



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: Estate of Tommy Hunsaker, Stephen A. Hunsaker, Personal Representative. Street: 3803 S. Sharron St. City: Kennewick, State: WA, Zip code: 99337.

NEW REGISTERED OWNER (Buyer) Name: Donald J. Nelson. Street: 1430 Chestnut St. Unit 21. City: Clarkston, State: WA, Zip code: 99403.

LOCATION OF MOBILE HOME Name: Golden Acres Mobile Home Park. Street: 1430 Chestnut St. Unit 21. City: Clarkston, State: WA, Zip code: 99403.

LEGAL OWNER Name: Donald J. Nelson. Street: 1430 Chestnut St. Unit 21. City: Clarkston, State: WA, Zip code: 99403.

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-004-23-011-0002-0210 LIST ASSESSED VALUE(S): \$ 54,500.00

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: Fleetwood, 1993, 26/56, IDFLN04A148747SR, 23P.

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 09/10/2021 Yes No

Taxable Sale Price \$ 124,000.00

Excise Tax: State \$ 1,364.00

Asotin County Local \$ 310.00

Delinquent Interest: State \$

0.0025 Local \$ 0.00

Delinquent Penalty \$ 0.00

Subtotal \$ 1,674.00

State Technology Fee \$ 5.00

Affidavit Processing Fee \$ 0.00

Total Due \$ 1,679.00

If exemption claimed, WAC number & title:

WAC No. (Sec/Sub)

WAC Title

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.

9-10-21 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 Stephen A. Hunsaker, Personal Representative

Name (print) Stephen A. Hunsaker, Personal Representative

Date and Place of Signing: 09/10/2021 - Clarkston, WA

Signature of Buyer/Agent Donald J. Nelson

Name (print) Donald J. Nelson

Date & Place of Signing: 09/10/2021 - Clarkston, WA

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

PAID

SEP 10 2021

ASOTIN COUNTY TREASURER

THIS SPACE - TREASURER'S USE ONLY

FILED

2021 JUL 14 PM 2:09

MCKENZIE A. CAMPBELL  
COUNTY CLERK  
ASOTIN COUNTY, WA

CERTIFIED

SUPERIOR COURT OF WASHINGTON  
COUNTY OF ASOTIN

In the Matter of the Estate of:

Case No.: 21-4-00057-02

TOMMY FRANK HUNSAKER,

LETTERS OF ADMINISTRATION

Deceased.

STATE OF WASHINGTON )

:ss

County of Asotin )

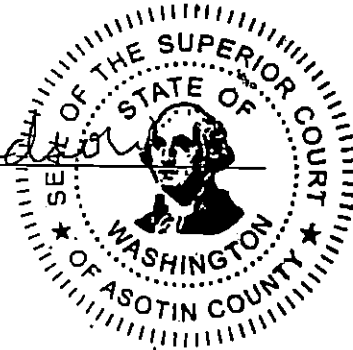
WHEREAS, TOMMY FRANK HUNSAKER, late of Asotin County, Washington, on or about the 17<sup>th</sup> day of May, 2021, died intestate leaving at the time of his death, property in this state subject to administration;

NOW, THEREFORE, know all men by these presents, that the court appointed STEPHEN A. HUNSAKER administrator upon said estate, and whereas said administrator is duly qualified, and this certifies that STEPHEN A. HUNSAKER is hereby authorized to administer the same according to law.

WITNESS my hand and seal of this Court this 14<sup>th</sup> day of July, 2021.

CLERK OF THE COURT

By: Nichole Medson  
Deputy



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STATE OF WASHINGTON )

: ss.

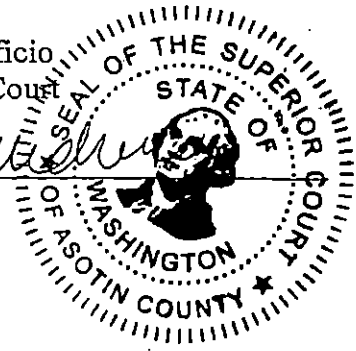
County of Asotin )

I, McKenzie A. Campbell, County Clerk of the County of Asotin, State of Washington, and ex-officio Clerk of the Superior Court of the State of Washington for Asotin County, do hereby certify that the within and foregoing is a full, true and correct copy of the Letters of Administration and of the whole thereof, as the same are now on file and of record in the above-entitled cause in my office and custody. Said Letters have never been revoked and are still in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this Superior Court this 14<sup>th</sup> day of July, 2021.

County Clerk & Ex-officio  
Clerk of the Superior Court

By Wade W. [Signature]  
Deputy



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STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 05/25/2021  
FEE NUMBER:

CERTIFICATE NUMBER: 2021-024121

FIRST AND MIDDLE NAME(S): TOMMY FRANK

LAST NAME(S): HUNSAKER

COUNTY OF DEATH: ASOTIN

DATE OF DEATH: MAY 17, 2021

HOUR OF DEATH: 10:04 PM.FOUND:

SEX: MALE

AGE: 75 YEARS

SOCIAL SECURITY NUMBER:

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 1430 CHESTNUT STREET UNIT 12

CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 1430 CHESTNUT STREET 21

CITY, STATE, ZIP: CLARKSTON, WA 99403

INSIDE CITY LIMITS: YES

COUNTY: ASOTIN

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 6 MONTHS

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: SEPTEMBER 04, 1945

BIRTHPLACE: LOS ANGELES, CA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: CRYSTAL ESSER

FATHER: UNKNOW HUNSAKER

MOTHER: MARIAN UNKNOW

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNTAIN-VIEW CREMATORY

OCCUPATION: BUSINESS PROPRIETOR

INDUSTRY: RETAIL HEARING AIDS

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

CITY, STATE: LEWISTON, IDAHO

DISPOSITION DATE: MAY 21, 2021

INFORMANT: STEVE HUNSAKER

RELATIONSHIP: SON

ADDRESS: 4544 CATHERINE LN, LOS VEGAS NV, 89121

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. CONGESTIVE HEART FAILURE

INTERVAL: YEARS

B. ATRIAL FIBRILLATION

INTERVAL: YEARS

C. CARDIOMYOPATHY

INTERVAL: YEARS

D.

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CARDIOMEGALY, CHRONIC KIDNEY DISEASE

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE:

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: NO

PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CERTIFIER NAME: LISA WEBBER

TITLE: CORONER/ME

CERTIFIER ADDRESS: PO BOX 220

CITY, STATE, ZIP: ASOTIN, WASHINGTON 99402

DATE SIGNED: MAY 21, 2021

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON

DATE RECEIVED: MAY 21, 2021

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# 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: 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)	

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:
1.	9.
0.	11.
2.	13.
4.	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 2nd parent (if required):
Printed name:	Printed name:
Date:	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

- 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

#### 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

\*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

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). 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 January 2015

# CERTIFIED

MAY 25 2021

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Dr. Larry Jecha  
Health District Officer  
Garfield County Health District



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