



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: Teresa Treib, John Treib, deceased

LOCATION OF MOBILE HOME Name: Sunset Heights Mobile Home Park, Street: 2115 6th Avenue, City: Clarkston, State: WA, Zip Code: 99403

NEW REGISTERED OWNER Name: Thomas Nielsen, Kathleen Nielsen, Street: 10758 1/2 EVERGREEN St., City: MESA, State: AZ, Zip Code: 85207

LEGAL OWNER Name: Thomas Nielsen, Kathleen Nielsen

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-041-35-003-0001-0760 LIST ASSESSED VALUE(S): \$ 61,300.00

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: CREO, 1994, 66x28, H008643AB

Date of Sale: 09/23/2019. Taxable Sale Price: \$72,100.00. Excise Tax: State \$922.88, Local \$180.25. Total Due: \$1,108.13.

AFFIDAVIT. I certify under penalty of perjury... Signature of Grantor/Agent: Teresa Treib. Date and Place of Signing: 09/20/19, Clarkston, WA. Signature of Grantee/Agent: Thomas Nielsen. Date & Place of Signing: 9/20/2019 - MESA AZ

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: 9-23-19. County Treasurer or Deputy: Anthony Frost

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

CK 29608 Atec BF REV 84 0003e (4/9/08) COUNTY TREASURER

PAID SEP 23 2019 ASOTIN COUNTY TREASURER

052572

Affidavit of Inheritance / Litigation

License Plate/Registration Number	Year 1994	Make CRE	Series/Body Style 66/28
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Vehicle Identification Number (VIN) OR Vessel Hull Identification Number (HIN)
H008643AB

INHERITANCE

NOTE: This affidavit is to be used when no executor or administrator is appointed.

I, being duly sworn, depose and say that John R. Treib, who is the registered owner of this vehicle/vessel, died on the 5th day of May, 2019.

That the deceased left no estate necessitating administration, and no letters of administration or letters testamentary have been issued to any persons; that said vehicle/vessel has not been bequeathed by will to anyone other than the undersigned; that the undersigned is spouse of the deceased; that no relative who would have prior right, except none survives said deceased, and that provision has been made for payment of debts of the deceased. SEE BELOW FOR NOTARY/CERTIFICATION OF SIGNATURE.

Teresa Treib, surviving heir X Teresa Treib

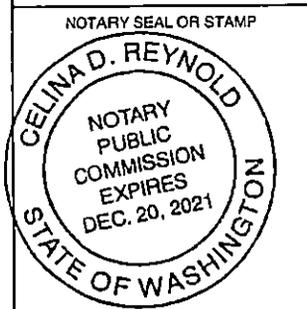
COUNTY CLERK CERTIFICATE FOR TRANSFER OF VEHICLE/VESSEL IN LITIGATION

This certificate, properly completed, will serve instead of all other court papers. Section 1 will suffice for all cases where an order of the court is entered transferring title to a motor vehicle/vessel. This may be used in divorce cases as well as probates.

I certify that in the superior court of the State of Washington for the County of _____:

1. An order transferring title to this vehicle/vessel to: _____ at _____ was duly entered in _____ on the _____ day of _____, X _____

For those cases in which the estate executor or administrator transfers title. 2. _____ was duly appointed under the nonintervention will of _____; that they are qualified to act as such, and that a decree of solvency has been entered. X _____



NOTARIZATION / CERTIFICATION
State of Washington County of Asotin Signed or attested before me on September 20, 2019
by Teresa Treib Signature _____
Printed Name of Person Signing Document Notary / Agent Signature
Notary's Name (PRINTED or STAMPED) Celina D. Reynold
Title Notary AND: Dealer No. OR _____
Notary / Agent _____ AND: County / Office No. OR 12-20-21
Notary Expiration Date

Vehicle Title Application

Vehicle - Please type or print plainly

For title purposes only

Vehicle identification no (VIN) H008643AB		Condition <input type="checkbox"/> New <input checked="" type="checkbox"/> Used		Vehicle type Mobile/Mfg home		Primary use type Mobile home		Fuel type	
Model year 1994	Make CREO	Model		Trim	Body style		Motorcycle style		
GV Weight Rating	Scale wt	Gross weight	Mo GWT	Seats	Color #1	Color #2	Equip no	Purchase price 4,000.00	
Wheels	Rental no	Fleet	Engine (MC)	Motor home/Cycle/WATV eng serial no	Length 66	Width 28	Quick title <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Discover pass <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Park donation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Registered owner - For additional owners, attach sheet with name, driver license/ID/TIN/EIN/UBI number, expiration date, and phone information. Washington primary residence street address or Washington principal place of business street address is required on the vehicle record. For exceptions, see **Primary Residence Address Exception**, form 420-004.

1	Owner type Individual	ID type Driver license	Driver license/ID/TIN/EIN/UBI no D10027936	Expiration date 5/28/2022	Phone type LAND LINE	(Area code) Phone no 480-878-5533
Registered owner name (Last, First, Middle, Suffix) or Business name Nielsen, Thomas						
Washington primary residence address (if an individual) or Washington principal place of business address (if a business) 2115 6th Avenue, #76, Clarkston, WA 99403						
Mailing address, if different than residence address (Street address or PO Box, City, State, ZIP code) or exception address 10758 E. EVERGREEN St., MESA, AZ 85207						
One-time mailing address, if applicable						

Paperless renewal option <input type="checkbox"/> Notify me by email when it's time to renew my vehicle			Email address			
2	Owner type Individual	Joint tenants w/right of survivorship <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ID type Driver license	Driver license/ID/TIN/EIN/UBI no D10027924	Expiration date 5/25/2022	(Area code) Phone no LAND LINE 480-878-5533
Registered owner name (Last, First, Middle, Suffix) or Business name Nielsen, Kathleen						

Legal owner/Lienholder - Fill out if different than registered owner. For additional legal owner/lienholders, attach sheet with name, driver license/ID/TIN/EIN/UBI number, expiration date, and address information.

Name of legal owner/lienholder (Last, First, Middle Initial or Business name)						
Legal owner/Lienholder type Business	ID type Tax ID no	Driver license/ID/TIN/EIN/UBI no		Expiration date	ELT participant <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing address (Street address or PO Box, City, State, ZIP code)						

Dealer

Dealer type	Dealer no	Dealer name	Sale date	Delivery date	Vehicle status <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Prev titled
I certify that this information is correct. The vehicle is clear of encumbrances except as shown. Any required sales tax has been collected.					Dealer authorized signature X

Anyone who knowingly makes a false statement may be guilty of a felony under state law and upon conviction shall be punished by a fine, imprisonment, or both. I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signature of registered owner <i>Thomas Nielsen</i>	Title, if signing for business	Signature of registered owner <i>Kathleen M. Nielsen</i>	Title, if signing for business
9/21/2019	MESA, AZ	9/21/2019	MESA, AZ
Date and place signed		Date and place signed	

Notarization/Certification - You don't need your signature notarized if you sign in front of a vehicle licensing agent, who can certify your signature.

State of Arizona County of Maricopa

AMBER FRAIDE attested before me on September 21, 2019 by Thomas & Kathleen Nielsen

Notary Public - Arizona
MARICOPA County
Commission # 562157
My Comm. Expires 03-13-2023

Name of person signing this document
Amber Fraide

Notary/Agent/Subagent signature
Amber Fraide

Notary printed or stamped name
Amber Fraide

Title Notary Public and _____

Dealer or county/office number or notary expiration date

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-020537

DATE ISSUED: 06/17/2019
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JOHN RAY
LAST NAME(S): TREIB

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: MAY 05, 2019
HOUR OF DEATH: 10:30 AM
SEX: MALE AGE: 61 YEARS
SOCIAL SECURITY NUMBER: 519-84-8944

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 2115 6TH AVE UNIT 76
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

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

RESIDENCE STREET: 2115 6TH AVE 76
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 YEARS

BIRTH DATE: MAY 21, 1957
BIRTHPLACE: PIERRE, SD

FATHER/PARENT: JOHN P TREIB
MOTHER/PARENT: VIOLET L TRUAX

MARITAL STATUS: MARRIED
SPOUSE: TERESA M HASKINS

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

OCCUPATION: RETAIL
INDUSTRY: CLOTHING
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: MAY 08, 2019

INFORMANT: TERESA TREIB
RELATIONSHIP: WIFE
ADDRESS: 2115 6TH AVE SPACE 76 CLARKSTON, WA 99403

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME

ADDRESS: 3521 7TH STREET
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
FUNERAL DIRECTOR: RICHARD LASSITER

CAUSE OF DEATH:
A: RUPTURE OF MYOCARDIUM
INTERVAL: MINUTES
B: ACUTE MYOCARDIAL INFARCTION
INTERVAL: MINUTES
C: HEART MURMUR
INTERVAL: 2 YEARS
D: HYPERLIPIDEMIA
INTERVAL: 2 YEARS

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

OTHER CONDITIONS CONTRIBUTING TO DEATH:

CERTIFIER NAME: ANITA RINGERING, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 2315 8TH STREET
CITY, STATE, ZIP: LEWISTON, ID 83501
DATE SIGNED: MAY 07, 2019

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

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

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

LOCAL DEPUTY REGISTRAR: MAURINE L NICHOLSON
DATE RECEIVED: MAY 08, 2019

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE



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 information must match current information on record

Required

Record Type: Birth Death Marriage Dissolution (Divorce)

1. Name on Record: First Middle Last 2. Date of Event: MM/DD/YYYY 3. Place of Event: City or County

4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)

First Middle Last/Maiden First Middle Last/Maiden

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: P.O. Box or Street Address City State Zip

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

- 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.

Child under 18	Adult (18 years or older)
<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 	<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

*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.

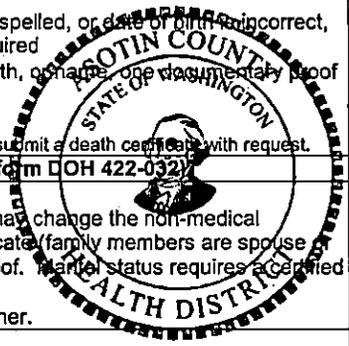
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

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, 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.



DOH 422-034 October 2015
Bob Lutz, M.D., MPH
 Health Officer
 JUN 17 2019



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



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