

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: BILLY J. EASTMAN

Street: 1562 10TH ST

City: CLARKSTON State: WA Zip code: 99403

Phone number: \_\_\_\_\_

NEW REGISTERED OWNER (Buyer)

Name: ALLEN EASTMAN

Street: 1562 10TH ST

City: CLARKSTON State: WA Zip code: 99403

Phone number: \_\_\_\_\_

LOCATION OF MOBILE HOME

Name: \_\_\_\_\_

Street: 1562 10TH ST.

City: CLARKSTON State: WA Zip code: 99403

LEGAL OWNER

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

PERSONAL PROPERTY  
PARCEL or ACCOUNT NO. 5-004-15-014-0001-0010  
LIST ASSESSED VALUE(S): \$ 13,100

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

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.
<u>LIBERTY</u>	<u>1986</u>		<u>14X40</u>	<u>09L21500</u>	

Date of Sale: 10-2-19

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 - NON PROBATED

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: [Signature]  
Name (print): Billy Eastman  
Date and Place of Signing: 10-2-19 Asotin, WA

Signature of Buyer/Agent: [Signature]  
Name (print): Allen Eastman  
Date & Place of Signing: 10-2-2019 Asotin, WA

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 2019  
10-2-19  
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).

THIS SPACE - TREASURER'S USE ONLY

A. EASTMAN

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>1986</u>	Make <u>OLK13R</u>	Series/Body style <u>40/14</u>
Vehicle Identification Number (VIN) or Vessel Hull Identification Number (HIN) <u>09L215DD</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 Billy J. Eastman, the registered owner of this vehicle/vessel, died on the 19 day of May, 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 Brother 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.

Allen Eastman  Allen East 10-2-19

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 \_\_\_\_\_

Transferee Transferee's address Title of case

Name of administrator (if in probate) \_\_\_\_\_ Docket number of case \_\_\_\_\_

on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Day Month Year

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.

Name of executor/administrator Name of deceased

\_\_\_\_\_  
Executor/Administrator signature Date

\_\_\_\_\_  
County Clerk signature Date

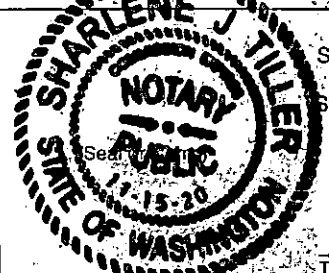
**Notarization Certification**

State of WA, County of Kootenai

Signed or attested before me on 10-2nd-19 by Allen Eastman

Sharlene J. Tiller  
Signature  
Sharlene J. Tiller  
Printed or stamped name

Notary and 11-15-20  
Title 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.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-022740

DATE ISSUED: 05/23/2019  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): BILLY J  
LAST NAME(S): EASTMAN

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: MAY 19, 2019

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 1562 10TH ST  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

HOUR OF DEATH: 12:15 AM  
SEX: MALE AGE: 66 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 1562 10TH ST  
CITY, STATE, ZIP: CLARKSTON, WA 99403  
INSIDE CITY LIMITS: NO COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 20 YEARS

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: EVANSTON, WY

FATHER/PARENT: SAMUEL ALLEN EASTMAN  
MOTHER/PARENT: ZOE REES

MARITAL STATUS: DIVORCED  
SPOUSE: NOT APPLICABLE

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

OCCUPATION: UPHOLSTERER  
INDUSTRY: UPHOLSTERY  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: YES

CITY, STATE: LEWISTON, IDAHO  
DISPOSITION DATE: MAY 21, 2019

INFORMANT: CURTIS EASTMAN  
RELATIONSHIP: SON  
ADDRESS: 1562 10TH ST, CLARKSTON WA, 99403

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

CAUSE OF DEATH:  
A: METASTATIC LUNG CANCER  
INTERVAL: 18 MONTHS

B:  
INTERVAL:  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC OBSTRUCTIVE  
PULMONARY DISEASE, ATRIAL FIBRILLATION, ANOREXIA, MALNUTRITION

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

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

CERTIFIER NAME: ELIZABETH N. BLACK, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1271 HIGHLAND AVE STE B  
CITY, STATE, ZIP: CLARKSTON, WA 99403  
DATE SIGNED: MAY 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: MAY 21, 2019

52606



# 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:	3. Place of Event:
4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution)	5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
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

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<sup>nd</sup> parent (if required): \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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. Documentary proof must be five or more years old or established within five years of birth.

Child under 18	Adult (18 years or older)
<ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship</li> <li>• 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)*</li> <li>• After age one, a court order is required to change the last name</li> <li>• No proof is required to change the first or middle name*</li> <li>• To correct parent's information, one documentary proof is required.</li> <li>• To correct the sex of the child, one documentary proof from a medical provider is required</li> </ul>	<ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate</li> <li>• If the first or middle name is missing, three pieces of documentary proof are required</li> <li>• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required</li> <li>• To correct parent's birth date, place of birth, or name, one documentary proof is required</li> </ul>

\*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

1. 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.
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 documentary proof.
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.

DOH 422-034 October 2015

# CERTIFIED

MAY 23 2019 JP

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



0 1 2 2 0 4 7 7



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

52606