



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: ROBERT W. ROSENBERG Street: 2317 BILLY MEADOW LN City: CLARKSTON State: WA Zip code: 99403

NEW REGISTERED OWNER (Buyer) Name: Jeanne Rosenberg Street: 2317 Billy Meadow Ln City: Clarkston State: WA Zip code: 99403

LOCATION OF MOBILE HOME Name: JUBILEE TRAILER PARK Street: 1650 13TH ST SE OL City: CLARKSTON State: WA Zip code: 99403

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

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-265-00-001-0000-0062 LIST ASSESSED VALUE(S): \$ 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: ACADÉ, 1972, 12x50, 37323

Is this property predominantly used for timber...? See ETA 3215 Date of Sale 4-26-22 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(b)(1) WAC Title INHERITANCE, LACK 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 4-26-22 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: Jeanne M Rosenberg Name (print): Jeanne M Rosenberg Date and Place of Signing: 4/26/22

Signature of Buyer/Agent: Jeanne M Rosenberg Name (print): Jeanne M Rosenberg Date & Place of Signing: 4/26/22

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

PAID

APR 26 2022

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ASOTIN COUNTY TREASURER

THIS SPACE - TREASURER'S USE ONLY

CASH \$10.00

0200

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)	Year	Make	Model	Body style
	37323	1972	Arade	12/50	

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 Robert Rosenbergs, the registered owner of this vehicle/vessel, died on the 8th day of August, 2019. 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 Jeanne Rosenberg survives the deceased, and provision has been made for payment of debts of the deceased.

Jeanne Rosenberg Printed name
 Jeanne Rosenberg 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 Washington County of Asotin
 Signed or attested before me on 4/26/22 by Jeanne Rosenberg
 Name of person(s) signing this document
Robin Lunch Notary/Agent/Subagent signature
Robin Lunch Notary printed or stamped name
0001 Dealer or county/office number or notary expiration date
Deputy Title

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.

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

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Affidavit of Loss/Release of Interest

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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) 37323	
Model year 1972	Make ACADE	Model 12/50	Body style

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.

Jeanne Rosenberg for Robert Rosenberg

PRINT Name	PRINT Name
Position and company name, if signing for a business ROSENJM287LF	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 <i>Jeanne Rosenberg for Robert Rosenberg</i>	Date and place (city or county) signed
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
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 4-20-22 by Jeanne Rosenberg for Robert Rosenberg
Name of person(s) signing this document

Robin Hunch
Notary/Agent/Subagent signature

Robin Hunch
Notary printed or stamped name

Title Deputy and 0001
Dealer or county/office number or notary expiration date



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Vehicle Title Application

Vehicle – Please type or print plainly										Permit number	
<input type="checkbox"/> Lease <input type="checkbox"/> Plate transfer: number _____ <input checked="" type="checkbox"/> Title purposes only											
Vehicle identification number (VIN) 37323			Condition <input type="checkbox"/> New <input type="checkbox"/> Used		Vehicle type Choose one		Primary use type Choose one		Fuel type		
Model year 1972	Make ACADE		Model 12/50			Trim	Body style		Motorcycle style		
GV weight rating	Scale wt	Gross weight	Mo GWT	Seats	Trl axles	Color #1		Color #2		Equip number	Purchase price
Wheels	Rental number	Fleet	Engine (MC)	Motor home/Cycle/WATV eng serial no		Length	Width	Quick title <input type="checkbox"/> Yes <input type="checkbox"/> No	Discover pass <input type="checkbox"/> Yes <input type="checkbox"/> No	Park donation <input type="checkbox"/> Yes <input type="checkbox"/> No	

Registered owner – For additional owners, see Vehicle Title Application Additional Owners, form 420-001A. Washington primary residence street address or Washington principal place of business street address is required on the vehicle record. For exceptions, see Primary Residence Address Exception, form 420-004.

1	Owner type Choose one	ID type Choose one	Driver license/ID/TIN/EIN/UBI no		Expiration date	Phone type Choose one	(Area code) phone number
Registered owner full name (<i>Last, First, Middle, Suffix</i>) or Business name Rosenberg, Robert							
Washington primary residence address (<i>if an individual</i>) or Washington principal place of business address (<i>if a business</i>) 1650 13th St, Spc 6, Clarkston, WA 99403							
Mailing address, if different than residence address (<i>Street address or PO Box, City, State, ZIP code</i>) or exception address 2316 4th Ave, Clarkston, WA 99403							
One-time mailing address, if applicable							
Email address					Paperless renewal option <input type="checkbox"/> Notify me by email when it's time to renew my vehicle		
2	Owner type Choose one	Ownership—Joint tenants w/right of survivorship (JTWRoS) <input type="checkbox"/> Yes <input type="checkbox"/> No	ID type Choose one	Driver license/ID/TIN/EIN/UBI no		Expiration date	(Area code) phone number
Registered owner full name (<i>Last, First, Middle, Suffix</i>) or Business name							

Legal owner/Lienholder* – Fill out if different than registered owner. For additional legal owner/lienholders, see Vehicle Title Application Additional Owners, form 420-001A. *Approved lienholder may be added by selling dealer at a later time.

Name of legal owner/lienholder (<i>Last, First, Middle initial or Business name</i>)					
Legal owner/Lienholder type Choose one	ID type Choose one	Driver license/ID/TIN/EIN/UBI number		Expiration date	ELT participant <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing address (<i>Street address or PO Box, City, State, ZIP code</i>)					

Dealer

Dealer type Choose one:	Dealer no	Dealer name	Sale date	Delivery date	Vehicle status <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Prev titled
I certify that this information is correct. The vehicle is clear of encumbrances except as shown. Any required sales tax has been collected.				Dealer authorized signature X	

Anyone who knowingly makes a false statement may be guilty of a felony under state law and upon conviction shall be punished by a fine, imprisonment, or both. I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

X Robert Rosenberg
Signature of registered owner Title, if signing for business

X _____
Signature of registered owner Title, if signing for business

Date and place signed _____ Date and place signed _____

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 _____ County of _____

Signed or attested before me on _____ by _____
Name of person(s) signing this document

(Seal or stamp)

Notary/Agent/Subagent signature

Notary printed or stamped name

Title _____ and _____
Dealer or county/office number or notary expiration date

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-035799

DATE ISSUED: 08/15/2019
FEE NUMBER:

FIRST AND MIDDLE NAME(S): ROBERT W
LAST NAME(S): ROSENBERG

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: AUGUST 08, 2019
HOUR OF DEATH: 10:30 PM
SEX: MALE AGE: 64 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 2317 BILLY MEADOW LANE
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

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

RESIDENCE STREET: 2317 BILLY MEADOW LANE
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 12 YEARS

BIRTH DATE: OCTOBER 28, 1954
BIRTHPLACE: CLARKSTON, WA

FATHER/PARENT: HENRY A ROSENBERG
MOTHER/PARENT: MARY M CLONINGER

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: JEANNE M NACCARATO

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

OCCUPATION: OWNER/OPERATOR
INDUSTRY: RV PARKS
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: AUGUST 14, 2019

INFORMANT: JEANNE M ROSENBERG
RELATIONSHIP: WIFE
ADDRESS: 2317 BILLY MEADOW LANE CLARKSTON, WA 99403

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES
LLC
ADDRESS: PO BOX 107
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
FUNERAL DIRECTOR: GERALD E. BARTLOW

CAUSE OF DEATH:
A: CHOLANGIOCARCINOMA
INTERVAL: .5 MONTHS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CORONARY ARTERY DISEASE,
HYPERTENSION, HYPERLIPIDEMIA

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: DONALD GREGGAIN, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 222 SOUTHWAY, SUITE A
CITY, STATE, ZIP: LEWISTON, ID 83501
DATE SIGNED: AUGUST 12, 2019

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: AUGUST 14, 2019

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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

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record:		2. Date of Event:	3. Place of Event:
	4. Father/Parent Full Legal 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: <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:

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 foregoing 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.

<p>Child under 18</p> <ul style="list-style-type: none"> • 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 	<p>Adult (18 years or older)</p> <ul style="list-style-type: none"> • 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
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*To change any part of the name of a child, 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). The informant may change marital status with proof. 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

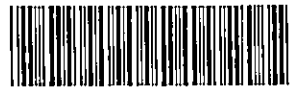
- Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015

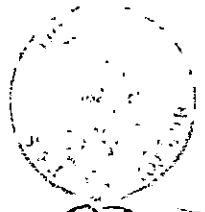
CERTIFIED

AUG 15 2019

Glenn Houser MD
 Dr. Glenn Houser
 Health District Officer
 Garfield County Health District



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