

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
Estate of Syble Ann Beardslee

Street
909 Walk Ln

City
Clarkston

State
WA

Zip code
99403

Phone number

LOCATION OF MOBILE HOME

Name
Sunset Heights Mobile Home Park

Street
2115 6th Avenue

City
Clarkston

State
WA

Zip code
99403

NEW REGISTERED OWNER (Buyer)

Name
Loran Roseborough

Street
2115 6th Avenue, #19

City
Clarkston

State
WA

Zip code
99403

Phone number

LEGAL OWNER

Name
Loran Roseborough

Street
2115 6th Avenue, #19

City
Clarkston

State
WA

Zip code
99403

PERSONAL PROPERTY
PARCEL or ACCOUNT NO. 5-041-35-003-0001-0190
LIST ASSESSED VALUE(S): \$ 46,100.00

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

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.
BROOK	1994		26/44	IDFLR04A17318BF	

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 07/29/2022

Taxable Sale Price\$ 129,000.00

Excise Tax: State.....\$ 1,419.00

County Local.....\$ 322.50

Delinquent Interest: State.....\$ 0.00

0.0025 Local.....\$ 0.00

Delinquent Penalty\$

Subtotal\$ 1,741.50

State Technology Fee\$ 5.00

Affidavit Processing Fee.....\$ 0.00

Total Due.....\$ 1,746.50

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 2022 ASOTIN
County on the mobile home described hereon have been paid to and
including the year 2022
7/29/22
Date County Treasurer or Deputy D. Healy

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 Sheila M. Beardslee

Name (print) Sheila M. Beardslee

Date and Place of Signing: 07/29/2022, Clarkston, WA

Signature of Buyer/Agent Loran Roseborough

Name (print) Loran Roseborough

Date & Place of Signing: 07/29/2022, 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 9.45.060 RCW 9A.56.010 (4d), and RCW 9A.56.020).

PAID

JUL 29 2022

ASOTIN COUNTY
TREASURER

055401

THIS SPACE - TREASURER'S USE ONLY



AFFIDAVIT OF LOSS RELEASE OF INTEREST

LICENSE / REGISTRATION NUMBER	YEAR 1994	MAKE BROOK	SERIES AND BODY 26/44
VEHICLE IDENTIFICATION NUMBER (VIN) OR VESSEL HULL IDENTIFICATION NUMBER (HIN) IDFLR04A17318BF			TITLE NUMBER

Any person who knowingly makes a false statement of a material fact shall be guilty of a felony. Upon conviction they shall be punished by a fine of up to \$5,000 and/or imprisonment for up to ten years. (RCW 46.12.210)

L O S S	By my signature I swear and say that the (CHECK THE APPLICABLE BOX)			
	<input checked="" type="checkbox"/> TITLE	<input type="checkbox"/> REGISTRATION	<input type="checkbox"/> TAB	<input type="checkbox"/> DECAL
	issued to me, is not now in my possession because it was (CHECK THE APPLICABLE BOX)			
	<input checked="" type="checkbox"/> LOST	<input type="checkbox"/> STOLEN	<input type="checkbox"/> DESTROYED	<input type="checkbox"/> MUTILATED
	<i>Sheila M. Britt</i> Signature	Sheila M. Britt, PR Syble Beardslee Estate Printed Name (Position, if signing for business or organization)		DOL Customer Account Number *

NOTARY SEAL OR STAMP 	NOTARIZATION / CERTIFICATION		
	State of Washington County of <u>Washington</u>	Signed or attested before me on <u>July 29, 2022</u>	
	by <u>Sheila M. Britt</u> Printed Name of Person Signing Document	Signature <i>Sheila M. Britt</i> Notary / Agent Signature	
	Title <u>Notary</u> Notary / Agent	Notary's Name (PRINTED or STAMPED) <u>Celina D. Reynold</u> Dealer No. OR AND: County / Office No. OR <u>12-20-2025</u> Notary Expiration Date	

R E L E A S E	By my signature I release my interest as Legal Owner of the vehicle/vessel described above. (NOTE: This Release of Interest must be signed by ALL Legal Owner(s), with signatures notarized; use additional forms if necessary.)		
	<input checked="" type="checkbox"/>	Signature of person releasing interest	Printed Name (Position, if signing for business or organization) DOL Customer Account Number *
	<input checked="" type="checkbox"/>	Signature of person releasing interest	Printed Name (Position, if signing for business or organization) DOL Customer Account Number *
	NOTE: A Vehicle Odometer Disclosure (Form TD-420-006) is required when transferring a vehicle that is nine (9) years old or newer, unless otherwise exempt. The new owner <u>MUST</u> apply for title within 15 days. Failure to do so will result in monetary penalty assessment.		

GROSS WEIGHT LICENSE		
(AGENT: You must verify gross weight license. Your signature certifies that the information was verified.)		
I authorize this Gross Weight License to be transferred to the new owner and remain with the vehicle described above:		
<input checked="" type="checkbox"/>	Signature	Printed Name (Position, if signing for business or organization) DOL Customer Account Number *

NOTARY SEAL OR STAMP 	NOTARIZATION / CERTIFICATION		
	State of Washington County of _____	Signed or attested before me on _____	
	by _____ Printed Name of Person Signing Document	Signature _____ Notary / Agent Signature	
	Title _____ Notary / Agent	Notary's Name (PRINTED or STAMPED) _____ Dealer No. OR AND: County / Office No. OR _____ Notary Expiration Date	

*The DOL CUSTOMER ACCOUNT NUMBER is found on the Washington Driver's License or Identification Card (12 digits)- or if the owner is a business or organization, is the UBI number found on the Master Business License or Business License and Registration Certificate (9 digits).

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 902-3600 or TTY (360) 664-8885.

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CERTIFIED

FILED

2021 OCT 28 PM 1:46

MCKENZIE A. CAMPBELL
COUNTY CLERK
ASOTIN COUNTY WA

SUPERIOR COURT OF WASHINGTON FOR ASOTIN COUNTY

In re the Estate of:

SYBLE A. BEARDSLEE,

Deceased.

No.

21-4-00084-02

LETTERS TESTAMENTARY WITH
NONINTERVENTION POWERS

WHEREAS, the Last Will and Testament of Syble A. Beardslee, deceased, was on the
~~28th~~ day of October, 2021, duly exhibited, proven, and recorded in our said
Superior Court;

WHEREAS, Sheila M. Britt is the person nominated as Personal Representative in said
Will;

WHEREAS, Sheila M. Britt has petitioned this court to be appointed Personal
Representative thereof; and

WHEREAS, this court has entered an order granting nonintervention powers to the
Personal Representative,

NOW, THEREFORE, know all people by these presents, that we do hereby authorize
the said Sheila M. Britt to execute the terms of the Will with nonintervention powers
according to law.

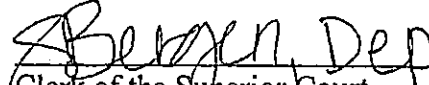
LETTERS TESTAMENTARY WITH
NONINTERVENTION POWERS

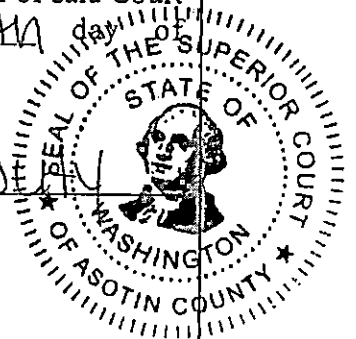
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Gittins & Dukes, PLLC
843 Seventh Street
Clarkston, WA 99403
(509)758-2501
Facsimile: (509) 758-3576

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1 WITNESS, Jane E. Richards, Commissioner of
2 our Superior Court, and the seal of said Court
3 hereto affixed this 28th day of
4 October, 2021.

5 
6 Clerk of the Superior Court



7 STATE OF WASHINGTON)
8 : ss.
9 County of Asotin)

10 I, McKenzie A. Campbell, County Clerk of the County of Asotin, State of Washington,
11 and ex-officio Clerk of the Superior Court of the State of Washington for Asotin County, do
12 hereby certify that the within and foregoing is a full, true, and correct copy of the Letters
13 Testamentary and of the whole thereof, as the same are now on file and of record in the above
14 entitled cause in my office and custody. Said Letters have never been revoked and are still in
15 Full Force and Effect.

16 IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said
17 Superior Court this 28th day of October, 2021.

18
19 _____
20 County Clerk & Ex-Officio Clerk of
21 the Superior Court

22 By 
23 Deputy

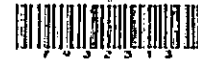


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LETTERS TESTAMENTARY WITH
NONINTERVENTION POWERS

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-048125

DATE ISSUED: 09/29/2021
FEE NUMBER: 132399836

FIRST AND MIDDLE NAME(S): SYBLE ANN
LAST NAME(S): BEARDSLEE

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: SEPTEMBER 27, 2021
HOUR OF DEATH: 08:44 AM
SEX: FEMALE AGE: 75 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

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

RESIDENCE STREET: 2115 6TH AVE TRLR 19
CITY, STATE, ZIP: CLARKSTON, WA 99403-1568
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 YEARS

BIRTH DATE: JULY 09, 1946
BIRTHPLACE: MONROE, LA

FATHER: WILLIAM NATHAN BROWN
MOTHER: MELISSA A SWANER

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

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

OCCUPATION: OFFICE ASSISTANT
INDUSTRY: COUNTY GOVERNMENT
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

CITY, STATE: SPOKANE, WASHINGTON
DISPOSITION DATE: SEPTEMBER 28, 2021

INFORMANT: SHEILA MARIE BRITT
RELATIONSHIP: DAUGHTER
ADDRESS: PO BOX 259; CLARKSTON, WA 99403

FUNERAL FACILITY: NEPTUNE SOCIETY - SPOKANE

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

CAUSE OF DEATH:
A: CARDIOPULMONARY ARREST
INTERVAL: IMMEDIATE
B: CORONA VIRUS PNEUMONIA
INTERVAL: 2 WEEKS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: CHI L. PUI, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1221 HIGHLAND AVE
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
DATE SIGNED: SEPTEMBER 27, 2021

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: SEPTEMBER 28, 2021

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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
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, State
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Married			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Married	
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 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.

Adult (18 years or older)

- Only the adult can change his or her birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation 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.

CERTIFIED

SPOKANE REGIONAL HEALTH DISTRICT

SEP 29 2021

55401



Paula Maxwell

Paula L. Maxwell
CHIEF CLERK/REGISTRAR



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