



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: Gladys Lamoreaux, Street: 1245 Elm St #8, City: CLARKSTON, State: WA, Zip code: 99403, Phone number: 509 758-8685

NEW REGISTERED OWNER (Buyer) Name: Tina Wershila, Street: 1245 Elm St #8, City: CLARKSTON, State: WA, Zip code: 99403, Phone number: [blank]

LOCATION OF MOBILE HOME Name: SAME AS ABOVE Tina Wershila, Street: Gladys Lamoreaux, City: [blank], State: [blank], Zip code: [blank]

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

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-004-18-003-0061-0080 LIST ASSESSED VALUE(S): \$ 500.00

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

Table with 6 columns: MAKE, YEAR, MODEL, SIZE, SERIAL NO. or I.D., REVENUE TAX CODE NO. Row 1: Tamarack, 1971, [blank], 12x60, 1449, [blank]

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 1/20/21

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-201(b)(1) WAC Title gift no consideration

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 Date 1/28/21 County Treasurer or Deputy [Signature]

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 Gladys Lamoreaux

Name (print) Gladys Lamoreaux Date and Place of Signing: 1-27-21 ASOTIN Co

Signature of Buyer/Agent Gladys Lamoreaux

Name (print) Gladys Lamoreaux Date & Place of Signing: 1-27-21 ASOTIN

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).

053888 PAID JAN 28 2021 ASOTIN COUNTY

THIS SPACE - TREASURER'S USE ONLY

Cash

**REAL ESTATE EXCISE TAX
 SUPPLEMENTAL STATEMENT**
 (WAC 458-61A-304)

This form must be submitted with the Real Estate Excise Tax Affidavit (FORM REV 84 0001A for deceded transfers and Form REV 84 0001B for controlling interest transfers) for claims of tax exemption as provided below. Completion of this form is required for the types of real property transfers listed in numbers 1-3 below. Only the first page of this form needs original signatures.

AUDIT: Information you provide on this form is subject to audit by the Department of Revenue. In the event of an audit, it is the taxpayers' responsibility to provide documentation to support the selling price or any exemption claimed. This documentation must be maintained for a minimum of four years from date of sale. (RCW 82.45.100) Failure to provide supporting documentation when requested may result in the assessment of tax, penalties, and interest. Any filing that is determined to be fraudulent will carry a 50% evasion penalty in addition to any other accrued penalties or interest when the tax is assessed.

PERJURY: Perjury is a class C felony which is punishable by imprisonment in a state correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars (\$5,000.00), or by both imprisonment and fine (RCW 9A.20.020 (1C)).

The persons signing below do hereby declare under penalty of perjury that the following is true (check appropriate statement):

1. **DATE OF SALE:** (WAC 458-61A-306(2))

I, (print name) _____, certify that the _____
 (type of instrument), dated _____, was delivered to me in escrow by _____
 (seller's name). NOTE: Agent named here must sign below and indicate name of firm. The payment of the tax is considered current if it is not more than 90 days beyond the date shown on the instrument. If it is past 90 days, interest and penalties apply to the date of the instrument.
 Reasons held in escrow _____

Signature _____ Firm Name _____

2. **GIFTS:** (WAC 458-61A-201) The gift of equity is non-taxable; however, any consideration received is not a gift and is taxable. The value exchanged or paid for equity plus the amount of debt equals the taxable amount. One of the boxes below must be checked. Both Grantor (seller) and Grantee (buyer) must sign below.

Grantor (seller) gifts equity valued at \$ _____ to grantee (buyer).

NOTE: Examples of different transfer types are provided on the back. This is to assist you with correctly completing this form and paying your tax.

"Consideration" means money or anything of value, either tangible (boats, motor homes, etc) or intangible, paid or delivered, or contracted to be paid or delivered, including performance of services, in return for the transfer of real property. The term includes the amount of any lien, mortgage, contract indebtedness, or other encumbrance, given to secure the purchase price, or any part thereof, or remaining unpaid on the property at the time of sale. "Consideration" includes the assumption of an underlying debt on the property by the buyer at the time of transfer.

A. Gifts with consideration

- 1. Grantor (seller) has made and will continue to make all payments after this transfer on the total debt of \$ _____ and has received from the grantee (buyer) \$ _____ (include in this figure the value of any items received in exchange for property). Any consideration received by grantor is taxable.
- 2. Grantee (buyer) will make payments on _____ % of total debt of \$ _____ for which grantor (seller) is liable and pay grantor (seller) \$ _____ (include in this figure the value of any items received in exchange for property). Any consideration received by grantor is taxable.

B. Gifts without consideration

- 1. There is no debt on the property; Grantor (seller) has not received any consideration towards equity. No tax is due.
- 2. Grantor (seller) has made and will continue to make 100% of the payments on the total debt of \$ _____ and has not received any consideration towards equity. No tax is due.
- 3. Grantee (buyer) has made and will continue to make 100% of the payments on total debt of \$ _____ and has not paid grantor (seller) any consideration towards equity. No tax is due.
- 4. Grantor (seller) and grantee (buyer) have made and will continue to make payments from joint account on total debt before and after the transfer. Grantee (buyer) has not paid grantor (seller) any consideration towards equity. No tax is due.

Has there been or will there be a refinance of the debt? YES NO (If yes, please call (360) 534-1503 to see if this transfer is taxable). If grantor (seller) was on title as co-signer only, please see WAC 458-61A-215 for exemption requirements.

The undersigned acknowledge this transaction may be subject to audit and have read the above information regarding record-keeping requirements and evasion penalties.

Grantor's Signature: [Signature] Date: 1-22-21 Grantee's Signature: [Signature] Date: 1-22-21
 Grantor's Name (print): Gladys Lamoreaux Grantee's Name (print): Gladys Lamoreaux

3. **IRS "TAX DEFERRED" EXCHANGE** (WAC 458-61A-213)

I, (print name) _____, certify that I am acting as an Exchange Facilitator in transferring real property to _____ pursuant to IRC Section 1031, and in accordance with WAC 458-61A-213. NOTE: Exchange Facilitator must sign below.

Exchange Facilitator's Signature _____ Date _____ Exchange Facilitator's Name (print) _____

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STATE OF WASHINGTON

Vehicle Certificate of Ownership (Title)

Certificate Number

0920506321

License number %63500	Vehicle identification number (VIN) 1449	Year 1971	Make TAMAR	Model	Style	Series/Body 60/12
Date issued 07/24/2009	Odometer miles 0000000	Odometer status E	Fleet number	Equipment number	Fuel type	
Use class MOB	Scale weight 00000	Gross weight	Vehicle color	Prior title state WA	Prior title number 9623202403	
Comments 7500-2009						
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
LAMOREAUX, GLADYS
BRADFORD, KENNY
PO BOX 2010
CLARKSTON, WA 99403

Registered owner
SAME AS LEGAL OWNER

[Signature]
 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]
 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 ____/____/____	
	This reading is (check one): <input 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	Signature of transferor/seller
	PRINTED name of transferee/buyer	PRINTED name of transferor/seller
Address of transferee/buyer	Address of transferor/seller	

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

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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, SHALL BE USED AS PROOF OF THE DEATH UNDER SECTION 15-2-101 AND 15-2-102, IDAHO CODE. Local Reg. No.

TYPE OR PRINT IN PERMANENT INK. DO NOT USE FELTY TIP PEN. FOR INSTRUCTIONS SEE HANDBOOKS	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) KENNY BRADFORD	2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]	
	4a. AGE - Last Birthday 46 (Years)	4b. UNDER 1 YEAR Months: _____ Days: _____ Hours: _____ Minutes: _____	4c. UNDER 1 DAY 5. DATE OF BIRTH (Mo/Day/Yr) [REDACTED]	6. BIRTHPLACE (City and State, Territory, or Foreign Country) BLTYHE, CALIFORNIA
MORTICIAN: Complete/Verify and File Within 5 Days of Death	7a. RESIDENCE - STATE OR FOREIGN COUNTRY WASHINGTON	7b. COUNTY ASOTIN	7c. CITY OR TOWN CLARKSTON	
	7d. STREET AND NUMBER 1265 ELM STREET	7e. APT. NO. 8	7f. ZIP CODE 99403	7g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PARENTS	8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)	
	10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11a. FATHER'S NAME (First, Middle, Last, Suffix) DON INGLE	11b. BIRTHPLACE (State, Territory, or Foreign Country) UNKNOWN	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) Gladys Bryan
INFORMANT	13a. INFORMANT'S NAME (Type or print) GLADYS LAMOREAUX		13b. RELATIONSHIP TO DECEDENT MOTHER	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 1265 ELM STREET APT. 8 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, crematory, other place) MOUNTAIN VIEW CREMATORY 3521 SEVENTH STREET LEWISTON, IDAHO 83501	
DISPOSITION	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY MERCHANT FUNERAL HOME 1000 SEVENTH STREET CLARKSTON, WASHINGTON 99403		17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: RICHARD C. LASSITER	
	17b. LICENSE NUMBER (Of licensee) F1558		17c. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PLACE OF DEATH	18a. IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)			
	18b. FACILITY NAME (If not facility, give street and number) ST. JOSEPH REGIONAL MEDICAL CTR		18c. CITY, TOWN OR LOCATION OF DEATH AND ZIP CODE LEWISTON, ID 83501	
DATE OF DEATH	19. DATE OF DEATH (Mo/Day/Yr) (Spell month) December 20, 2020		20. TIME OF DEATH (24hr) 18:20	
	21. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) December 20, 2020		22. TIME PRONOUNCED DEAD (24hr) 18:20	
CAUSE OF DEATH	PART I. Enter the chain of events - disease, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, convulsions, fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line.			
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CARDIORESPIRATORY COLLAPSE DUE TO (or as a consequence of)		Approximate Time Interval: Onset to Death SECONDS	
Hours of Death	b. SEPTIC SHOCK DUE TO (or as a consequence of)		DAYS	
	c. ASPIRATION PNEUMONIA DUE TO (or as a consequence of)		1 WEEK	
Complete Within 72 Hours of Death	PART II. Enter other medical conditions contributed to death, but not resulting in the underlying cause given in Part I. MARKED PHYSICAL DEBILITY			
	23a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	23b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ITEMS 33-38 TO BE USED FOR EXTERNAL CAUSES ONLY (15-2-12a)	24. TOBACCO USE CONTRIBUTED TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		25. IF FEMALE (Aged 10-54): <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year	
	26. DATE OF INJURY (Mo/Day/Yr) (Spell month) _____		27. TIME OF INJURY (24hr) _____	
CERTIFIER	28. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____		29. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable.	
	TRANSPORTATION INJURY ONLY: 30a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		30b. WHAT SAFETY DEVICES (IF) DID DECEDENT USE/EMPLOY? <input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown	
IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES THE CORONER MUST COMPLETE AND SIGN THIS CERTIFICATE	31a. 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 To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated.		31b. LICENSE NUMBER O-01313	
	31c. DATE SIGNED 12 / 22 / 2020 MM DD YYYY			
REGISTRAR	32. SIGNATURE AND TITLE OF CERTIFIER: ELECTRONICALLY SIGNED: CHARLES D. GRAHAM, D.O.		32a. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) CHARLES D. GRAHAM, 415 SIXTH STREET LEWISTON, ID 83501	
	40a. REGISTRAR'S SIGNATURE <i>James B. Galtte</i>		40b. DATE SIGNED 12 / 24 / 2020 MM DD YYYY	

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

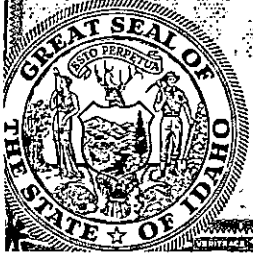
DATE ISSUED: **DEC 24 2020**

This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

James B. Galtte

JAMES B. AYDELOTTE
STATE REGISTRAR

53881





001373641

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

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