



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: STEVEN D. CONE, SHEILA L. CONE; Street: 1430 FOSTER LANE; City: CLARKSTON, WA; Zip code: 99403; Phone number: 509-758-2915

NEW REGISTERED OWNER (Buyer) Name: SHEILA L. CONE; Street: 1430 FOSTER LANE; City: CLARKSTON, WA; Zip code: 99403; Phone number: 509-758-2915

LOCATION OF MOBILE HOME Name: ; Street: 1430 FOSTER LANE; City: CLARKSTON, WA; Zip code: 99403

LEGAL OWNER Name: ; Street: ; City: ; State: ; Zip code:

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-004-26-007-0007-0010 LIST ASSESSED VALUE(S): \$ 18,800.00

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

Table with 6 columns: MAKE, YEAR, MODEL, SIZE, SERIAL NO. or I.D., REVENUE TAX CODE NO. Row 1: , 1980, FLEETWOOD, 27X66, 1D FL2B946042, 019

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 3-9-21 Yes (No)

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) (4) WAC Title INHERITANCE, LETTERS OF TESTAMENTARY 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 2021 Date 3-9-21 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 Sheila L. Cone, PR

Name (print) Sheila L. Cone

Date and Place of Signing: March 8, 2021

Signature of Buyer/Agent Sheila L. Cone, PR

Name (print) Sheila L. Cone

Date & Place of Signing: March 8, 2021

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

MAR - 9 2021

ASOTIN COUNTY TREASURER

053995

THIS SPACE - TREASURER'S USE ONLY

CERTIFIED

FILED

2020 MAY 22 AM 11:13

MCKENZIE A. CAMPBELL
COUNTY CLERK
ASOTIN COUNTY, WA

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**SUPERIOR COURT OF WASHINGTON
FOR THE COUNTY OF ASOTIN
IN PROBATE**

IN THE MATTER OF THE ESTATE

Case No. 20 - 4 - 00044 - 02

OF

LETTERS TESTAMENTARY
(RCW 11.28.090)

STEVEN D. CONE,

Deceased.

WHEREAS, the Last Will of Steven D. Cone was on May 21, 2020, duly exhibited, proven, and recorded in our Superior Court; and whereas, it appears that Sheila L. Cone has priority for appointment as personal representative; and whereas, Sheila L. Cone has duly qualified,

NOW, THEREFORE, KNOW ALL MEN BY THESE PRESENTS, that we do hereby authorize Sheila L. Cone to execute such Will according to law, and without intervention of the Court except as provided by law.

LETTERS TESTAMENTARY -1-

Paul B. Burris, WSBA# 46582
Creason, Moore, Dokken & Geldl, PLLC
P.O. Drawer 835, Lewiston, ID 83501
(208) 743-1516; Fax: (208) 746-2231

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-021516

DATE ISSUED: 05/12/2020
FEE NUMBER:

FIRST AND MIDDLE NAME(S): STEVEN DOUGLAS
LAST NAME(S): CONE

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: MAY 06, 2020
HOUR OF DEATH: 03:21 PM
SEX: MALE AGE: 70 YEARS
SOCIAL SECURITY NUMBER: 519-56-5467

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: TRI-STATE MEMORIAL HOSPITAL, INC.
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

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

RESIDENCE STREET: 1430 FOSTER LN
CITY, STATE, ZIP: CLARKSTON, WA 99403-2960
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE

BIRTH DATE: MARCH 15, 1950
BIRTH PLACE: MOSCOW, ID

FATHER: DOUGLAS EUGENE CONE
MOTHER: LOIS JEAN STEPHENS

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: SHEILA LUCILLE ALBRIGHT

METHOD OF DISPOSITION: REMOVAL FROM STATE
PLACE OF DISPOSITION: MOUNTAIN VIEW FUNERAL HOME

OCCUPATION: POWER AND RECOVERY SUPERVISOR
INDUSTRY: PAPERMILL
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: YES

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: MAY 11, 2020

INFORMANT: SHEILA LUCILLE CONE
RELATIONSHIP: WIFE
ADDRESS: 1430 FOSTER LANE, CLARKSTON, WA 99403

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME

ADDRESS: 3521 7TH STREET
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
FUNERAL DIRECTOR: GERALD E. BARTLOW

CAUSE OF DEATH:
A: ATHEROSCLEROTIC CARDIOVASCULAR DISEASE
INTERVAL: UNKNOWN

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: MICHAEL DRIVER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1221 HIGHLAND AVE
CITY, STATE, ZIP: CLARKSTON, WA 99403
DATE SIGNED: MAY 10, 2020

LOCATION OF INJURY:
CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: MICHAEL DRIVER, MD

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: MAY 11, 2020

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doh 22-332 (8/16)



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

Required	Record Type: <input checked="" 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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <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 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: Printed name: Date:	16b. Signature of 2 nd parent (if required): Printed name: Date:
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INSTRUCTIONS - go to 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

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

Child under 18

- If legal guardian(s), include certified court order proving guardianship
 - 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)*
 - After age one, 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 documentary proof is required.
 - To correct the sex of the child, one documentary proof from a medical provider 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.

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 documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

- 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). Marital status requires a certified copy of a 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 documentary proof
- 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 January 2015



CERTIFIED

MAY 12 2020

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



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



STATE OF WASHINGTON
Vehicle Certificate of Title

Title Number
1804296482

Vehicle Identification Number (VIN)	Year	Make	Model	Body style
IDFL2B946042019	1980	FTWD	66/28	
Title Issue Date	Odometer Miles	Odometer Status	Fuel Type	
02-Feb-2021	0	Exempt		
Scale Weight	Gross Vehicle Weight Rating Code	Vehicle Color	Prior Title State	Prior Title Number
0		BGE	Washington	9321702409
Comments				
10/1993				

Brands

Sale price \$ _____

Date of sale _____

Buyer: You must apply for title within 15 calendar days of acquiring the vehicle to avoid a penalty. Take this signed title to a vehicle/vessel licensing office with the appropriate fees.

Legal Owner: To release interest, sign below and give this title to the registered owner/transferee or to a vehicle licensing office with the proper fee within 10 days of satisfaction of the security interest, or you may be liable to the owner/transferee for penalties.

Seller: You must complete a Report of Sale and file it with the Department of Licensing within 5 business days of the sale. File at dol.wa.gov or at any vehicle licensing office or county auditor.

Legal Owner

Registered Owner

SHEILA LUCILLE CONE
1430 FOSTER LN
CLARKSTON WA 99403-2960

Same as Legal Owner

X _____ Date _____
Signature of first legal owner releases all interest in the vehicle described above. If signing for a business, include business name, signature, and title.

X _____ Date _____
Signature of registered owner releases all interest in the vehicle described above. If signing for a business, include business name, signature, and title.

X _____ Date _____
Signature of second legal owner releases all interest in the vehicle described above. If signing for a business, include business name, signature, and title.

X _____ Date _____
Signature of registered owner releases all interest in the vehicle described above. If signing for a business, include business name, signature, and title.

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.

Teresa Buntain
Director, Department of Licensing

Assignment by registered owner

Federal regulation and state law require you to state the mileage when transferring ownership if the vehicle is less than 10 years old, unless exempt. Failure to complete this 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

X _____
PRINTED name of transferee/buyer

Address of transferee/buyer

Signature of transferor/seller

X _____
PRINTED name of transferor/seller

Address of transferor/seller

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



24001003-002828-01-00000000

SHEILA LUCILLE CONE
 1430 FOSTER LN
 CLARKSTON WA 99403-2960



Reassignment by vehicle dealer	Federal regulation and state law require you to state the mileage when transferring ownership if the vehicle is less than 10 years old, unless exempt. Failure to complete this statement or providing a false statement may result in fines and/or imprisonment.	
	<i>I certify, to the best of my knowledge, the odometer reading is:</i> ➔ _____ (no tenths) Transfer date ____/____/____ <small>Odometer reading in miles</small>	
	<i>This reading is (check one):</i> <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 X	Signature of transferor/seller X
	PRINT name of transferee/buyer	PRINT name of transferor/seller
Address of transferee/buyer		Address of transferor/seller
Buying dealer's state license number (if applicable)		Selling dealer's state license number (if applicable)
Reassignment by vehicle dealer	Federal regulation and state law require you to state the mileage when transferring ownership if the vehicle is less than 10 years old, unless exempt. Failure to complete this statement or providing a false statement may result in fines and/or imprisonment.	
	<i>I certify, to the best of my knowledge, the odometer reading is:</i> ➔ _____ (no tenths) Transfer date ____/____/____ <small>Odometer reading in miles</small>	
	<i>This reading is (check one):</i> <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 X	Signature of transferor/seller X
	PRINT name of transferee/buyer	PRINT name of transferor/seller
Address of transferee/buyer		Address of transferor/seller
Buying dealer's state license number (if applicable)		Selling dealer's state license number (if applicable)

Legal owner/Lienholder to be recorded and shown on the new Vehicle Certificate of Title:

Name of legal owner/lienholder _____ Address of legal owner/lienholder _____
 Legal owner/Lienholder customer account number _____
Washington driver license number or Unified Business Identifier (UBI)

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