



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: DEAN E JAMES, ELISIE JAMES; Street: 2015 6TH AVE SPC 321; City: CLARKSTON, WA; Zip code: 99403

NEW REGISTERED OWNER (Buyer) Name: Elsie James, LONNYE D. JAMES; Street: 2015 - 6th Ave Sp 321; City: Clarkston, WASHINGTON; Zip code: 99403; Phone number: 208-553-8839

LOCATION OF MOBILE HOME Name: ; Street: 2015 6TH AVE SPC 321; City: CLARKSTON, WA; Zip code: 99403

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

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5041-35-002-0002-3210 LIST ASSESSED VALUE(S): \$ 30,200

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: 1990, LIBERTY, 14x70, 09L24294

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 3-30-22 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 (6) (i) WAC Title INHERITANCE, LAWL OF PROBATE

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 2022 3-30-22

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 Elsie James

Name (print) Elsie James

Date and Place of Signing: 2-14-22 Lewiston

Signature of Buyer/Agent Elsie James Lonnye James

Name (print) Elsie James Lonnye James

Date & Place of Signing: 2-14-22

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, and RCW 9A.56.020).

PAID

MAR 30 2022 ASOTIN COUNTY TREASURER

055072

THIS SPACE - TREASURER'S USE ONLY

### 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, see Affidavit of Loss/Release of Interest, Owner deceased, contact a vehicle licensing office, or call (360) 902-3770, option 5.

License plate/Registration #	Vehicle identification/Vessel hull identification # (VIN/HIN) 09L24294	Year 1990	Make	Model LIBERTY	Body style
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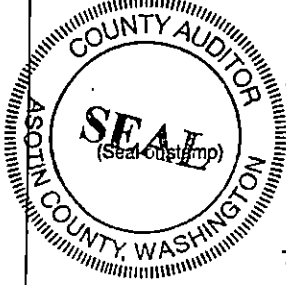
**Inheritance - Complete this section when no executor or administrator is appointed for the deceased.**

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 DEAN JAMES, the registered owner of this vehicle/vessel, died on the 20 day of DECEMBER, 2012. 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 NONE survives the deceased, and provision has been made for payment of debts of the deceased.

ELISE JAMES  
Printed name  
X Elsie James  
Signature  
3/29/22  
Date

**Notarization/Certification** - You don't need your signature notarized if you sign in front of a WA vehicle licensing agent, who can certify your signature.



State of Washington County of Asotin  
Signed or attested before me on 3-29-22 by Elsie James  
Name of person(s) signing this document  
Shari Janowski  
Notary/Agent/Subagent signature  
Shari Janowski  
Notary printed or stamped name  
Title Deputy and 0201  
Dealer or county/office number or notary expiration date

**Litigation - County Clerk Certificate of Transfer of Vehicle or Vessel**

This certificate, properly completed, will take the place of all other court papers. Submit this form with a Vehicle or Vessel 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 \_\_\_\_\_  
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.

55072  
X  
Executor/Administrator signature \_\_\_\_\_ Date \_\_\_\_\_  
X  
County Clerk signature \_\_\_\_\_ Date \_\_\_\_\_

# STATE OF IDAHO

## CERTIFICATION OF VITAL RECORD

### STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

DATE FILED BY STATE REGISTRAR: 12/27/2012 State of Idaho CERTIFICATE OF DEATH STATE FILE NO. 2012-11434

<b>DECEDENT</b>	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) <b>DEAN EMMANUEL JAMES</b>		2. SEX <b>MALE</b>	3. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>
TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT-TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS	4a. AGE-Last Birthday <b>80</b> (Years)		4b. UNDER 1 YEAR Months: <b>07</b> Days: <b>28</b> Hours: <b>00</b> Minutes: <b>00</b>	
	4c. UNDER 1 DAY Hours: <b>00</b> Minutes: <b>00</b> Seconds: <b>00</b>		5. DATE OF BIRTH (Mo/Day/Yr) <b>07/28/1932</b>	
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) <b>MILTON-FREEWATER, OREGON</b>		7a. RESIDENCE - STATE OR FOREIGN COUNTRY <b>WASHINGTON</b>	
	7b. COUNTY <b>ASOTIN</b>		7c. CITY OR TOWN <b>CLARKSTON</b>	
	7d. STREET AND NUMBER <b>2015 6TH AVENUE</b>		7e. APT. NO. <b>321-C</b>	7f. ZIP CODE <b>99403</b>
	8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) <b>ELSIE SEWELL</b>	
<b>PARENTS</b>	10. EVER IN U.S. ARMY OR NAVAL RESERVE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11. BIRTHPLACE (State, Territory, or Foreign Country) <b>OREGON</b>	
	11a. FATHER'S NAME (First, Middle, Last, Suffix) <b>LUTHER WILLIAM JAMES</b>		11b. BIRTHPLACE (State, Territory, or Foreign Country) <b>OREGON</b>	
	12. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) <b>DOBOITY ELLA OLSON</b>		12b. BIRTHPLACE (State, Territory, or Foreign Country) <b>OREGON</b>	
<b>INFORMANT</b>	13a. INFORMANT'S NAME (Type or print) <b>ELSIE JAMES</b>		13b. RELATIONSHIP TO DECEDENT <b>WIFE</b>	
	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>2015 6TH AVENUE APT. 321-C CLARKSTON, WA 99403</b>			
<b>DISPOSITION</b>	14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) <b>VALLEY CREMATORY 920 21ST AVENUE LEWISTON, IDAHO 83501</b>	
	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY <b>MALCOM'S FUNERAL CHAPEL 1711 18TH STREET LEWISTON, IDAHO 83501</b>		17. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <b>ELECTRONICALLY FILED: JASON M. HARWICK</b>	
	17a. LICENSE NUMBER (Of licensee) <b>M0802</b>		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>PLACE OF DEATH</b>	19. IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> ER/ICU/Outpatient <input type="checkbox"/> DCA <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)			
	20. FACILITY NAME (If facility, give street and number) <b>ST JOSEPH REGIONAL MEDICAL CTR</b>			
	21. DATE OF DEATH (Mo/Day/Yr) (Spell month) <b>December 20, 2012</b>		22. COUNTY OF DEATH <b>NEZ PERCE</b>	
	23. TIME OF DEATH (24hr) <b>17:25</b>		24. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) <b>December 20, 2012</b>	
	25. TIME PRONOUNCED DEAD (24hr) <b>17:25</b>		26. CAUSE OF DEATH	
	PART I: Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line: <b>IMMEDIATE CAUSE (Final disease or condition) resulting in death: a. SUBDURAL HEMATOMA DUE TO (or as a consequence of): b. FALLS DUE TO (or as a consequence of): c. _____ DUE TO (or as a consequence of): d. _____</b>			
	27. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death)		Approximate Interval: Onset to Death: <b>HOURS</b>  <b>WEEKS</b>	
<b>PLACEMENT OF DEATH</b>	PART II: Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I			
<b>DATE OF DEATH</b>	28. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		29. IF FEMALE (Aged 10-64): <input type="checkbox"/> Not pregnant, within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year	
<b>CAUSE OF DEATH</b>	30. DATE OF INJURY (Mo/Day/Yr) (Spell month) <b>December 19, 2012</b>		31. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined	
	32. TIME OF INJURY (24hr) <b>Estimated 14:00 - 15:00</b>		33. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) <b>HOME</b>	
	34. LOCATION OF INJURY State: <b>WASHINGTON</b> City/Town or Colony: <b>CLARKSTON, ASOTIN</b> Zip Code: <b>99403</b>		35. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	35. Street and Number or Location: <b>2015 6TH AVE</b> Apartment Number: <b>C321</b>		36. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	37. 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. <b>DECEASED FELL AT HIS HOME. NO ONE OBSERVED THE FALL.</b>			
	38. TRANSPORTATION: 38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? <input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Airbag <input type="checkbox"/> None <input type="checkbox"/> Unknown	
<b>CERTIFIER</b>	39a. 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 PROFESSIONAL NURSE		39b. LICENSE NUMBER	
	To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s) stated.		39c. DATE SIGNED <b>12 / 26 / 2012</b> MM DD YYYY	
	On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		Signature and Title of Certifier: <b>ELECTRONICALLY SIGNED: GARY L. GILLIAM</b>	
	39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) <b>GARY L. GILLIAM, PO BOX 896 LEWISTON, ID 83501</b>		40b. DATE SIGNED <b>12 / 27 / 2012</b> MM DD YYYY	
<b>REGISTRAR</b>	40a. REGISTRAR'S SIGNATURE <i>James B. Gilliam</i>		40c. DATE SIGNED <b>12 / 27 / 2012</b> 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.

DEC 27 2012

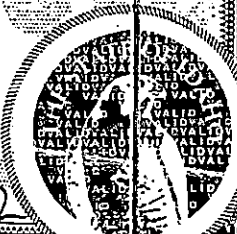
DATE ISSUED: \_\_\_\_\_

James B. Gilliam

JAMES B. AYDELOTTE  
STATE REGISTRAR

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

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