

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: DAN C. PEER

Street: IVA E. PEER

City: CLARKSTON State: WA Zip code: 99403

Phone number: 1-509-758-6418

NEW REGISTERED OWNER (Buyer)

Name: IVA E. PEER

Street: 2115 6th AVE. #14

City: CLARKSTON State: WA Zip code: 99403

Phone number: 1-509-758-6418

LOCATION OF MOBILE HOME

Name: IVA E. PEER

Street: 2115 6TH AVE TRLR 14

City: CLARKSTON State: WA Zip code: 99403

LEGAL OWNER

Name:

Street:

City: State: Zip code:

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 92041-35-003-0001-0140
LIST ASSESSED VALUE(S): \$ 29,600

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

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.
	1983	FLEETWOOD	24X46	VIN #1DFL2AD22136632	

Date of Sale: 9-26-19

Taxable Sale Price: \$ _____

Excise Tax: State: \$ 0.00

Location: Local: \$ 0.00

Delinquent Interest: State: \$ _____

Local: \$ _____

Delinquent Penalty: \$ _____

Subtotal: \$ 0.00

State Technology Fee: \$ 5.00

Affidavit Processing Fee: \$ _____

Total Due: \$ 10.00

If exemption claimed, WAC number & title:
WAC No. (Sec/Sub) 458-61A 202 (6) (i)
WAC Title INHERITANCE - NONPROBATED

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: *Dan C. Peer*

Name (print): IVA E. PEER

Date and Place of Signing: ASOTIN, WA.

Signature of Buyer/Agent: *Iva E. Peer*

Name (print): IVA E. PEER

Date & Place of Signing: ASOTIN, 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

9-26-19

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).

0200

IVA PEER
CASH 27532

THIS SPACE - TREASURER'S USE ONLY

PAID

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 <u>2014</u>	Make <u>JEOP</u>	Series/Body style <u>COMPASS SUV</u>
Vehicle Identification Number (VIN) or Vessel Hull Identification Number (HIN) <u>1C4NJ0BB2ED511511</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 DAN C. PEER, the registered owner of this vehicle/vessel, died on the 18th day of AUGUST, 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 SPOUSE of the deceased. No relative who would have prior right, except SPOUSE survives the deceased, and provision has been made for payment of debts of the deceased. Signature must be notarized or certified below.

IVA E. PEER Iva E. Peer 9/26/19
 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 _____

Name of administrator (if in probate) _____ Docket number of case _____
 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

Notary Public Certification

State of Washington County of Asotin
 Signed or attested before me on 9.26.19 by Iva C. Peer
Sharlene J. Tiller
 Signature
Sharlene J. Tiller
 Printed or stamped name
11.15.20
 and _____
 Dealer or county/office number or notary expiration date

Notary
 Title

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-037051

DATE ISSUED: 08/28/2019
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DAN C
LAST NAME(S): PEER

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: AUGUST 22, 2019
HOUR OF DEATH: 11:30 PM
SEX: MALE AGE: 86 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: TRI-STATE MEMORIAL HOSPITAL, INC.
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

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

RESIDENCE STREET: 2115 6TH AVE TRLR 14
CITY, STATE, ZIP: CLARKSTON, WA 99403-1567
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 15 YEARS

BIRTH DATE: MARCH 2, 1933
BIRTHPLACE: LEWISTON, ID

FATHER/PARENT: DAN L PEER
MOTHER/PARENT: LAVELLE DUNLAP

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: IVA E BIRDSSELL

METHOD OF DISPOSITION: REMOVAL FROM STATE
PLACE OF DISPOSITION: MOUNTAIN VIEW FUNERAL HOME & CREMATORY
CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: AUGUST 22, 2019

OCCUPATION: LABORER
INDUSTRY: POTLATCH
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: YES

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME

INFORMANT: IVA E PEER
RELATIONSHIP: WIFE
ADDRESS: 2115 6TH AVENUE, CLARKSTON WA 99403

ADDRESS: 3521-7TH STREET
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
FUNERAL DIRECTOR: GERALD E. BARTLOW

CAUSE OF DEATH:
A: ASPIRATION OF FOOD CAUSING RESPIRATORY FAILURE
INTERVAL: 8 DAYS
B: DYSPHAGIA
INTERVAL: 8 DAYS
C: ACUTE ST MYOCARDIAL INFARCTION
INTERVAL: 8 DAYS
D:
INTERVAL:

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: HISTORY OF STROKE WITH RESIDUAL DEFICITS, DEMENTIA, HEMATURIA

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

CERTIFIER NAME: LEIF P. KANOOTH, DO
TITLE: DO
CERTIFIER ADDRESS: 1221 HIGHLAND AVE
CITY, STATE, ZIP: CLARKSTON, WA 99403
DATE SIGNED: AUGUST 20, 2019

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: AUGUST 22, 2019

52585



Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 4781
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
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: 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) First Middle Last/Maiden			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
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: 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 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.

DOH 422-034 October 2015

CERTIFIED

AUG 28 2019

Dr. Glenn Houser MD
 Dr. Glenn Houser
 Health District Officer
 Garfield County Health District



0 1 2 2 0 6 5 5



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

52585



TITLE OPTIONS

- Original
- Transfer
- Duplicate
- Change R/O Name

- Chg Title Data
- Chg License Data
- Add/Del/Chg L/O
- Foreign L/O

NO TITLE ISSUED OPTIONS

- Ownership in Doubt
- Double Transfer
- Dual Reg
- Mobile Home Elm.

OTHER OPTIONS

- w/Registration
- Replace Plate
- Replace Tab
- Insp Fee
- Corr. No Fee
- Dealer Temp-CR.

PLATE OR TPO %80996		TAB NUMBER		COLOR #1 Top or Front Color		COLOR #2 Bottom of Rear Color		VEHICLE IDENTIFICATION (VIN) NUMBER 1DFL2AD22136632			
MOD YR 1983	PWR MOB	USE MOB	MAKE BRKFD	SERIES/BODY TYPE 48/24		MODEL ID		VALUE CODE	YR	PREVIOUS STATE	
CYCLE ENGINE OR MOTOR HOME NUMBER			TAX CD	FLEET CODE		EQUIPMENT#	MO REG	REG EXP DATE	SCALE WEIGHT	SEATS	

MILEAGE	CODE	PREV STATE	<input type="checkbox"/> USE TAX EXEMPT: Private automobile was purchased and used by me in another state for a minimum of 90 days while I was a bonafide resident, before I entered Washington on <i>(Must be used in WA for personal and family transportation only.)</i>						FILING FEE		
SPECIAL OPTIONS <input type="checkbox"/> DAV <input type="checkbox"/> Leased <input type="checkbox"/> No Title Issued <input type="checkbox"/> NRM <input type="checkbox"/> Bonded <input type="checkbox"/> NON-ROADWORTHY <input type="checkbox"/> Native American <input type="checkbox"/> Reg Only <input type="checkbox"/> Joint Tenants With Rights Of Survivorship			<input type="checkbox"/> GIFT: Donor previously paid Washington State sales/use tax. <input type="checkbox"/> INHERITANCE: Washington sales/use tax paid by testator. <input type="checkbox"/> Transferred to SPOUSE. <input type="checkbox"/> Sale to INDIAN ON THE RESERVATION. Notarized statement is attached.						LICENSE SERVICE FEE		
DECLARED GWT			MONTH GWT	GWT EXP	PURCHASE PRICE 27,000.00		TAX JURISDICTION	TAX RATE	CLEAN AIR		

COUNTY Asotin	INCORPORATED <input type="checkbox"/>	UNINCORPORATED <input checked="" type="checkbox"/>	NUMBER OF REGISTERED OWNERS: 2	NUMBER OF LEGAL OWNERS: 2	Please provide the Dep't of Licensing Customer "NUMBER" for each owner:			LOCAL OPTION
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REGISTERED LEGAL	NAME OF FIRST REGISTERED OWNER Last: Peer First: Dan Middle Initial: C.			BASIC LICENSE FEE
	NAME OF SECOND REGISTERED OWNER Last: Peer First: Iva Middle Initial: E.			AQUATIC WEED
	NAME OF THIRD REGISTERED OWNER Last: First: Middle Initial:			APPLICATION FEE
	ADDRESS OF FIRST REGISTERED OWNER 2115 10th Ave. #14			This "NUMBER" may be found on your Washington (WA) Driver's License, or WA Identification Card, -- OR -- If the owner is a business, provide the Unified Business Identifier (UBI), found on the business Registration & Licenses Document.
	ADDRESS, CONTINUED			
	CITY Clarkston	STATE WA	ZIP CODE 99403	
	NAME OF FIRST LEGAL OWNER Last: Peer First: Dan Middle Initial: C.			PENALTY FEE
	NAME OF SECOND LEGAL OWNER Last: Peer First: Iva Middle Initial: E.			ARBITRATION FEE
	ADDRESS OF FIRST LEGAL OWNER 2115 10th Ave. #14			For more than three Registered or two Legal Owners, please attach additional applications for title.
	ADDRESS, CONTINUED			
CITY Clarkston	STATE WA	ZIP CODE 99403		

Anyone who knowingly makes a false statement of a material fact is guilty of a felony, and upon conviction may be punished by a fine of \$5,000 and or 10 years imprisonment (RCW 46.12.210). I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT I/WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE: Registered Owner Signature(s): <input checked="" type="checkbox"/> <i>[Signature]</i> <input checked="" type="checkbox"/> <i>[Signature]</i>	DEALER'S REPORT OF SALE I certify that this information is correct. The vehicle is clear of encumbrances except as shown. Any required sales tax has been collected.		DATE OF SALE 12/06/2004	GWT CREDIT (ATTACH PROOF)
			DATE OF DELIVERY	TOTAL FEES & TAX
	WA DLR NO.	DEALER NAME	DEALER'S AUTHORIZED SIGNATURE	

NOTARY SIGNATURE <i>[Signature]</i>	Subscribed & Sworn Before Me This 6 Day of Dec. 200 4
PRINTED NOTARY NAME OR LICENSE AGENT # P. Charlo	Residing in Winston County

VEHICLE • APPLICATION FOR CERTIFICATE OF TITLE

52585