

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.

Used for sales on or after Jan. 1, 2020

FOR USE WHEN TRANSFERRING TITLE TO MOBILE HOME ONLY

PLEASE TYPE OR PRINT
INCOMPLETE AFFIDAVITS WILL NOT BE ACCEPTED

REGISTERED OWNER (Seller)

Name: Retta Ann Vantrease

heir of Robert W. and Retta S. Vantrease, deceased

Street: 13008 NE 14th Avenue

City: Vancouver State: WA Zip code: 98660

Phone number:

LOCATION OF MOBILE HOME

Name: Sunset Heights MH Park

Street: 2115 6th Avenue

City: Clarkston State: WA Zip code: 99403

PERSONAL PROPERTY
PARCEL or ACCOUNT NO. 5-041-35-003-0001-0970
LIST ASSESSED VALUE(S): \$ 36,100.00

NEW REGISTERED OWNER (Buyer)

Name: Helen I. Egland

Janell Arnzen

Street: 2115 6th Ave # 97

City: Clarkston State: WA Zip code: 99403

Phone number:

LEGAL OWNER

Name: Helen I. Egland

Janell Arnzen

Street: 2115 6th Ave # 97

City: Clarkston State: WA Zip code: 99403

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

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.
MARLT	1993		48/26	H007716AB	

Is this property predominantly used for timber (as classified under RCW 84.34 and 84.33) or agriculture (as classified under RCW 84.34.020)?
See ETA 3215 Yes No

Date of Sale: 05/01/2023

Taxable Sale Price	\$ 98,000.00
Excise Tax: State	\$ 1,078.00
County Local	\$ 245.00
Delinquent Interest: State	\$ 0.00
0.0025 Local	\$ 0.00
Delinquent Penalty	\$
Subtotal	\$ 1,323.00
State Technology Fee	\$ 5.00
Affidavit Processing Fee	\$ 0.00
Total Due	\$ 1,328.00

If exemption claimed, WAC number & title:
WAC No. (Sec/Sub) _____
WAC Title _____

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

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 2023

5-2-23 Date
County Treasurer or Deputy

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: *[Signature]*

Name (print) Retta Ann Vantrease

Date and Place of Signing: 04/28/2023, Clarkston, WA

Signature of Buyer/Agent: *[Signature]*

Name (print) Helen I. Egland

Date & Place of Signing: 05/01/2023, Clarkston, WA

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).

PAID

MAY 02 2023

ASOTIN COUNTY
TREASURER

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

State of Idaho
CERTIFICATE OF DEATH

1. DECEASED'S LEGAL NAME (Include MAIDEN NAME if the MAIDEN NAME IS KNOWN)

2. SEX
 FEMALE

3. SOCIAL SECURITY NUMBER

4. ADDRESS (Include HOME ADDRESS if the HOME ADDRESS IS KNOWN)

5. BIRTHPLACE (City and State, Territory, or Foreign Country)
 ASOTIN, WASHINGTON

6. DATE OF BIRTH (Month/Day/Year)
 07/20/1933

7. CITY OR TOWN
 CLARKSTON

8. STATE, TERRITORY, OR FOREIGN COUNTRY
 WASH DC

9. ZIP CODE
 99403

10. YES NO

11. COUNTY
 ASOTIN

12. MARRIAGE STATUS (If not, give maiden name)
 MARRIED

13. SPOUSE'S NAME (Last, First, Middle Name)
 ROBERT VANTREASE

14. BIRTHPLACE (State, Territory, or Foreign Country)
 KANSAS

15. STREET AND ADDRESS
 2116 6TH AVE

16. BIRTHPLACE (State, Territory, or Foreign Country)
 WASHINGTON

17. MARITAL ADDRESS (Street and Number, City, State, Zip Code)
 2116 6TH AVE TRLR 07 ASOTIN, WA 99403

18. FATHER'S NAME (Last, First, Middle Name)
 RUSSELL B DOON

19. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY
 MOUNTAIN VIEW FUNERAL HOME
 3521 SEVENTH STREET
 LEWISTON, IDAHO 83501

19. MOTHER'S NAME (Last, First, Middle Name)
 HENRIETTA SCHIBBE

20. RELATIONSHIP TO DECEASED
 HUSBAND

21. LICENSE NUMBER (If known)
 M0771

22. WAS DOCTOR CONTACTED DUE TO CAUSE OF DEATH?
 Yes No

23. NAME (Last, First, Middle Name)
 ROBERT VANTREASE

24. PLACE OF DEPOSITION (Name and Address of Cemetery, Crematory, etc. or Place)
 MOUNTAIN VIEW CREMATORY
 1821 SEVENTH STREET
 LEWISTON, IDAHO 83501

25. NAME (Last, First, Middle Name)
 EDWARD GERALD E. BARTLOW

26. PLACE OF DEATH (If not)
 LEWISTON, ID 83501

27. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL
 Home Nursing home Long term care facility Other (Specify) _____

28. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE
 LEWISTON, ID 83501

29. COUNTY OF DEATH
 NEZ PERCE

30. TIME OF DEATH (Hour:Minute)
 18:20

31. DATE PROLONGER DEAD (Month/Day/Year) (Set none)
 May 3, 2021

32. TIME EMERGENCY DEAD (24hr)
 18:20

33. CAUSE OF DEATH
 (If death directly caused the death, DO NOT enter terminal events such as cardiac arrest, etc. DO NOT abbreviate. Use only one cause or a few

Approximate Time Interval:
 Ortel to Death
 YEARS

34. YEARS

35. YEARS

36. YEARS

37. WAS AN AUTOPSY PERFORMED?
 Yes No

38. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
 Yes No

39. MANNER OF DEATH
 Natural Homicide
 Accident Pending Investigation
 Suicide Could not be determined

40. PLACE OF INJURY (Decedent's home, farm, street, construction site, public home, restaurant, forest, etc.)

35. INJURY AT VII
 Yes No

41. Town or County

Zip Code

Apartment Number

42. STATE, THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup motorcycle, ATV, bicycle, etc.)

56035

43. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY?
 Seat belt Child safety seat Helmet Airbag None Unk

44. ADVANCED PRACTICE REGISTERED NURSE

716. LICENSE NUMBER
 M-07043



CERTIFICATE OF DEATH

DATE ISSUED: 02/22/2023
FEE NUMBER:

CERTIFICATE NUMBER: 2023-008133

FIRST AND MIDDLE NAME(S): ROBERT WILLIAM
LAST NAME(S): VANTREASE

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: FEBRUARY 19, 2023
HOUR OF DEATH: 04:21 AM
SEX: MALE AGE: 91 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 2115 6TH AVE #97
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 2115 6TH AVE #97
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 7 YEARS

FATHER: LEONARD VANTREASE
MOTHER: EVA YOUNG

METHOD OF DISPOSITION: REMOVAL FROM STATE
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: FEBRUARY 21, 2023

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME

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

BIRTH DATE: SEPTEMBER 03, 1931
BIRTH PLACE: BOLES, ID

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: BOILER OPERATOR
INDUSTRY: PAPER MILL
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

DECEASED: RETTA VANTREASE
RELATIONSHIP: DAUGHTER
ADDRESS: 14008 NE 14TH AVE, VANCOUVER WA, 98685

CAUSE OF DEATH: SEPSIS
INTERNAL CAUSE
DECUBITAL ULCERS OF BUTTOCKS
INTERNAL UNKNOWN

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION, ATRIAL
ARRHYTHMIA, CHRONIC KIDNEY DISEASE

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

CERTIFIER NAME: ELIZABETH N. BLACK, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1274 HIGHLAND AVE STE B
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
DATE SIGNED: FEBRUARY 20, 2023

TYPE OF INJURY:
LOCATION OF INJURY:
MANNER OF INJURY:
STATE, ZIP:
CITY:

HOW INJURY OCCURRED:

SPORTATION INJURY, SPECIFY: NOT APPLICABLE


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

66035

Vehicle Report of Sale

The seller must release interest in the vehicle by signing the Vehicle Certificate of Title below and giving it to the buyer. The seller must complete this Report of Sale and file it with the Department of Licensing within 5 business days of the sale. Filing may protect the seller from civil liability if the buyer does not transfer ownership. File free at dol.wa.gov or at a vehicle licensing office for a fee.

License number %086717	Vehicle identification number (VIN) H007716AB	Year 1993	Make MARLT	Model	Title number 1421213915
Name of seller/transferor (current registered owner)			Name of buyer/transferee		
Complete address of seller/transferor			Complete address of buyer/transferee		
City, State, ZIP code			City, State, ZIP code		
Date vehicle sold	Today's date	Sale price	Buyer/Transferee driver license number (if available)		



STATE OF WASHINGTON
Vehicle Certificate of Title
Title Number
1421213915

License Number %086717	Vehicle Identification Number (VIN) H007716AB	Year 1993	Make MARLT	Model	Style	Series/Body 48/26	
Date of Application 07/31/2014	Odometer Miles 000000	Odometer Status E	Fuel Type	Prior Title State WA			Prior Title Number 1018820103
Scale Weight 00000	Gross Vehicle Weight Rating Code	Vehicle Color WHITE	Comments 35000-2014, JTWROS				
Brands							

Sale price \$ **9,800.00**

Date of sale **4/28/2023**

Legal Owner: To release interest, sign below and give this title to the registered owner/transferee or to a vehicle licensing office with the proper fee within 10 days of satisfaction of the security interest, or you may be liable to the owner/transferee for penalties.

Buyer: You must apply for title within 15 calendar days of acquiring the vehicle to avoid a penalty. Take this signed title to a vehicle/vessel licensing office with the appropriate fees.

Legal Owner VANTREASE, ROBERT W VANTREASE, RETTA S 2115 6TH AVE # 97 CLARKSTON, WA 99403	Registered Owner SAME AS LEGAL OWNER
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<p>X <i>Retta Anne Vantrease</i> <u>DP0A</u> Date</p> <p>Signature of first legal owner releases all interest in the vehicle described above. If signing for a business, include business name, signature, and title.</p>	<p>X _____ Date</p> <p>Signature of registered owner releases all interest in the vehicle described above. If signing for a business, include business name, signature, and title.</p>
<p>X _____ Date</p> <p>Signature of second legal owner releases all interest in the vehicle described above. If signing for a business, include business name, signature, and title.</p>	<p>X _____ Date</p> <p>Signature of registered owner releases all interest in the vehicle described above. If signing for a business, include business name, signature, and title.</p>

I certify that the records of the Department of Licensing show the persons named hereon as registered owners and legal owners of the vehicle described.

Pet Kohler
Director, Department of Licensing

Federal regulation and state law require you to state the mileage when transferring ownership if the vehicle is less than 10 years old, unless exempt. Failure to complete this statement or providing a false statement may result in fines and/or imprisonment.

I certify, to the best of my knowledge, the odometer reading is: (no tenths) Transfer date ____/____/____

This reading is: (check one) the actual mileage of the vehicle in excess of its mechanic limits not the actual mileage

Signature of transferee/buyer X _____	Signature of transferor/seller X _____
PRINTED name of transferee/buyer	PRINTED name of transferor/seller
Address of transferee/buyer	Address of transferor/seller 56025

Keep in a safe place. Any alteration or erasure voids this title.

Affidavit of Inheritance / Litigation

License Plate/Registration Number	Year 1993	Make MARLT	Series/Body Style 48/26
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Vehicle Identification Number (VIN) OR Vessel Hull Identification Number (HIN)
H007716AB

INHERITANCE

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

I, being duly sworn, depose and say that Robert W. Vantrease, who is the registered owner of this vehicle/vessel, died on the 19th day of February, 2023.

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 daughter of the deceased; that no relative who would have prior right, except n/a survives said deceased, and that provision has been made for payment of debts of the deceased. SEE BELOW FOR NOTARY/CERTIFICATION OF SIGNATURE.

Retta Ann Vantrease Retta Anne Vantrease X Retta Anne Vantrease

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 _____, 2023.

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.

NOTARY SEAL OR STAMP	NOTARIZATION / CERTIFICATION	
	State of Washington	Signed or attested
	County of _____	before me on _____
	by _____	Signature _____
	Printed Name of Person Signing Document	Notary / Agent Signature
	Notary's Name (PRINTED or STAMPED)	
	Title _____	Dealer No. OR AND: County / Office No. OR Notary Expiration Date

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 902-3600 or TTY (360) 664-8885.

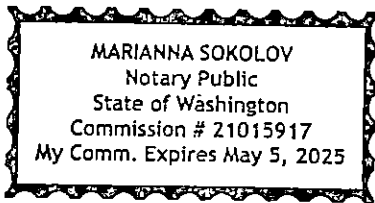
56035

WASHINGTON SHORT-FORM INDIVIDUAL ACKNOWLEDGMENT
RCW 42.45.140

State of Washington }
County of Clark } ss.

This record was acknowledged before me on April 28, 2023
Date

by Retta Ann Vantrease
Name(s) of Individual(s)



Marianna Sokolov
Signature of Notarizing Officer

Notary Public
Title (Such as "Notary Public")

Place Notary Seal and/or Stamp Above

My commission expires: 05/05/2025

OPTIONAL

*Completing this information can deter alteration of the document or
fraudulent reattachment of this form to an unintended document.*

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Affidavit of Inheritance / Litigation

License Plate/Registration Number	Year	Make	Series/Body Style
	1993	MARLT	48/26

Vehicle Identification Number (VIN) OR Vessel Hull Identification Number (HIN)
H007716AB

INHERITANCE

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

I, being duly sworn, depose and say that Retta S. Vantrese, who is the registered owner of this vehicle/vessel, died on the 3rd day of May, 2021, who is the registered Name Of Deceased

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 daughter of the deceased; that no relative who would have prior right, except n/a survives said deceased, and that provision has been made for payment of debts of the deceased. SEE BELOW FOR NOTARY/CERTIFICATION OF SIGNATURE.

Retta Ann Vantrese X Retta Ann Vantrese

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: _____ Transferee
 at _____ was duly entered in _____ Title Of Case
 _____ Transferee's Address
 _____ Name Of Administrator (IF IN PROBATE) _____ Docket Number Of Case
 on the _____ day of _____, X
 _____ County Clerk Signature

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
 _____ Executor / Administrator Signature

NOTARY SEAL OR STAMP

NOTARIZATION / CERTIFICATION

State of Washington Signed or attested
 County of _____ before me on _____
 by _____ Signature _____
 Printed Name of Person Signing Document Notary / Agent Signature
 Notary's Name (PRINTED or STAMPED) _____
 Title _____ Dealer No. OR
 Notary / Agent AND: County / Office No. OR
 Notary Expiration Date _____

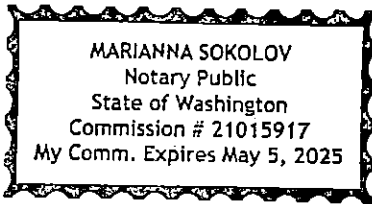
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WASHINGTON SHORT-FORM INDIVIDUAL ACKNOWLEDGMENT
RCW 42.45.140

State of Washington }
County of Clark } ss.

This record was acknowledged before me on April 28, 2023
Date

by Retta Ann Vantrease
Name(s) of Individual(s)



Marianna Sokolov
Signature of Notarizing Officer

Notary Public
Title (Such as "Notary Public")

Place Notary Seal and/or Stamp Above

My commission expires: 05/05/2025

OPTIONAL

*Completing this information can deter alteration of the document or
fraudulent reattachment of this form to an unintended document.*

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____