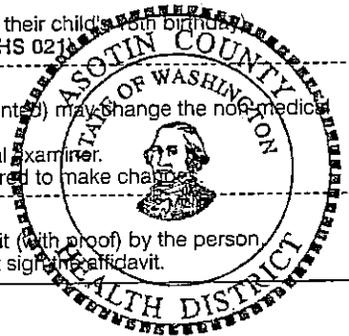
- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
  - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
  - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
  - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

**Death Certificates:**

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make change.

**Marriage/Dissolution (Divorce) Certificates:**

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.



*Lawrence M. Garges*  
Lawrence M. Garges, M.D.  
Health Officer

MAR 19 2010  
TT00159094  
52196

After recording return to:

David A. Gittins  
Law Office of David A. Gittins  
843 Seventh Street  
P. O. Box 191  
Clarkston, WA 99403

## GENERAL DURABLE POWER OF ATTORNEY

OF

ORINE WILSON

ORINE WILSON, as principal, domiciled and residing in the State of Washington, hereby revokes any other powers of attorney which she may have previously executed, and as authorized by Chapter 11.94 of the Revised Code of Washington, as amended, designates and appoints Richard Wilson as her attorney-in-fact. If Richard Wilson is at any time unable or unwilling to serve, then Penny Gehrke shall serve as her attorney-in-fact.

1. **Powers.** The attorney-in-fact, as a fiduciary, shall have all powers of an absolute owner over the assets and liabilities of the principal, whether located within or without the State of Washington, including, without limitation, the power and authority to:

Make deposits to and payments from any account in a financial institution in the name of the principal and to enter any safe deposit box to which the principal has a right of access and deposit or remove property therefrom.

Sell, exchange, or otherwise transfer title to the principal's stocks, bonds, or other securities.

Sell, convey, exchange, or otherwise transfer or encumber any real or personal property of the principal.

Disclaim, in whole or in part, any interest in property, whether outright, in trust, or otherwise, so long as in the sole discretion of the attorney-in-fact such disclaimer would not be detrimental to the best interests of the principal and would be in the best interests of those interested in the estate of the principal and of those who take as a result of any such disclaimer.

Submit all federal and state income tax and gift tax returns on behalf of the principal and to pay all such taxes as may be due.

By Appointment of Guardian. The appointment of a guardian of the estate of the principal vests in the guardian, with court approval, the power to revoke, suspend, or terminate this power of attorney. The appointment of a guardian of the person only does not empower the guardian to revoke, suspend, or terminate this power of attorney.

By Death of Principal. The death of the principal shall be deemed to revoke this power of attorney at the time the attorney-in-fact receives actual knowledge or actual notice of such death.

8. **Nomination of Guardian.** If it should at any time be necessary to appoint a guardian or limited guardian of the person or estate of the principal, the principal hereby nominates the then acting attorney-in-fact designated above as the principal's said guardian or limited guardian.

9. **Accounting.** The attorney-in-fact shall be required to account to any personal representative subsequently appointed for the principal.

10. **Reliance.** The designated and acting attorney-in-fact and all persons dealing with the attorney-in-fact shall be entitled to rely upon this power of attorney so long as at the time of any act taken pursuant to this power of attorney, the attorney-in-fact had not received actual knowledge or actual notice of any revocation, suspension, or termination of the power of attorney by death or otherwise. Any action so taken, unless otherwise invalid or unenforceable, shall be binding on the heirs, devisees, legatees, or personal representatives of the principal.

11. **Liability of Attorney-in-Fact.** The estate of the principal shall hold harmless and indemnify the attorney-in-fact from any and all liability for acts done in good faith and not in fraud on behalf of the principal.

12. **Property.** This power of attorney shall apply to all the principal's interest in community property and to the principal's separate property, whether now owned or hereafter acquired.

13. **Applicable Law.** The laws of the State of Washington shall govern this power of attorney.

12<sup>th</sup> IN WITNESS WHEREOF, the undersigned has executed this instrument as of the day of November, 2002.

  
Orine Wilson

STATE OF WASHINGTON        )  
  : ss.  
County of Asotin            )

I certify that I know or have satisfactory evidence that ORINE WILSON is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED the 12<sup>th</sup> day of November, 2002.



  
\_\_\_\_\_  
Notary Public for Washington  
Residing at Clarkston  
My appointment expires: 3/28/2005

52196