Department of Revenue Washington State

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: Liston Hedrick
Street: 1445 Elm st. #2
City: Clarkston State: WA Zip code: 99403
Phone number:

NEW REGISTERED OWNER (Buyer)
Name: Betty Christensen
Street: 1772 W. Windsor Ave
City: CDA State: Id Zip code: 83815
Phone number: (208) 665-9789

LOCATION OF MOBILE HOME
Name: Liston Hedrick
Street: 1445 Elm St. #2
City: Clarkston State: WA Zip code: 99403

LEGAL OWNER
Name: Liston Hedrick
Street: 1445 Elm St. #2
City: Clarkston State: Wa Zip code: 99403

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-004-23-012-0003-0022
LIST ASSESSED VALUE(S): $ 37,900

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

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.
Lib H	1994	HS TL		A94358491	0200

Date of Sale: 4-1-19
Taxable Sale Price ..... $
Excise Tax: State ..... $ 0.00
Select 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(16)(i)
WAC Title Inheritance nonprobated

A MINIMUM OF $10.00 IS DUE IN FEE(S) AND/OR TAX.

D2-D2

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: Betty Christensen
Name (print):
Date and Place of Signing: 11/18/2019

Signature of Buyer/Agent: Betty Christensen
Name (print):
Date & Place of Signing: 11/18/2019

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.

11-18-19 — Bethany Frost
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

CASH 10.00 BF

PAID
NOV 18 2019
ASOTIN COUNTY TREASURER

052736

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

WASHINGTON STATE DEPARTMENT OF LICENSING

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	Make	Series/Body style
	1994	LIBH	HS TL MFRD HM

Vehicle Identification Number (VIN) or Vessel Hull Identification Number (HIN): A943584 91

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 Liston Hedrick (Name of deceased), the registered owner of this vehicle/vessel, died on the 12 (Day) day of February (Month), 2019 (Year).
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 sister (Relationship to deceased) of the deceased. No relative who would have prior right, except _____ (Person who would have prior right) survives the deceased, and provision has been made for payment of debts of the deceased. Signature must be notarized or certified below.

Betty Christensen (Printed name) X [signature] (Signature) 11/17/2019 (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 _____ (Transferee)
   at _____ (Transferee's address) was duly entered in _____ (Title of case)
   _____ (Name of administrator (if in probate)) _____ (Docket number of case)
   on the _____ (Day) day of _____ (Month), _____ (Year).
2. For those cases in which the estate executor or administrator transfers title:
   _____ (Name of executor/administrator) was duly appointed under the nonintervention will of _____ (Name of deceased) 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)

_____ Signature

_____ Printed or stamped name

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

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 902-3770 or TTY (360) 664-0116.

TD-420-041 (R/4/12)WA

52736

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2019-009473

DATE ISSUED: 03/04/2019
FEE NUMBER:

FIRST AND MIDDLE NAME(S): LISTON EDWARD
LAST NAME(S): HEDRICK
AKA: ED HEDRICK
AKA:
AKA:

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: FEBRUARY 23, 2019
HOUR OF DEATH: 11:00 PM PRESUMED
SEX: MALE
AGE: 55 YEARS
SOCIAL SECURITY NUMBER: [redacted]

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

BIRTH DATE: [redacted]
BIRTHPLACE: LEWISTON, ID

MARITAL STATUS: DIVORCED
SPOUSE: NOT APPLICABLE

OCCUPATION: GENERAL LABORER
INDUSTRY: GENERAL LABOR
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE
US ARMED FORCES: NO

INFORMANT: MIKE TANNER
RELATIONSHIP: BROTHER
ADDRESS: 2129 HOLLY AVE, CLARKSTON WA, 99403

CAUSE OF DEATH:
A: MYOCARDIAL INFARCTION
INTERVAL: MOMENTS
B: CORONARY ARTERY DISEASE
INTERVAL: YEARS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION

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

LOCATION OF INJURY:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1445 ELM ST TRL #2
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 1445 ELM ST TRL #2
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO
COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER/PARENT: LISTON OLIVER HEDRICK
MOTHER/PARENT: OPAL JUANITA BREWER

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

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: MARCH 04, 2019

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES LLC
ADDRESS: PO. BOX 107
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
FUNERAL DIRECTOR: RICHARD LASSITER

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

CERTIFIER NAME: LISA WEBBER
TITLE: CORONER/ME
CERTIFIER ADDRESS: PO BOX 220
CITY, STATE, ZIP: ASOTIN, WA 99402
DATE SIGNED: FEBRUARY 26, 2019

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

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: MARCH 04, 2019

NOT VALID IF PHOTOCOPIED OR ALTERED

14953714

THE ATTACHED IDAHO CERTIFICATE OF TITLE IS THE LEGAL OWNERSHIP DOCUMENT FOR YOUR VEHICLE OR VESSEL. DO NOT CARRY IT IN YOUR VEHICLE OR VESSEL. KEEP IT IN A SECURE PLACE. UPON SALE OR TRANSFER OF THIS VEHICLE OR VESSEL, THE NEW OWNER MUST APPLY FOR TITLE WITHIN 30 DAYS TO AVOID A $20.00 PENALTY.

CHRISTENSEN, BETTY SANDRA

1772 W WINDSOR AVE # F2-14
COEUR D ALENE ID 83815-9483

19FW004086 DVS01182 1925

IDAHO CERTIFICATE OF TITLE

ITD 3517 (Rev. 03-17)
Supply # 018755298

VEHICLE IDENTIFICATION NUMBER	YEAR	MAKE	BODY	MODEL	DESCRIPTION
09L27989	1994	LIBH	HS	TL	MFRD HM

2ND VEHICLE IDENTIFICATION NUMBER	ODOMETER READING	DATE
	EXEMPT	

TITLE NUMBER	PRINT DATE	WEIGHT	LENGTH	WIDTH	HULL	HORSEPOWER	PROPULSION
A94358491	04/05/2019						

OWNER'S NAME AND ADDRESS

CHRISTENSEN, BETTY SANDRA
1772 W WINDSOR AVE # F2-14
COEUR D ALENE, ID 83815-9483

OTHER PERTINENT DATA

GREAT SEAL OF THE STATE OF IDAHO

Assignment of Title

Warning: It is a felony to enter a false selling price, name, or address, or to alter or forge this document. Federal and State laws require you to state the mileage when transferring motor vehicle ownership. Failure to complete or providing false information may result in fines and/or imprisonment.

1 **Odometer Reading** - Reading is actual unless indicated otherwise
(No tenths) Reading Date
☐ In Excess of Mechanical Limits ☐ Exempt
☐ Not Actual - **Warning: Odometer Discrepancy** ☐ No Device

2 Date Sold Selling Price (See warning above)

3 Seller's or Representative's Printed Name(s)

4 I certify, to the best of my knowledge, that the odometer reading reflects the actual mileage, unless otherwise indicated. I also hereby transfer ownership to the named purchaser. I realize I must file a release of liability statement within five days of delivering the vehicle to the purchaser.

Seller's or Representative's Signature
A X
B X

5 A 1st Purchaser's Printed Full Legal Name / Idaho Driver's License No. or SSN; EIN if Business
B 2nd Purchaser's Printed Full Legal Name / Idaho Driver's License No. or SSN; EIN if Business

6 Mailing Address and Physical Address (if different)

7 City State Zip

8 If I apply for title in Idaho, I know I must do so within 30 days of purchase or a $20.00 late filing penalty will be due. I am aware of the odometer certification made by the seller.
A 1st Purchaser's Signature (or Representative's Signature) X
B 2nd Purchaser's Signature (or Representative's Printed Name) X

Lienholder Section

First Lien
NONE

RECORDED 04/01/2019

9 Signature Releasing Lien Date
X

Second Lien

10 Signature Releasing Lien Date
X

11 New Lienholder's Name / EIN (Use Idaho driver's license # or SSN if individual)

12 Mailing Address

13 City State Zip

14953714 52736

VOID IF ALTERED / EAGLE WATERMARK VISIBLE IF HELD TO LIGHT