

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: Kimberly Scott Saalfeld, heir

Michael Scott, heir of Lee Scott, deceased

Street: 2478 Garmisch Dr

City: Vau State: CO Zip code: 71657

Phone number:

LOCATION OF MOBILE HOME

Name: Sonary Crest Mobile Home Park

Street: 2015 6th Avenue

City: Clarkston State: WA Zip code: 99403

NEW REGISTERED OWNER (Buyer)

Name: Jeffery Burton Pearson

Street: 2015 6th Avenue, #221B

City: Clarkston State: WA Zip code: 99403

Phone number:

LEGAL OWNER

Name: Jeffery Burton Pearson

Street: 2015 6th Avenue, #221B

City: Clarkston State: WA Zip code: 99403

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-041-35-002-0002-2210

LIST ASSESSED VALUE(S): \$ 48,200.00

REAL PROPERTY PARCEL or ACCOUNT NO. _____

LIST ASSESSED VALUE(S): \$ _____

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.
GNTNL	1978		66/14	SB1031A	

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 Yes No

Date of Sale 07/15/2022

Taxable Sale Price \$ 99,000.00

Excise Tax: State \$ 1,089.00

County Local \$ 247.50

Delinquent Interest: State \$ 0.00

0.0025 Local \$ 0.00

Delinquent Penalty \$

Subtotal \$ 1,336.50

State Technology Fee \$ 5.00

Affidavit Processing Fee \$ 0.00

Total Due \$ 1,341.50

If exemption claimed, WAC number & title:
WAC No. (Sec/Sub) _____
WAC Title _____

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
7/19/22 A. Huby
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 _____

Name (print) Kimberly Scott Saalfeld

Date and Place of Signing: 07/14/2022, Clarkston, WA

Signature of Buyer/Agent _____

Name (print) Jeffery Burton Pearson

Date & Place of Signing: 07/14/2022, Clarkston, 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 9A.06.000, RCW 9A.56.010 (4d), and RCW 9A.56.020).

JUL 19 2022

ASOTIN COUNTY
TREASURER

055371

THIS SPACE - TREASURER'S USE ONLY

0202

ATEC CK# 43595

STATE OF WASHINGTON
VEHICLE CERTIFICATE OF OWNERSHIP

CERTIFICATE NUMBER
0217802607

LICENSE NUMBER \$10955	DATE OF APPLICATION 06/27/2002	MODEL YEAR 1978	MAKE CNTNL	POWER/USE MOB	SERIES & BODY STYLE 66 / 14
VEHICLE IDENTIFICATION NUMBER (VIN) SB1031A		FLEET/EQUIP. NUMBER	SCALE WT.	MILEAGE 000000	ODOMETER CODE EXEMPTION
COMMENTS/ BRANDS 26900 - 2001			PRIOR TITLE STATE WA	PRIOR TITLE NUMBER 0136249804	

REGISTERED OWNER
SAME AS LEGAL OWNER BELOW

SIGNATURE(S) OF REGISTERED OWNER(S) BELOW, HEREBY RELEASES ALL INTEREST IN VEHICLE DESCRIBED ABOVE.

BY _____
 REGISTERED OWNER SIGNATURE DATE OF SALE

BY _____
 REGISTERED OWNER SIGNATURE DATE OF SALE

LEGAL OWNER
SCOTT, LEE
2015 6TH AVE #221B
CLARKSTON WA 99403-1541

SALE PRICE _____
 SIGNATURE(S) OF LEGAL OWNER(S) BELOW, HEREBY RELEASES ALL INTEREST IN VEHICLE DESCRIBED ABOVE.

BY _____
 FIRST LEGAL OWNER-SIGNATURE & TITLE DATE RELEASED

BY _____
 SECOND LEGAL OWNER-SIGNATURE & TITLE DATE RELEASED

LEGAL OWNER: When lien is satisfied, release interest by signing above and transmit this document to County Auditor or Agent with proper fee. Failure to properly release and transmit the document within 10 days after lien is satisfied may result in monetary penalty to the debtor, pursuant to RCW 46.12.170.

TRANSFEREE/BUYER MUST APPLY FOR TRANSFER OF OWNERSHIP WITHIN 15 DAYS FROM DATE OF DELIVERY TO AVOID PENALTY. SEE REGISTRATION DIVISION FOR ADDITIONAL INFORMATION.



KEEP IN A SAFE PLACE **ANY ALTERATION OR ERASURE VOIDS THIS TITLE**

Seller: Please DETACH HERE

STATE OF WASHINGTON - DEPARTMENT OF LICENSING
VEHICLE REPORT OF SALE

Seller: Please DETACH HERE

ONLY RETURN THIS PORTION

REQUIRED WHENEVER OWNERSHIP CHANGES - INCLUDING DEALER TRADES

WARNING: THIS FORM DOES NOT TRANSFER OWNERSHIP.

PLEASE PRINT OR TYPE - SEE IMPORTANT INSTRUCTIONS BELOW.

LICENSE NUMBER	VEHICLE IDENTIFICATION NUMBER (VIN)	MODEL YEAR	MAKE	SERIES/BODY	CERTIFICATE NUMBER
\$10955	SB1031A	1978	CNTNL	66 / 14	0217802607

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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.

License plate/Registration # \$109556	Vehicle Identification/Vessel hull identification # (VIN/HIN) SB1031A	Year 1978	Make CNTNL	Model	Body style 66/14
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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 Lee Scott, the registered owner of this vehicle/vessel, died on the 22nd day of June, 2022. 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 Michael Scott survives the deceased, and provision has been made for payment of debts of the deceased.

Kimberly Scott Saalfeld Kimberly Scott Saalfeld 7-8-22
 Print or type 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 Colorado County of Bayle
 Signed or attested before me on 8 days of July 2022 by Kimberly Scott Saalfeld
 Name of person(s) signing this document

JAIRO CHAVEZ
 NOTARY PUBLIC
 STATE OF COLORADO
 NOTARY ID 20194010123
 MY COMMISSION EXPIRES 03/15/2023

Jairo Chavez
 Notary/Agent/Subagent signature
Jairo Chavez
 Notary printed or stamped name
03/15/2023
 and 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 _____, 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 Inheritance/Litigation

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Kimberly Scott Saalfeld MICHAEL LEE SCOTT ✓ 7/8/22
Print or type 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 Texas County of Collin
 Notarized before me on 7/8/22 by Michael Scott
 Notary Public, State of Texas
 Comm. Expires 10-19-2022
 Notary ID 129821834
Chelsea Steed
 Notary Agent/Subagent signature
Chelsea Steed
 Notary printed or stamped name
Notary Public and 10/19/22
 Title 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 _____
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 _____, Year _____

2. For those cases in which the estate executor or administrator transfers title:
 _____ was duly appointed under the nonintervention
 Name of executor/administrator
 will of _____ and is qualified to act as such,
 Name of deceased
 and that a decree of solvency has been entered. **X**
Executor/Administrator signature Date
X
County Clerk signature Date

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STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
 IDAHO DEPARTMENT OF HEALTH AND WELFARE
 BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
 State of Idaho
CERTIFICATE OF DEATH

ONE COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE SEAL OF THE DEPARTMENT OF HEALTH AND WELFARE, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THE DEATH UNDER §§ 15-101 AND 15-114, IDAHO CODE.

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) WILLIAM LEE SCOTT		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE-Last Birthday 86 (Years)	4b. UNDER 1 YEAR Months Days Hours Minutes	4c. UNDER 1 DAY Hours Minutes	5. DATE OF BIRTH (Mo/Day/Yr) 12/18/1935
MORTICIAN: Complete Within 5 Days of Death	7a. RESIDENCE - STATE OR FOREIGN COUNTRY WASHINGTON		7b. COUNTY ASOTIN	
	7c. CITY OR TOWN CLARKSTON		7d. STREET AND NUMBER 2015 6TH AVE	7e. ZIP CODE 99403
PARENTS	8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)	
	10. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11a. FATHER'S NAME (First, Middle, Last, Suffix) BRICK SCOTT		11b. BIRTHPLACE (State, Territory, or Foreign Country) UNKNOWN
INFORMANT	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) MARY LEE		12b. BIRTHPLACE (State, Territory, or Foreign Country) NORTH CAROLINA	
	13a. INFORMANT'S NAME (Type or print) MICHAEL SCOTT		13b. RELATIONSHIP TO DECEDENT SON	13c. MAILING ADDRESS (Street, Long Number, City, State, Zip Code) 8571 CLEARCREEK CIRCLE FRISCO, TX 75034
DISPOSITION	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) MOUNTAIN VIEW CREMATORY 3521 SEVENTH STREET LEWISTON, IDAHO 83501	
	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY MERCHANT FUNERAL HOME 1000 SEVENTH STREET CLARKSTON, WASHINGTON 99403		17a. LICENSE NUMBER (Of license) F1658	
PLACE OF DEATH	17b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: RICHARD C. LASSITER		17c. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	18a. IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> OOA <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)		18b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> OOA <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)	
DATE OF DEATH	19. FACILITY NAME (If not facility, give street and number) ST. JOSEPH REGIONAL MEDICAL CTR		20. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE LEWISTON, ID 83501	
	21. DATE OF DEATH (Mo/Day/Yr) (Spell month) June 22, 2022		22. TIME OF DEATH (24hr) 07:33	23. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) June 22, 2022
CAUSE OF DEATH	25. 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. CARDIORESPIRATORY FAILURE DUE TO (or as a consequence of): ACUTE ON CHRONIC DIASTOLIC CHF DUE TO (or as a consequence of): ATRIAL FIBRILLATION WITH RAPID VENTRICULAR RESPONSE DUE TO (or as a consequence of):		Approximate Time Interval: Onset to Death HOURS DAYS TO WEEKS DAYS TO WEEKS	
	PART II: Enter (give) significant conditions contributing to death but not resulting in the underlying cause given in Part I. FAILURE TO THRIVE; AKI; SENESCENCE AND AGE RELATED PHYSICAL DEBILITY		26. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ITEMS 28-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		28. IF FEMALE (Age 10-54): <input type="checkbox"/> Not pregnant within past year <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	
	29. DATE OF INJURY (Mo/Day/Yr) (Spell month)		30. TIME OF INJURY (24hr)	
CERTIFIER	31. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____		32. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	
	33. DESCRIBE HOW INJURY OCCURRED, IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) TRANSPORTATION INJURY ONLY: <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____		34. WHAT SAFETY DEVICES DID DECEDENT USE/EMPLOY? <input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown	
REGISTRAR	35a. CERTIFIER (Check only one, based on clinical capacity for this certificate) <input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and/or manner stated.		35b. LICENSE NUMBER M-14812	
	35c. 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/or manner stated. Signature and Title of Certifier: ELECTRONICALLY SIGNED: HAZERA KHATUN, M.D.		35d. DATE SIGNED 6 / 22 / 2022 MM DD YYYY	
36a. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) HAZERA KHATUN, 415 SIXTH STREET LEWISTON, ID 83501		36b. REGISTRAR'S SIGNATURE <i>James B. Gaydelotte</i>		36c. DATE SIGNED 6 / 24 / 2022 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.

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DATE ISSUED:

JUN 24 2022

James B. Gaydelotte
 JAMES B. AYDELOTTE
 STATE REGISTRAR

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

Rev. 07/2020

