

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: David E. Clark, TTEE of Clark Living Trust

Street: 1215 Evergreen Ct #351

City: Clarkston State: WA Zip code: 99403

Phone number:

LOCATION OF MOBILE HOME

Name: Lambert Mobile Home Park

Street: 1722 Lambert Drive

City: Clarkston State: WA Zip code: 99403

NEW REGISTERED OWNER (Buyer)

Name: Sharon Baker

Street: Baker's Lighthouse Properties, LLC

Street: 1722 Lambert Dr #1

City: Clarkston State: WA Zip code: 99403

Phone number:

LEGAL OWNER

Name: Freedom Northwest Credit Union

Street: PO Box 68

City: Kamiah State: ID Zip code:

PERSONAL PROPERTY
PARCEL or ACCOUNT NO. 5-004-14-008-0001-0061
LIST ASSESSED VALUE(S): \$ 40,400.00

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

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.
MARLE	1994		28/56	H009351AB	

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: 05/19/2023

Taxable Sale Price\$ 80,000.00

Excise Tax: State.....\$ 880.00

County Local.....\$ 200.00

Delinquent Interest: State.....\$ 0.00

0.0025 Local.....\$ 0.00

Delinquent Penalty\$

Subtotal\$ 1,080.00

State Technology Fee\$ 5.00

Affidavit Processing Fee.....\$ 0.00

Total Due.....\$ 1,085.00

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
5-19-23 [Signature]
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 of David E. Clark]

Name (print) David E. Clark, TTEE

Date and Place of Signing: 05/16/2023, Clarkston, WA

Signature of Buyer/Agent: [Signature of Sharon Baker]

Name (print) Sharon Baker

Date & Place of Signing: 05/19/2023, 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.56.020 (1d) and RCW 9A.56.020).

PAID
MAY 19 2023
ASOTIN COUNTY
TREASURER

**STATE OF WASHINGTON
VEHICLE CERTIFICATE OF OWNERSHIP (TITLE)**

CERTIFICATE NUMBER
0811216708

LICENSE NUMBER 8050414	VEHICLE IDENTIFICATION NUMBER (VIN) H009351AB	YEAR 1994	MAKE MARLE	MODEL	STYLE	SERIES BODY 28/56
DATE ISSUED 04/21/2008	ODOMETER MILES 000000	ODOMETER STATUS EXEMPT	FLEET NUMBER	EQUIP NUMBER	FUEL TYPE UNPOWERED	
USE CLASS MOB	SCALE WEIGHT 00000	GROSS WEIGHT 000000	VEHICLE COLOR YEL/WHI	PRIOR TITLE STATE WA	PRIOR TITLE NUMBER 0728206803	

COMMENTS:
65000-2008

BRANDS

VOID VOID VOID VOID

SALE PRICE \$ 30,000.00
DATE OF SALE 5-19-2023

LEGAL OWNER: When lien is satisfied, release interest by signing below and transmit this document to County Auditor or Agent with proper fee. Failure to properly release and transmit the document within 10 days after lien is satisfied may result in monetary penalty to the debtor, pursuant to RCW 46.12.170. **TRANSFEREE / BUYER MUST APPLY FOR TRANSFER OF OWNERSHIP WITHIN 15 DAYS FROM DATE OF DELIVERY TO AVOID PENALTY.**

LEGAL OWNER:

**CLARK LIVING TRUST
CLARK, DAVID E TRUSTEE
CLARK, GLORIA J TRUSTEE
1722 LAMBERT DR TRLR 6
CLARKSTON WA 99403-3069**

REGISTERED OWNER:

SAME AS LEGAL OWNER

SIGNATURE OF LEGAL OWNER, HEREBY RELEASES ALL INTEREST IN VEHICLE AS DESCRIBED ABOVE

DATE

David E Clark 5/19/23

SIGNATURE OF REGISTERED OWNER, HEREBY RELEASES ALL INTEREST IN VEHICLE DESCRIBED ABOVE

DATE

David E Clark 5/19/23

SIGNATURE OF LEGAL OWNER, HEREBY RELEASES ALL INTEREST IN VEHICLE AS DESCRIBED ABOVE

DATE

SIGNATURE OF REGISTERED OWNER, HEREBY RELEASES ALL INTEREST IN VEHICLE DESCRIBED ABOVE

DATE

I CERTIFY THAT THE RECORDS OF THE DEPARTMENT OF LICENSING SHOW PERSONS NAMED HEREON AS REGISTERED OWNERS AND LEGAL OWNERS OF THE VEHICLE DESCRIBED.

Eli Shott D. Wise

DIRECTOR DEPARTMENT OF LICENSING 05/06

0039247 01 AB

0039247 01 AB

I certify, to the best of my knowledge, that the ODOMETER READING, as shown below: (CHECK ONE)



NO TENTHS

- 1. is the ACTUAL MILEAGE of the vehicle.
- 2. is in EXCESS OF ITS MECHANICAL LIMITS
- 3. is NOT THE ACTUAL MILEAGE

ODOMETER READING (in miles)

Date of Transfer

TRANSFEREE / BUYER: unless licensed dealer, must transfer title within 15 days of sale. If we warrant this Title and certify that the vehicle described herein has been sold to the following:

SIGNATURE OF TRANSFEREE / BUYER

SIGNATURE OF TRANSFEROR / SELLER

HANDPRINTED NAME OF TRANSFEREE / BUYER

HANDPRINTED NAME OF TRANSFEROR / SELLER

ADDRESS OF TRANSFEREE / BUYER

ADDRESS OF TRANSFEROR / SELLER

56081



FEDERAL REGULATION AND STATE LAW REQUIRE THAT YOU STATE THE MILEAGE IN CONNECTION WITH THE TRANSFER OF OWNERSHIP. FAILURE TO COMPLETE ODOMETER STATEMENT OR PROVIDING A FALSE STATEMENT MAY RESULT IN FINES AND/OR IMPRISONMENT.

KEEP IN A SAFE PLACE

ANY ALTERATION OR ERASURE VOIDS THIS TITLE

TD-420-002

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



10033103

CERTIFICATE NUMBER: 2022-057754

DATE ISSUED: 11/15/2022
FEE NUMBER:

FIRST AND MIDDLE NAME(S): GLORIA JEAN
LAST NAME(S): CLARK

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: NOVEMBER 11, 2022
HOUR OF DEATH: 04:00 PM
SEX: FEMALE AGE: 80 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: NOVEMBER 25, 1941
BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: DAVID CLARK

OCCUPATION: LEGAL SECRETARY
INDUSTRY: ATTORNEY'S OFFICE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: DAVID CLARK
RELATIONSHIP: HUSBAND
ADDRESS: 1722 LAMBERT DR #6, CLARKSTON WA, 99403

CAUSE OF DEATH:
A: ADULT FAILURE TO THRIVE
INTERVAL: UNKNOWN
B: MULTIPLE SCLEROSIS
INTERVAL: UNKNOWN
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: COPD; SEVERE PROTEIN
MALNUTRITION

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: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: CLARKSTON HEALTH & REHABILITATION OF
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 1722 LAMBERT DR #6
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 26 YEARS

FATHER: SVEN HOLGER LARSON
MOTHER: BELLE BITNEY

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

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: NOVEMBER 15, 2022

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: SETH SIX, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 415 6TH ST
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
DATE SIGNED: NOVEMBER 14, 2022

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

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: NOVEMBER 15, 2022

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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 Birth 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: Self Guardian Informant Hospital Parent(s) Funeral Director Other (specify) _____

7. Return Mailing Address: PO 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 currently shows:	The true fact is:
8.	9.
10.	11.
12.	13.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

14a. Signature: Printed name: Date: 14b. Signature of 2nd parent (if required): Printed name: Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Copy of Passport / Enhanced ID
- Green/Permanent Resident card (I-551)

You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

Birth Certificates

1. 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.
2. 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.
3. Proof documentation must be five or more years old or established within five years of birth.
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

Child under 18

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one or up to one year following the filing of an Acknowledgement of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required.
- To correct the sex of the child, one proof documentation from a medical provider is required.

Adult (18 years or older)

- Only the adult can change his or her birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

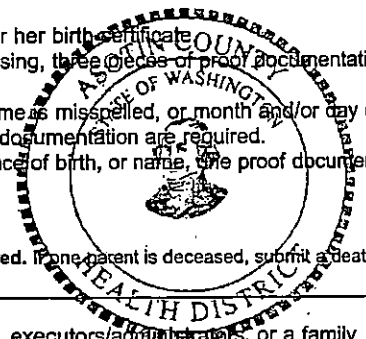
*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

Death Certificates

1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal facts (minor spelling changes in name, date or place of birth, or residence) may be changed by the person with one piece of proof documentation.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



Bob Lutz, M.D., MPH
Health Officer
NOV 15 2022

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