



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: JANIS HAPPY, Street: 21604 56TH AVE W, City: MOUNT LAKE TERRACE, WA, Zip code: 98043

LOCATION OF MOBILE HOME Name: [Blank], Street: 2147 VALLEYVIEW DR, City: CLARKSTON, WA, Zip code: 99403

NEW REGISTERED OWNER (Buyer) Name: ANN G. MOSELEY, Street: 21604-56TH AVE W, City: MOUNT LAKE TERRACE, WA, Zip code: 98043, Phone number: 509-295-1351

LEGAL OWNER Name: ANN G. MOSELEY, Street: 21604-56TH AVE W, City: MOUNT LAKE TERRACE, WA, Zip code: 98043

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-041-10-002-0003-0020 LIST ASSESSED VALUE(S): \$ 34,200

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

Table with columns: MAKE, YEAR, MODEL, SIZE, SERIAL NO. or I.D., REVENUE TAX CODE NO. Row 1: NASHUA, 1996, [Blank], [Blank], NAD34906, [Blank]

Is this property predominantly used for timber...? See ETA 3215 Date of Sale 3-8-22 Yes No

Taxable Sale Price, Excise Tax: State, Local, Delinquent Interest, Delinquent Penalty, Subtotal, State Technology Fee, Affidavit Processing Fee, Total Due

If exemption claimed, WAC number & title: WAC No. 458-61A-202(b)(1) WAC Title INHERITANCE, NON PROBATED WILL 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] 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 Ann G. Moseley Name (print) ANN G. MOSELEY Date and Place of Signing: 12/10/2021

Signature of Buyer/Agent Ann G. Moseley Name (print) ANN G. MOSELEY Date & Place of Signing: 12/10/2021 MOUNT LAKE TERRACE 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.56.010 (4d), and RCW 9A.56.020).

PAID

MAR - 8 2022

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ASOTIN COUNTY TREASURER

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) NN1D34906	Year 1996	Make NASHUA	Model 66X13	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 JANIS E HAPPY, the registered owner of this vehicle/vessel, died on the 15 day of OCTOBER, 2010. 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 DAUGHTER of the deceased. No relative who would have prior right, except N/A survives the deceased, and provision has been made for payment of debts of the deceased.

ANN GAIL MOSELEY X Ann G. Moseley 2/23/2022  
Printed name Signature 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 WA County of Snohomish  
 Signed or attested before me on 2/23/22 by Ann Gail Moseley  
Name of person(s) signing this document

(Seal or stamp) Washara Edwards  
Notary/Agent/Subagent Signature  
Washara Edwards  
Notary printed or stamped name  
31-01  
Dealer or county/office number or notary expiration date

Title VLP and \_\_\_\_\_

**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 \_\_\_\_\_  
Transferee  
 at \_\_\_\_\_  
Transferee address  
 was duly entered in \_\_\_\_\_  
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.

55020  
X \_\_\_\_\_  
Executor/Administrator signature Date  
X \_\_\_\_\_  
County Clerk signature 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 <b>8059231</b>		Vehicle Identification Number (VIN) or Vessel Hull Identification Number (HIN) <b>NN1D34906</b>	
Model year <b>1996</b>	Make <b>Nashua</b>	Model <b>Mobile Home</b>	Body style <b>66'X13'</b>

**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.*

**Ann Gail Moseley**  
 PRINT Name  
 Position and company name, if signing for a business  
 (Area code) Telephone    Washington driver license number

**WDLBTR54C43B**  
 (Area code) Telephone    Washington driver license number

**Ann G. Moseley**    **2/23/2022**  
 Email    Date and place (city or county) signed  
 **Snohomish County, WA**  
 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.*

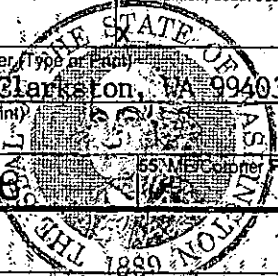
PRINT Name    PRINT Name  
 Position and company name, if signing for a business    Position and company name, if signing for a business  
 (Area code) Telephone    Washington driver license number    (Area code) Telephone    Washington driver license number  
 Email    Email  
 Date and place (city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

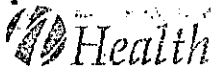
**Notarization/Certification – You don't need your signature notarized if you sign in front of a WA vehicle licensing agent, who can certify your signature.**

State of **WA**    County of **Snohomish**  
 Signed or attested before me on **2/23/22** by **Ann Gail Moseley**  
 (Seal or stamp)    Name of person(s) signing this document  
**[Signature]**  
 Notary/Agent signature  
 Notary printed or stamped name    **55020**  
 Title **NUR**    and    Dealer or county/office number or notary expiration date

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

1. Legal Name (include AKA's if any) First Middle LAST Suffix <b>Janis Elizabeth Happy</b>				2. Death Date <b>Oct. 15, 2010</b>	
3. Sex (M/F) <b>Female</b>	4a. Age - Last Birthday <b>90</b>	4b. Under 1 Year Months Days <b>0 0</b>	4c. Under 1 Day Hours Minutes <b>0 0</b>	5. Social Security Number <b>[REDACTED]</b>	6. County of Death <b>Asotin</b>
7. Birthdate <b>Sept. 20, 1920</b>	8a. Birthplace (City, Town, or County) <b>Pomeroy</b>	8b. (State or Foreign Country) <b>Washington</b>		9. Decedent's Education <b>High School Graduate</b>	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>		11. Decedent's Race(s) <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>No</b>	
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>1242 - 11th Street</b>				13b. City or Town <b>Clarkston</b>	
13c. Residence: County <b>Asotin</b>	13d. Tribal Reservation Name (if applicable) <b>N/A</b>	13e. State or Foreign Country <b>Washington</b>		13f. Zip Code + 4 <b>99403</b>	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. <b>6 Years</b>	15. Marital Status at Time of Death <b>Widowed</b>	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). <b>Home Maker</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Own Home</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Ralph Smith</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Florestine Robinson</b>		
21. Informant's Name <b>Ann Moseley</b>		22. Relationship to Decedent <b>Daughter</b>	23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>2147 Valley View Dr. Clarkston, Wa. 99403</b>		
24. Place of Death, if Death Occurred in a Hospital: <b>Clarkston Care Center</b>			24. Place of Death, if Death Occurred Somewhere Other than a Hospital: <b>Long Term Care Center</b>		
25. Facility Name (If not a facility, give number & street or location) <b>Clarkston Care Center</b>		26a. City, Town, or Location of Death <b>Clarkston</b>		26b. State <b>Wa.</b>	27. Zip Code <b>99403</b>
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Mt. View Crematory</b>		30. Location: City/Town, and State <b>Jewiston, Idaho</b>	
31. Name and Complete Address of Funeral Facility <b>Merchant Funeral Home, 1000-7th Street, Clarkston, Wa. 99403</b>				32. Date of Disposition <b>October 19, 2010</b>	
33. Funeral Director Signature <i>Jerry Bartlow</i>					
34. Cause of Death (See Instructions and examples) 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. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. <b>Amygdalitis Discreta</b>		Interval between Onset & Death <b>&gt; 69 days</b>	
Due to (or as a consequence of):		b.		Interval between Onset & Death	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		c.		Interval between Onset & Death	
Due to (or as a consequence of):		d.		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <b>Hypertension</b>				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No
38. Manner of Death: a. <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (MM/DD/YYYY)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: a. Number & Street: _____ Apt No: _____ City or Town: _____ County: _____ State: _____ Zip Code+ 4: _____					
46. Describe how injury occurred				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify): _____	
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. <i>R.J. Weiland</i>			48b. Medical Examiner/Coroner - 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.		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>R.J. Weiland MD - 1207 Evergreen Ct - Clarkston, WA 99403</b>				50. Hour of Death (24hrs) <b>1730</b>	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) <b>10/18/2010</b>	
53. Title of Certifier <b>Medical Doctor</b>		54. License Number <b>WA 15986</b>	55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
57. Registrar Signature <i>Ann Moseley</i>				58. Date Received (MM/DD/YYYY) <b>OCT 19 2010</b>	
59. Amendments <b>55020</b>					





# Affidavit for Correction

Center for Health Statistics  
PO Box 9709  
Olympia, WA 98507-9709  
(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: \_\_\_\_\_

Use the section below for requesting any changes on the record.

Record Type:  Birth  Death  Marriage  Dissolution

1. Name on record: \_\_\_\_\_ 2. Date of Event: \_\_\_\_\_ 3. Place of Event: (City or County) \_\_\_\_\_

4. Father's Full Name (For Birth), (Husband for Marriage or Dissolution), Mother's Full Name (For Birth): (Wife for Marriage or Dissolution) \_\_\_\_\_

The record is incorrect or incomplete as follows:

6. The Record now shows:	7.	The True fact is:
8.	9.	
10.		
12.	13.	

14. I represent the person as:  Self  Parent  Guardian  Informant  Telephone Number: \_\_\_\_\_  
 Funeral Director  Other (Specify): \_\_\_\_\_

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

15. Signature: \_\_\_\_\_ 16. Date: \_\_\_\_\_ 17. Address: \_\_\_\_\_

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with this affidavit.  
Examples of documentary proof: Certificate of Naturalization, Hospital Records, Insurance Records, Marriage/Divorce Records, School Record, Voter's Registration Card (if it bears an effective date), Alien Registration Card (front and back)

**Birth Certificates:**

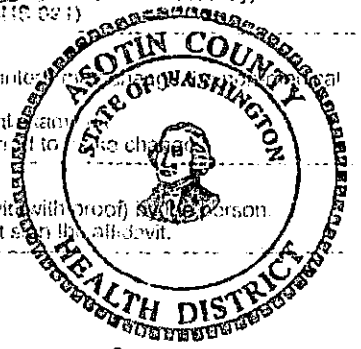
- Only a parent, legal guardian of the child is under 18, or the mother if she is 18 or older, may change the birth certificate.
- The proof(s) must match exactly the corrected fact(s). For example, if the child is said to be born to Mary Ann Doe, then the proof must show the name to be Mary Ann Doe, M.A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
- Proof must be live (or more) year old or have been established in a civil court proceeding.
- Up to age one, the parent(s) or legal guardian(s) may change the name of the child.
  - This is a one time only change. Subsequent changes require a court order.
  - The new last name may be the mother's name, the father's name, or a combination of the two.
  - After age one, last name changes require a court order.
- Parent(s) may change their child's first or middle name by completion of a name change affidavit on birth certificate (1st birthday).
- This affidavit cannot be used to add a 2nd or 3rd name to a birth certificate.

**Death Certificates:**

- Only the informant, the funeral director, or the coroner/medical examiner in the jurisdiction where the death occurred is permitted to change the information.
- The medical information (cause of death) may be changed only by the attending physician or a coroner/medical examiner.
- If it is less than sixty days from date of death, place of death may be changed when the death occurred in the jurisdiction where the death occurred.

**Marriage/Dissolution (Divorce) Certificates:**

- Personal fact(s) (minor spelling changes in name, date of birth, etc.) may be changed by affidavit with proof of the person.
- To change the date or place of marriage or dissolution, the affidavit (for marriage or dissolution) must show the affidavit.



*Lawrence M. Garges, M.D.*

Lawrence M. Garges, M.D.  
Health Officer

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