



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: LYNN M. BLETH, Street: 2116 4TH AVE, City: CLARKSTON WA 99403, Phone number: 509-758-5399

NEW REGISTERED OWNER (Buyer) Name: DUANE P BLETH, Street: 2116 4TH AVE, City: CLARKSTON WA 99403, Phone number: 509-758-5399

LOCATION OF MOBILE HOME Name: [blank], Street: 2116 4TH AVE, City: CLARKSTON WA 99403

LEGAL OWNER Name: DUANE P BLETH, Street: 2116 4TH AVE, City: CLARKSTON WA 99403

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-041-23-004-0003-0010 LIST ASSESSED VALUE(S): \$ 500.00

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

Table with 6 columns: MAKE, YEAR, MODEL, SIZE, SERIAL NO. or I.D., REVENUE TAX CODE NO. Row 1: MARLETTE, 1968, [blank], 60/12, 80164, [blank]

Date of Sale: 7-15-19, Taxable Sale Price, Excise Tax, Delinquent Interest, Delinquent Penalty, Subtotal, State Technology Fee, Affidavit Processing Fee, Total Due, WAC Title: INHERITANCE NON PROBATED WILL

AFFIDAVIT I certify under penalty of perjury... Signature of Seller/Agent: Duane P Bleth, Name (print): DUANE P BLETH, Date and Place of Signing: 7-15-19 ASOTIW

TREASURER'S CERTIFICATE I hereby certify that property taxes due ASOTIW County on the mobile home described hereon have been paid to and including the year 2019

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

CASH \$10.00

THIS SPACE - TREASURER'S USE ONLY

PAID

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
 IDAHO DEPARTMENT OF HEALTH AND WELFARE
 BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
CERTIFICATE OF DEATH

Date Filed JULY 03, 2019

State File No. 2019-07149

DECEDENT - LEGAL NAME LYNN MARIE BLETH			
SEX FEMALE	SOCIAL SECURITY NUMBER 519-68-0859	AGE 64 YEARS	DATE OF BIRTH MAY 22, 1955
BIRTHPLACE LEWISTON, IDAHO		PLACE OF RESIDENCE LEWISTON, IDAHO	
MARRITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (if wife, maiden name) DUANE PAUL BLETH	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME WAYNE BOUVIER PARIS			BIRTHPLACE IDAHO
MOTHER - MAIDEN NAME BETTE CAROL LINTALA			BIRTHPLACE IDAHO
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE DENNIS W. HASTINGS	
NAME AND ADDRESS OF FUNERAL FACILITY VASSAR-RAWLS FUNERAL HOME, LEWISTON, IDAHO			
DATE OF DEATH JUNE 27, 2019	TIME OF DEATH 5:55 P.M.	CITY, TOWN OR LOCATION OF DEATH LEWISTON, IDAHO	COUNTY OF DEATH NEZ PERCE
CAUSE OF DEATH (underlying cause last) a. DEMENTIA			Approximate Interval Between Onset and Death
b. DUE TO (or as a consequence of): HYPERTENSION			
c. DUE TO (or as a consequence of): HEAD INJURY DUE TO FALL			
d. DUE TO (or as a consequence of): 			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above NONE STATED			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH ACCIDENT	NAME OF CERTIFIER JOSHUA T. HALL	TITLE CORONER	
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY JUNE 23, 2019	TIME OF INJURY 5:23 A.M.	PLACE OF INJURY CARE FACILITY	INJURY AT WORK? NO
LOCATION WHERE INJURY OCCURRED 2221 VINYARD AVENUE, LEWISTON, IDAHO			
DESCRIPTION OF HOW INJURY OCCURRED DECEDENT FELL OUT OF WHEELCHAIR INJURING HER HEAD			

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: JULY 03, 2019

James B. Aydelotte
JAMES B. AYDELOTTE
 STATE REGISTRAR

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

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STATE OF WASHINGTON
DEPARTMENT OF LICENSING

#87821

VEHICLE TITLE APPLICATION/REGISTRATION CERTIFICATE

09/08/2004 0425202010231211

LIC/PLT #87821 ISSUE-DATE 09/08/2004 TAB-NO REG-EXP 00/00/0000 VALUE-CODE/YR 5000/2004 DEPRE MO-REG MO-GWT

POWER USE MOB 1988 MAKE MARLE SERIES/BODY 60/12 VIN OR SERIAL-NO 80164 RES-CO 02

SCLWT SEATS GWT GWT-STRT GWT-EXP FLEET EQUIP PREVPLT #87821 PREV-TITLE-NO 9221301811 ST WA

COMMENT:
USE TAX WAIVED (H) - COLOR-WHITE

MILEAGE E
REGISTERED OWNER

LEGAL OWNER

BLETH, LYNN M
2116 4TH AVE
CLARKSTON WA 99403

I CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE AND COMPLETE.

Lynn M. Bleth
SIGNATURE OF REGISTERED OWNER(S)

X
SIGNATURE OF REGISTERED OWNER(S)

SUBSCRIBED AND SWORN TO BEFORE

Jimmy Butler 020108 THIS 8 DAY OF *Sept*, 2004

FILING \$ 4.00 MONORAIL TAX \$ CHECK \$
SUBAGENT \$ RTA EXCISE \$ CASH \$ 24.00
LOCAL FEE \$ USE TAX \$ TOTAL FEES \$ 24.00
LICENSE SRVC \$ OTHER \$ 20.00
DONOR AWARENESS \$

VALIDATION CODE 08020102042520908040067023121 TRANSFER



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 <u>87821</u>	Year <u>1968</u>	Make <u>MARLETTE</u>	Series/Body style <u>60/12</u>
Vehicle Identification Number (VIN) or Vessel Hull Identification Number (HIN) <u>80164</u>			

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 LYON M BLETH, the registered owner of this vehicle/vessel, died on the 27TH day of JUNE, 2019.

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 DUANE P BLETH HEIR BOND 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.

DUANE P BLETH Printed name Duane P Bleth Signature 7-15-19 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 _____

Name of administrator (if in probate) _____ on the _____ day of _____, _____

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.

_____ Executor/Administrator signature _____ Date

_____ County Clerk signature _____ Date

Notarization/Certification

State of Washington, County of Asotin

Signed or attested before me on 7-15-19 by Duane P. Bleth

Sharlene Tiller Signature
Sharlene Tiller Printed or stamped name

Notary Title and 11-15-20 Dealer or county/office number or notary expiration date

