

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: ROBERT O. POLLOCK
DEBRA M. POLLOCK
Street: 2115 6th Ave Trlr 85
City: Clarkston State: WA Zip code: 99403
Phone number:

NEW REGISTERED OWNER (Buyer)

Name: DEBRA M. POLLOCK
Street: 2115 6th Ave Trlr 85
City: Clarkston State: WA Zip code: 99403
Phone number:

LOCATION OF MOBILE HOME

Name: Debra M Pollock
Sunset Heights m/H Park
Street: 2115 6th Ave Trlr 85
City: Clarkston State: WA Zip code: 99403

LEGAL OWNER

Name:
Street:
City: State: Zip code:

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-041-35-003-0001-0850
LIST ASSESSED VALUE(S): \$ 29,800

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

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.
Cruerd	1994		102 X 14	G5DD1D216948083	

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 _____

Taxable Sale Price	\$	
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

If exemption claimed, WAC number & title:
WAC No. (Sec/Sub) 458-61A-202 (b) (h)
WAC Title INHERITANCE, COMMUNITY PROP. INTEREST
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 2020
1/19/21 Carol Aubert
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 Debra M. Pollock
Name (print) Debra M. Pollock
Date and Place of Signing: 1-19-21

Signature of Buyer/Agent Debra M. Pollock
Name (print) Debra M. Pollock
Date & Place of Signing: 1-19-21

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

PAID
JAN 19 2021
ASOTIN COUNTY
TREASURER

THIS SPACE - TREASURER'S USE ONLY

053855

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 1994	Make Guerd	Series/Body style
Vehicle Identification Number (VIN) or Vessel Hull Identification Number (HIN) GDB01D26948083			

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 Robert D. Pollock, the registered owner of this vehicle/vessel, died on the 4th day of July, 2020.
Name of deceased
Day Month Year

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 Debra M. Pollock survives the deceased,
Relationship to deceased
Person who would have prior right

and provision has been made for payment of debts of the deceased. Signature must be notarized or certified below.

Debra M. Pollock x Debra M. Pollock 1/19/21
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 _____
Transferee
 at _____ was duly entered in _____
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 Asotin
 Signed or attested before me on 1-19-21 by Debra M. Pollock
Signature
Sharlene J. Tiller
Signature
Sharlene J. Tiller
Printed or stamped name
 and 1-15-24
Dealer or county/office number or notary expiration date

Notary Public
 State of Washington
 SHARLENE J TILLER
 LICENSE # 105362
 MY COMMISSION EXPIRES
 NOVEMBER 19, 2024

Subd: 9500 TCd: 23P St: Typ: 11 SC: R: 5 Z: D: ID NO: 524800

Property Name: POLLOCK, ROBERT O
 Address: SUNSET HEIGHTS M/H PARK
 2115 6TH AVE TRLR 85
 CLARKSTON WA 99403

Mailing Name: POLLOCK, ROBERT O
 Address: POLLOCK, DEBRA M
 2115 6TH AVE TRLR 85
 CLARKSTON WA 99403

Legal: Sec/Blk:	Twn/Lot:	Rg/Blk:	L/I:	Mortgage#:	T/S:
			Bank:		
Desc 1:	14X62 GUERDON 1994	Desc 2:			
Desc 3:		Desc 4:			
Acres:	0.00	Impr:	0.00	Unimpr:	0.00
Acre Values:	Market - ->Impr:	0	Unimpr:	0	Open/Sp- >impr: 0
Curr Value:	Market - ->Land:	0	Impr:	29,800	29,800
	Open/Sp ->Land:	0	Impr:	0	0
	Sen/Cit ->Land:	0	Impr:	0	0
Prev Value:	Market - ->Land:	0	Impr:	29,800	29,800
	Open/Sp ->Land:	0	Impr:	0	0
	Sen/Cit ->Land:	0	Impr:	0	0

Tax Information:
 Tax Levied: 312.89
 Exempt: 0.00
 Weed: 0.00

SUMMARY TOTAL

YR	Tax Amnt	Paid	Balance	Half 1	Half 2	Penalty	Interest	Total
16	373.79	373.79-	0.00	0.00	0.00	0.00	0.00	0.00
17	372.20	372.20-	0.00	0.00	0.00	0.00	0.00	0.00
18	406.87	406.87-	0.00	0.00	0.00	0.00	0.00	0.00
19	294.13	294.13-	0.00	0.00	0.00	0.00	0.00	0.00
20	312.89	312.89-	0.00	0.00	0.00	0.00	0.00	0.00

53855



STATE OF WASHINGTON

Vehicle Certificate of Ownership (Title)

Certificate Number

1111620605

License number %100725	Vehicle identification number (VIN) GDB0ID26948083	Year 1994	Make GUERD	Model	Style	Series/Body 62/14
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Date issued 04/26/2011	Odometer miles 000000	Odometer status E	Fleet number	Equipment number	Fuel type
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Use class MOB	Scale weight 00000	Gross weight	Vehicle color GRAY	Prior title state WA	Prior title number 1103809909
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Comments
23000-2011, JTWROS

Brands:

Sale price \$ _____

Date of sale _____

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
POLLOCK, ROBERT D
POLLOCK, DEBRA M
 2115 6TH AVE TRLR 85
 CLARKSTON, WA 99403

Registered owner
SAME AS LEGAL OWNER

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

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 herein as registered owners and legal owners of the vehicle described.

Elizabeth A. Luce
 Director, Department of Licensing

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: (no tenths) Transfer date ____/____/____

Odometer reading in miles

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

Signature of transferor/seller

PRINTED name of transferee/buyer

PRINTED name of transferor/seller

Address of transferee/buyer

Address of transferor/seller

Assignment by registered owner

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

53855

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-030557

DATE ISSUED: 07/08/2020
FEE NUMBER:

FIRST AND MIDDLE NAME(S): ROBERT DAVID
LAST NAME(S): POLLOCK

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: JULY 04, 2020
HOUR OF DEATH: 11:25 AM
SEX: MALE AGE: 71 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 2115 6TH AVE UNIT 85
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

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

RESIDENCE STREET: 2115 6TH AVE 85
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 9 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: CLARKSTON, WA

FATHER: FRANK POLLOCK
MOTHER: VIENNA MARY HEIKKILA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: DEBRA MARIE NOONAN

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

OCCUPATION: DRILLER / BLASTER
INDUSTRY: CONSTRUCTION
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: JULY 08, 2020

INFORMANT: DEBRA POLLOCK
RELATIONSHIP: SPOUSE
ADDRESS: 2115 6TH AVE #85, 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: PROBABLE RECTAL METASTATIC CANCER
INTERVAL: YEARS

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CORONARY ARTERY DISEASE,
CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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: LISA WEBBER
TITLE: CORONER/ME
CERTIFIER ADDRESS: PO BOX 220
CITY, STATE, ZIP: ASOTIN, WA 99402
DATE SIGNED: JULY 06, 2020

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: SHEENA L. SAVAGE
DATE RECEIVED: JULY 07, 2020

63055

PURPOSE/REMITTER:



CASHIER'S CHECK

No. 3617502533

93-38
929

DATE: APRIL 26, 2011

PAY TWENTY THREE THOUSAND FIVE HUNDRED DOLLARS AND 00 CENTS

CUSTOMER COPY \$ 23,500.00

TO THE ORDER OF: HUBERT L. MINCHER

746-2260

Location: 3617 LEWISTON

U.S. Bank National Association
Minneapolis, MN 55480

NON NEGOTIABLE

AUTHORIZED SIGNATURE

HARLAND CLARKE 20745 (03/10) 102406681

COMMENT:

TITLE PURPOSE ONLY -USE TAX WAIVED (H) - COLOR-GRAY

MILEAGE E *JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP*
REGISTERED OWNER LEGAL OWNER

POLLOCK, ROBERT D
POLLOCK, DEBRA M
2115 6TH AVE TRLR 85
CLARKSTON WA 99403

I certify that the information contained hereon is accurate and complete.

Robert D. Pollock
Signature of Registered Owner(s)

Debra M. Pollock
Signature of Registered Owner(s)

Subscribed and sworn to before _____ Day of April 2011

FILING	\$	4.00	TBD FEE 0200	\$		CHECK	\$	124.00
SUBAGENT	\$		RTA EXCISE	\$		CASH	\$	
LOCAL FEE	\$		USE TAX	\$		TOTAL FEES	\$	124.00
LICENSE SRVC	\$		OTHER	\$	120.00			
GWT/VWT FEE	\$		DONOR AWARENESS	\$				
			STATE PARKS	\$				

VALIDATION CODE 1102010111160426110035023223 TRANSFER

RPT ID: ATITPR-1 THIS DOCUMENT IS NOT PROOF OF OWNERSHIP

FPD: ATITPR:2008/10/12.00003(2)

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