



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: Charles N Partee, Street: 2015 6th Ave Spc 105, City: Clarkston WA, Zip code: 99403

NEW REGISTERED OWNER (Buyer) Name: Barbara A Partee, Street: 2015 6th Ave #105, City: Clarkston WA, Zip code: 99403, Phone number: 509-751-9361

LOCATION OF MOBILE HOME Name: [blank], Street: 2015 6th Ave Spc 105, City: Clarkston WA, Zip code: 99403

LEGAL OWNER Name: [blank], Street: [blank], City: [blank] State: [blank] Zip code: [blank]

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-041-35-002-0002-1050 LIST ASSESSED VALUE(S): \$ 10,200

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

Table with columns: MAKE, YEAR, MODEL, SIZE, SERIAL NO. or I.D., REVENUE TAX CODE NO. Row 1: Van Dyke, 1976, [blank], 24x60, CLK50194, [blank]

Is this property predominantly used for timber...? Yes (No) Date of Sale 12/23/20 Taxable Sale Price \$ 10 Excise Tax: State \$ Local \$ Delinquent Interest: State \$ Local \$ Delinquent Penalty \$ Subtotal \$ State Technology Fee \$ 5.00 Affidavit Processing Fee \$ 5.00 Total Due \$ 10.00

AFFIDAVIT I certify under penalty of perjury... Signature of Seller/Agent Barbara A. Partee Name (print) BARBARA A. Partee Date and Place of Signing: 12-23-20 Asotin Co.

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.060, RCW 9A.56.010 (4d), and RCW 9A.56.020).

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 2020 Date 12/23/20 County Treasurer or Deputy [Signature]

PAID DEC 23 2020 ASOTIN COUNTY TREASURER

THIS SPACE - TREASURER'S USE ONLY

053803

Cash

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 94385	Year 1976	Make VANDK	Series/Body style 60/24
Vehicle Identification Number (VIN) or Vessel Hull Identification Number (HIN) CK5D194			

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 Charles Nylis Partee, the registered owner of this vehicle/vessel, died on the 05 day of Dec., 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 wife of the deceased. No relative who would have prior right, except _____ survives the deceased, and provision has been made for payment of debts of the deceased. Signature must be notarized or certified below.

Barbara A. Partee X Barbara A. Partee 12-23-20
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 _____ on the _____ day of _____, _____.

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.

X _____
Executor/Administrator signature Date

X _____
County Clerk signature Date

Notarization/Certification

State of WA, County of Asotin

Signed or attested before me on 12.23.20 by Barbara A. Partee

Notary Public
State of Washington
(Seal) SHARLENE J TILLER
LICENSE # 105562
MY COMMISSION EXPIRES
NOVEMBER 2022
Notary

Signature Sharlene J. Tiller
Printed or stamped name
and 11.15.24
Dealer or county/office number or notary expiration date

**STATE OF WASHINGTON
VEHICLE CERTIFICATE OF OWNERSHIP (TITLE)
CERTIFICATE NUMBER
0529702904**

LICENSE NUMBER @94385	VEHICLE IDENTIFICATION NUMBER (VIN) CKS0194	YEAR 1976	MAKE VANDK	MODEL	STYLE	SERIES BODY 60/2A
DATE ISSUED 10/04/1999	ODOMETER MILES 000000	ODOMETER STATUS EXEMPT	FLEET NUMBER	EQUIP NUMBER	FUEL TYPE UNPOWERED	
USE CLASS MOB	SCALE WEIGHT 00000	GROSS WEIGHT 000000	VEHICLE COLOR	PRIOR TITLE STATE WA	PRIOR TITLE NUMBER 0221902604	
COMMENTS 42000-1999	BRANDS					

SALE PRICE \$

DATE OF SALE

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 PARTEE, BARBARA ANN PARTEE, CHARLES N 2015 6TH AVE TRLR 105A CLARKSTON WA 99403-1537	REGISTERED OWNER SAME AS LEGAL OWNER
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SIGNATURE OF LEGAL OWNER: HEREBY RELEASES ALL INTEREST IN VEHICLE AS DESCRIBED ABOVE	DATE	SIGNATURE OF REGISTERED OWNER: HEREBY RELEASES ALL INTEREST IN VEHICLE AS DESCRIBED ABOVE	DATE
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SIGNATURE OF LEGAL OWNER: HEREBY RELEASES ALL INTEREST IN VEHICLE AS DESCRIBED ABOVE	DATE	SIGNATURE OF REGISTERED OWNER: HEREBY RELEASES ALL INTEREST IN VEHICLE AS DESCRIBED ABOVE	DATE
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CERTIFY THAT THE RECORDS OF THE DEPARTMENT OF LICENSING SHOW PERSONS NAMED HEREON AS REGISTERED OWNERS AND LEGAL OWNERS OF THE VEHICLE DESCRIBED ABOVE.

Elaine A. ...
DIRECTOR DEPARTMENT OF LICENSING - 10/05

0040056 01 AB
10040056 01 AB

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

NO TENTHS

is the ACTUAL MILEAGE of the vehicle

is in EXCESS OF ITS MECHANICAL LIMITS

is NOT THE ACTUAL MILEAGE

ODOMETER READING (In miles)

TRANSFEREE / BUYER: Unless licensed dealer, must transfer title within 15 days of sale. 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

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

63803

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

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

State of Idaho
CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHOULD BE USED AS PROOF OF DEATH. LOCAL REG. NO. _____

DECEASED TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. FOR INSTRUCTIONS SEE HANDBOOK.	1. DECEASED'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) CHARLES NYLIC PARTEE		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]	
	4a. AGE-Last Birthday 81 (Years)		4b. UNDER 1 YEAR: 12c. UNDER 1 DAY: 4. DATE OF BIRTH (Mo/Day/Yr) Months: Days: Hours: Minutes: [REDACTED]		
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) OROFINO, IDAHO				
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY WASHINGTON		7b. COUNTY ASOTIN	7c. CITY OR TOWN CLARKSTON	
	7d. STREET AND NUMBER 2015-6TH AVENUE		7e. APT. NO. 105	7f. ZIP CODE 99403	7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) BARBARA ANN BROOKS		
	10. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11a. FATHER'S NAME (First, Middle, Last, Suffix) CHARLES STEWART LOW		11b. BIRTHPLACE (State, Territory, or Foreign Country) OREGON
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) EDNA PAULINE BECK		12b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO		
	13a. INFORMANT'S NAME (Type or print) BARBARA PARTEE		13b. RELATIONSHIP TO DECEASED WIFE	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 2015-6TH AVENUE APT. 105 CLARKSTON, WA 99403	
	14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematorium, other place) VALLEY CREMATORY 920 21ST AVENUE LEWISTON, IDAHO 83501		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY VASSAR-RAWLS FUNERAL HOME 820 21ST AVENUE LEWISTON, IDAHO 83501
17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: DENNIS W. HASTINGS		17b. LICENSE NUMBER (Of licensee) M0791	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
MORTICIAN: Complete Within 5 Days of Death	19a. IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Nursing home/long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)		
	20. FACILITY NAME (If not facility, give street and number) ST. JOSEPH REGIONAL MEDICAL CTR		21. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE LEWISTON, ID 83501		22. COUNTY OF DEATH NEZ PERCE
	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) December 5, 2019		24. TIME OF DEATH (24hr) 02:05	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) December 5, 2019	
	26. TIME PRONOUNCED DEAD (24hr) 02:05		27. CAUSE OF DEATH PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one event on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → HYPOXIA DUE TO (or as a consequence of): a. RESPIRATORY FAILURE DUE TO (or as a consequence of): b. CARDIAC FAILURE DUE TO (or as a consequence of): c. SEPSIS		
	28a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Approximate Time Interval Onset to Death MINUTES HOURS DAYS
	29. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		30. IF FEMALE (Aged 10-54): <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant/Close of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year		31. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined
	32. DATE OF INJURY (Mo/Day/Yr) (Spell month) _____		33. TIME OF INJURY (24hr) _____	34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) _____	
	35. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		36. LOCATION OF INJURY: State _____ City/Town of County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____		
	37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEASED OCCUPIED. If applicable: TRANSPORTATION INJURY ONLY: 38a. WAS DECEASED: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) 38b. WHAT SAFETY DEVICES (IF ANY) DID DECEASED USE (EMERGENCY SEATBELT, SEATBELT, SAFETY SEAT, HELMET, AIR BAG, NONE, UNKNOWN)				
	39a. CERTIFIER (Check only one, based on official capacity for this certificate) <input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE <input type="checkbox"/> CORONER To the best of my knowledge, death occurred at the time, date, and place, and due to the natural causes in manner stated. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signatory and Title of Certifier: ELECTRONICALLY SIGNED: MARSHALL K. BROWN, D.O.		39b. LICENSE NUMBER 0-008121 39c. DATE SIGNED 12 / 6 / 2019 MM DD YYYY		
39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) MARSHALL K. BROWN, 415 SIXTH STREET LEWISTON, ID 83501		40a. REGISTRAR'S SIGNATURE <i>James B. Aydelotte</i>			

ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)

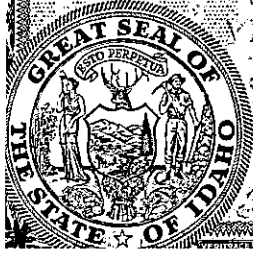
CERTIFIER: IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE

REGISTRAR

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: **DEC 10 2019**

James B. Aydelotte
 JAMES B. AYDELOTTE
 STATE REGISTRAR



52903



* 0 0 1 2 1 8 6 1 0 *

STATE OF IDAHO County of Lewiston

This copy of a death certificate was issued by the District Health Department on behalf of the the Bureau of Vital Records and Health Statistics.

Pauline Durst

Local Vital Statistics Registration Official:

53803

Report Date: 12/23/2020
 ID: 5 041 35 002 0002 1050

ASOTIN COUNTY TREASURER
 PrintParcelInfo

Report Time: 1:50 PM Page 1

Subd: 9500 TCd: 23P St: Typ: 11 SC: R: 5 Z: D: ID NO: 509800

Property Name: PARTEE, CHARLES N
 Address: SONARY CREST MOBILE ESTS
 2015 6TH AVE SPC 105
 CLARKSTON WA 99403

Mailing Name: PARTEE, CHARLES N
 Address: 2015 6TH AVE SPC 105
 CLARKSTON WA 99403

Legal: Sec/Blk:	Twn/Lot:	Rg/Blk:	L/I: Bank:	Mortgage#:	T/S:
Desc 1: 24X60 VAN DYKE		Desc 2: 1976			
Desc 3:		Desc 4:			
Acres: 0.00 Impr: 0.00	Unimpr: 0.00	Impr: 0	Unimpr: 0	Open/Sp->Impr: 0	Unimpr: 0
Acre Values: Market ->Impr:	0	Unimpr: 0	Open/Sp->Impr: 0		0
Curr Value: Market ->Land:	0	Impr: 10,200	10,200	Tax Information:	
Open/Sp ->Land:	0	Impr: 0	0	Tax Levied:	107.10
Sen/Cit ->Land:	0	Impr: 0	0	Exempt:	0.00
Prev Value: Market ->Land:	0	Impr: 10,200	10,200	Weed:	0.00
Open/Sp ->Land:	0	Impr: 0	0		
Sen/Cit ->Land:	0	Impr: 0	0		

SUMMARY TOTAL

YR	Tax Amnt	Paid	Balance	Half 1	Half 2	Penalty	Interest	Total
16	127.20	127.20-	0.00	0.00	0.00	0.00	0.00	0.00
17	126.66	126.66-	0.00	0.00	0.00	0.00	0.00	0.00
18	138.46	138.46-	0.00	0.00	0.00	0.00	0.00	0.00
19	100.68	100.68-	0.00	0.00	0.00	0.00	0.00	0.00
20	107.10	107.10-	0.00	0.00	0.00	0.00	0.00	0.00

53803