



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: Bruce and Kathryn Stilwell
Street: 1430 Chestnut St Spc 19
City: Clarkston WA 99403

NEW REGISTERED OWNER (Buyer)
Name: Kathryn Stilwell
Street: 1430 Chestnut St. Spc A
City: Clarkston WA 99403

LOCATION OF MOBILE HOME
Name: 1430 Chestnut St Spc 19
Street: Clarkston WA 99403
City: Clarkston State: WA Zip code: 99403

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

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-004-23-011-002-0AD
LIST ASSESSED VALUE(S): \$ 56,800

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, 1998, 28x56, WAFLU 3114930

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 3-8-22 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, Non Probated
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
3-8-22 [Signature]
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 Kathryn Stilwell
Name (print) Kathryn Stilwell
Date and Place of Signing: 3-8-22 ASOTIN
Signature of Buyer/Agent Kathryn Stilwell
Name (print) Kathryn Stilwell
Date & Place of Signing: 3-8-22 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).

PAID
MAR - 8 2022
ASOTIN COUNTY TREASURER
055019

THIS SPACE - TREASURER'S USE ONLY

K. STILWELL CR# 50197

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	Year 1998	Make FLEETWOOD	Series/Body style 28X56
Vehicle Identification Number (VIN) or Vessel Hull Identification Number (HIN) WAFLV 3114930			

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 Bruce Stilwell, the registered owner of this vehicle/vessel, died on the 1 day of NOV, 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 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. Signature must be notarized or certified below.

KATHRYN PLEMONS STILWELL Kathryn P Stilwell 3-8-22
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 _____ on the _____ day of _____, _____.

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.

Executor/Administrator signature _____ Date _____
 County Clerk signature _____ Date _____

Notarization/Certification

Notary Public, State of Washington, County of Asotin
 I have tested before me on 3-8-22 by Kathryn Plemons Stilwell
Sharlene J. Tiller
Signature
Sharlene J. Tiller
Printed or stamped name
55019 and 11-15-24
Title Dealer or county/office number or notary expiration date

Affidavit of Loss/Release of Interest

When completed, mail or take this form to any vehicle licensing office. If mailing, you must have your signature notarized.

License plate/Registration number		Vehicle Identification Number (VIN) or Vessel Hull Identification Number (HIN)	
		WAFLV3114930	
Model year	Make	Model	Body style
1997	FTWD	28/56	MOBILE HOME

Affidavit of loss – Signature must be notarized or certified

Check all that apply
 I do not have the following:
 Title Registration Tab Decal Plates Metal tag

It is not in my possession because it was:
 Destroyed Illegible Lost Stolen Defaced and can no longer be used

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. If signing for a business, I have full authority to do so.

Kathryn Stilwell

PRINT Name	PRINT Name
Position and company name, if signing for a business	Position and company name, if signing for a business
(Area code) Telephone	Washington driver license number
(Area code) Telephone	Washington driver license number
Email	Email
Date and place (city or county) signed	Date and place (city or county) signed
X <i>Kathryn Stilwell</i>	X
Signature	Signature

Release of interest – Signature must be notarized or certified

What are you releasing (check all that apply)
 I am releasing interest in the following for the vehicle or vessel described above.
 Ownership Gross weight license Personalized plate

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. If signing for a business, I have full authority to do so.

PRINT Name	PRINT Name
Position and company name, if signing for a business	Position and company name, if signing for a business
(Area code) Telephone	Washington driver license number
(Area code) Telephone	Washington driver license number
Email	Email
Date and place (city or county) signed	Date and place (city or county) signed
X	X
Signature	Signature

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 3-8-22 by Kathryn Stilwell

Name of person(s) signing this document

Robin Lynch
 Notary/Agent/Subagent signature

Robin Lynch
 Notary printed or stamped name

Title Deputy and 0201
 Dealer or county/office number of notary expiration date

55019

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 11/09/2021
FEE NUMBER: 134417054

CERTIFICATE NUMBER: 2021-056628

FIRST AND MIDDLE NAME(S): BRUCE CHARLES
LAST NAME(S): STILWELL

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: NOVEMBER 01, 2021
HOUR OF DEATH: 01:45 PM
SEX: MALE AGE: 87 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: NOVEMBER 02, 1933
BIRTHPLACE: COLVILLE, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: KATHRYN PLEMMONS

OCCUPATION: REPAIR TECHNICIAN
INDUSTRY: TELECOMMUNICATIONS
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

INFORMANT: PATRICIA DISNEY
RELATIONSHIP: DAUGHTER
ADDRESS: 660 CLARADAY ST.; #2; GLENDORA, CA 91740

CAUSE OF DEATH:
A: CONGESTIVE HEART FAILURE
INTERVAL: UNKNOWN
B: ISCHEMIC HEART DISEASE
INTERVAL: UNKNOWN

C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ATRIAL FIBRILLATION, STAGE 3
CHRONIC KIDNEY DISEASE, BRADYCARDIA

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

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

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

RESIDENCE STREET: 1430 CHESTNUT ST TRLR 19
CITY, STATE, ZIP: CLARKSTON, WA 99403-2428
INSIDE CITY LIMITS: YES COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 3 YEARS

FATHER: CHARLES STILWELL
MOTHER: MARIE PATRICK

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: BALL & DODD FUNERAL HOME & CREMATORY

CITY, STATE: SPOKANE, WASHINGTON
DISPOSITION DATE: NOVEMBER 08, 2021

FUNERAL FACILITY: NEPTUNE SOCIETY - SPOKANE

ADDRESS: 98 EAST FRANCIS
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99208
FUNERAL DIRECTOR: LUCAS J. KULHANEK-ARENAS

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

CERTIFIER NAME: ELIZABETH N. BLACK, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1271 HIGHLAND AVE STE B
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
DATE SIGNED: NOVEMBER 08, 2021

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: NOVEMBER 08, 2021

55019

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
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 Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <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: ~~XXXXXXXXXX~~

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record currently shows:	The true fact is:
8.	9.
10.	11.
12.	13.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

14a. Signature:	14b. Signature of 2 nd parent (if required):
Printed name: Date:	Printed name: Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Copy of Passport / Enhanced ID
- Green/Permanent Resident card (I-551)

You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

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. Proof documentation must be five or more years old or established within five years of birth.
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

Child under 18

- If legal guardian(s), include certified court order proving guardianship.
 - Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required.
 - To correct the sex of the child, one proof documentation 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.

Death Certificates

1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified 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 proof documentation.
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.



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

CERTIFIED
SPOKANE REGIONAL HEALTH DISTRICT

NOV 09 2021



Paula Maxwell
Paula L. Maxwell
CHIEF DEPUTY REGISTRAR

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