



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: ARVIN JONES
Audrey JONES
Street: 1430 CHESTNUT ST #16
City: CLARKSTON State: WA Zip code: 99403
Phone number: 509-301-7077

NEW REGISTERED OWNER (Buyer)
Name: ARVIN L JONES
Street: 1430 CHESTNUT ST #16
City: CLARKSTON State: WA Zip code: 99403
Phone number: 509-301-7077

LOCATION OF MOBILE HOME
Name:
Street: 1430 CHESTNUT ST #16
City: CLARKSTON State: WA Zip code: 99403

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

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-004-23-011-0602-0160
LIST ASSESSED VALUE(S): \$ 65,100

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

Table with columns: MAKE, YEAR, MODEL, SIZE, SERIAL NO. or I.D., REVENUE TAX CODE NO.
Row 1: MARLETTE, 1992, 26x56, HH006489A13

Is this property predominantly used for timber...?
Date of Sale: 11-15-21

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-202(6)(i)
WAC Title NON-PROBATED INHERITANCE
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
11-15-21 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 [Signature]

Name (print) ARVIN L JONES

Date and Place of Signing: 11-15-21 ASOTIN, WA

Signature of Buyer/Agent [Signature]

Name (print) ARVIN L JONES

Date & Place of Signing: 11-15-21 ASOTIN, 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 9.45.060, RCW 9A.16.010 (4d), and RCW 9A.56.020).

NOV 15 2021
ASOTIN COUNTY TREASURER

THIS SPACE - TREASURER'S USE ONLY

CASH \$10.00

054736

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 04910Z	Year 1992	Make MARLETTÉ	Series/Body style 56/28
Vehicle Identification Number (VIN) or Vessel Hull Identification Number (HIN) HH 006489AB			

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 Audrey J JONES, the registered owner of this vehicle/vessel, died on the 12TH day of Sept, 2021.

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 son of the deceased. No relative who would have prior right, except son survives the deceased, and provision has been made for payment of debts of the deceased. Signature must be notarized or certified below.

ARVIN L JONES [Signature] 11-15-21

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 _____ at _____ was duly entered in _____

Transferee 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.

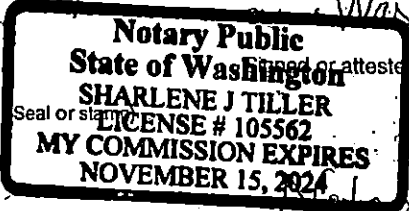
Name of executor/administrator Name of deceased

Executor/Administrator signature Date

County Clerk signature Date

Notarization/Certification

Washington County of Asotin

Notary Public State of Washington

 Seal or stamp

attested before me on 11-15-21 by Arvin L. Jones
 Signature

Sharlene J. Tiller
 Printed or stamped name

and 11-15-24
 Dealer or county/office number or notary expiration date

Title _____

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-046848

DATE ISSUED: 09/23/2021
FEE NUMBER:

FIRST AND MIDDLE NAME(S): AUDREY JEAN
LAST NAME(S): JONES

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: SEPTEMBER 12, 2021
HOUR OF DEATH: 09:00 AM PRESUMED
SEX: FEMALE AGE: 99 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1430 CHESTNUT STREET UNIT 16
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

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

RESIDENCE STREET: 1430 CHESTNUT STREET 16
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 7 YEARS

BIRTH DATE: MARCH 10, 1922
BIRTHPLACE: LENORE, ID

FATHER: JOHN CARL GILLESPIE
MOTHER: MARY M POWELL

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: REMOVAL FROM STATE
PLACE OF DISPOSITION: MOUNTAIN VIEW FUNERAL HOME &
CREMATORY
CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: SEPTEMBER 21, 2021

OCCUPATION: BOOKKEEPER
INDUSTRY: BOOKKEEPING
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME

INFORMANT: MYRNA DOVER
RELATIONSHIP: DAUGHTER
ADDRESS: 239 23RD AVE., LEWISTON, ID 83501

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

CAUSE OF DEATH:
A: NATURAL CAUSES ASSOCIATED WITH ADVANCED AGE
INTERVAL: MONTHS
B: CHRONIC KIDNEY DISEASE STAGE THREE
INTERVAL: YEARS
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: NO
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, WASHINGTON 99402
DATE SIGNED: SEPTEMBER 21, 2021

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: MAURINE L. NICHOLSON
DATE RECEIVED: SEPTEMBER 21, 2021

54736



Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-3300

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
-------------------	------------	----------	------	------------------

Required information must match current information on record

Record Type: Birth Death Marriage Dissolution (Divorce)

1. Name on Record: _____ 2. Date of Event: _____ 3. Place of Event: _____

4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) _____ 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) _____

6. Name of Person Requesting Correction: _____ Relationship to Person on Record: Self Guardian Informant Hospital Parent(s) Funeral Director Other (specify) _____

7. Return Mailing Address: _____

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: _____ 16b. Signature of 2nd parent (if required): _____

Printed name: _____ Date: _____ Printed name: _____ Date: _____

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

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)

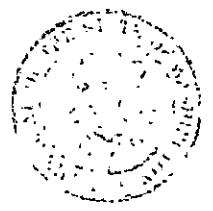
Death Certificates

- 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

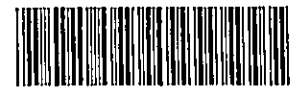


CERTIFIED

SEP 23 2021

Dr. Larry Jecha
Dr. Larry Jecha
Health District Officer
Garfield County Health District

54736



0 3 2 1 9 8 1 8

*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
1514930101

License Number %049702	Vehicle Identification Number (VIN) HH006489AB	Year 1992	Make MARLE	Model	Style	Series/Body 56/28
Date of Application 11/17/2014	Odometer Miles 000000	Odometer Status E	Fuel Type			
Scale Weight 0000	Gross Vehicle Weight Rating Code	Vehicle Color	Prior Title State WA	Prior Title Number 1432115009		
Comments 59900-2014						
Brands						

Sale price \$ _____
Date of sale _____

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.
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
JONES, ARVIN L
JONES, AUDREY J
1430 CHESTNUT ST TRLR 16
CLARKSTON, WA 99403

Registered Owner
SAME AS LEGAL OWNER

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

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

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

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

Pet Kohler
Director, Department of Licensing

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 ____/____/____

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.

54736