

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: Terrie L. Shawver, Street: 1326 Cedar Ave, City: Lewiston, State: ID, Zip code: 83501

LOCATION OF MOBILE HOME Name: Sonary Crest Mobile Home Park, Street: 2015 6th Avenue, City: Clarkston, State: WA, Zip code: 99403

NEW REGISTERED OWNER (Buyer) Name: Ronald P. Cornwell, Barbara M. Allen-Cornwell, Street: 2015 6th Avenue, #135A, City: Clarkston, State: WA, Zip code: 99403

LEGAL OWNER Name: Ronald P. Cornwell, Barbara M. Allen-Cornwell, Street: 2015 6th Avenue, #135A, City: Clarkston, State: WA, Zip code: 99403

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-041-35-002-0002-1350 LIST ASSESSED VALUE(S): \$ 50,100.00

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: RIDGE, 1991, 28/70, 11816207

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 Date of Sale 06/23/2023 Yes No

Taxable Sale Price \$ 142,000.00

Excise Tax: State \$ 1,562.00

County Local \$ 355.00

Delinquent Interest: State \$ 0.00

0.0025 Local \$ 0.00

Delinquent Penalty \$

Subtotal \$ 1,917.00

State Technology Fee \$ 5.00

Affidavit Processing Fee \$ 0.00

Total Due \$ 1,922.00

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 ASOTW County on the mobile home described hereon have been paid to and including the year 2023

6-27-23 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 Terrie L. Shawver

Name (print) Terrie L. Shawver

Date and Place of Signing: 06/22/2023, Clarkston, WA

Signature of Buyer/Agent Ronald P. Cornwell

Name (print) Ronald P. Cornwell

Date & Place of Signing: 06/22/2023, 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 9A.56.010 (4d), and RCW 9A.56.020).

PAID

JUN 27 2023

ASOTIN COUNTY TREASURER

#56158

THIS SPACE - TREASURER'S USE ONLY

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



DATE ISSUED: 08/10/2022  
FEE NUMBER:

CERTIFICATE NUMBER: 2022-040472

FIRST AND MIDDLE NAME(S): MARVIN L  
LAST NAME(S): LUKEHART

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: AUGUST 05, 2022  
HOUR OF DEATH: 12:50 AM  
SEX: MALE AGE: 87 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: MAY 15, 1935  
BIRTHPLACE: BOISE, ID

MARITAL STATUS: WIDOWED  
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: PAPER MILL  
INDUSTRY: LABORER  
EDUCATION: 8TH GRADE OR LESS  
US ARMED FORCES: YES

INFORMANT: THOMAS LUKEHART  
RELATIONSHIP: SON  
ADDRESS: 3333 164TH ST SW #1125 LYNNWOOD WA 98087

CAUSE OF DEATH:  
A: CHRONIC OBSTRUCTIVE PULMONARY DISEASE  
INTERVAL: UNKNOWN  
B:  
INTERVAL:  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC KIDNEY DISEASE

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: DECEDENT'S HOME  
FACILITY OR ADDRESS: 2016 6TH AVE  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 2015 6TH AVE 135A  
CITY, STATE, ZIP: CLARKSTON, WA 99403  
INSIDE CITY LIMITS: NO COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 31 YEARS

FATHER: THOMAS IVAN LUKEHART  
MOTHER: IRIS KAUFFMAN

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

CITY, STATE: LEWISTON, IDAHO  
DISPOSITION DATE: AUGUST 10, 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: ELIZABETH N. BLACK, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1271 HIGHLAND AVE STE B  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403  
DATE SIGNED: AUGUST 10, 2022

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

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON  
DATE RECEIVED: AUGUST 10, 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**

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 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: <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: 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:	14b. Signature of 2 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	Date:

**INSTRUCTIONS – go to [www.doh.wa.gov](http://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**

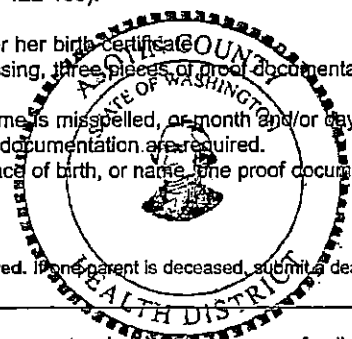
- Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
  - The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
  - Proof documentation must be five or more years old or established within five years of birth.
  - 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 Acknowledgment 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**

- 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.
- 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 proof documentation.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



AUG 10 2022

56158



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STATE OF WASHINGTON

# Vehicle Certificate of Ownership (Title)

Certificate Number

**1127835305**

License number <b>&amp;017961</b>	Vehicle identification number (VIN) <b>11816207</b>	Year <b>1991</b>	Make <b>RIDGE</b>	Model	Style	Series/Body <b>28/70</b>
Date issued <b>10/05/2011</b>	Odometer miles <b>0000000</b>	Odometer status <b>E</b>	Fleet number	Equipment number	Fuel type	
Use class <b>MOB</b>	Scale weight <b>00000</b>	Gross weight	Vehicle color <b>GRAY / WHITE</b>	Prior title state <b>WA</b>	Prior title number <b>9831302805</b>	

Comments  
**51500-2011, JTWROS**

Brands

Sale price \$ 142,000.00  
Date of sale 6-23-2023

**Legal owner:** To release your interest, sign below, then give this title to the registered owner/transferee or send it to a vehicle licensing office with the proper fee. You may be liable to the registered owner/transferee for penalties if you do not release interest within 10 days after proper demand.

Legal owner  
**LUKEHART, MARVIN L  
SHAWVER, TERRIE L  
2015 6TH AVE SPC 135  
CLARKSTON, WA 99403**

Registered owner  
**SAME AS LEGAL OWNER**

Terrie L Shawver 6-23-23  
Signature of legal owner releases all interest in the vehicle described above Date

Terrie L Shawver 6-23-23  
Signature of registered owner releases all interest in the vehicle described above Date

Signature of legal owner releases all interest in the vehicle described above Date

Signature of registered owner releases all interest in the vehicle described above Date

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.

[Signature]  
Director, Department of Licensing

Assignment by registered owner	Federal regulation and state law requires you to state the mileage in connection with the transfer of ownership. Failure to complete this odometer 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: <input checked="" type="checkbox"/> (no tenths) Transfer date <u>6-23-23</u>	
	This reading is (check one): <input checked="" type="checkbox"/> the actual mileage of the vehicle <input type="checkbox"/> in excess of its mechanic limits <input type="checkbox"/> not the actual mileage.	
	Signature of transferee/buyer <input checked="" type="checkbox"/>	Signature of transferor/seller <input checked="" type="checkbox"/>
	PRINTED name of transferee/buyer	PRINTED name of transferor/seller <b>EG158</b>
Address of transferee/buyer	Address of transferor/seller	

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