

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 February 1, 2023

FOR USE WHEN TRANSFERRING TITLE TO MOBILE HOME ONLY

PLEASE TYPE OR PRINT

INCOMPLETE AFFIDAVITS WILL NOT BE ACCEPTED

REGISTERED OWNER (Seller)

Name: Randy G. Dickinson

Street: 928 18th Ave

City: Lewiston State: Id. Zip code: 83501

Phone number: _____

NEW REGISTERED OWNER (Buyer)

Name: Carol A. Dickinson

Street: 928 18th Ave

City: Lewiston State: Id. Zip code: 83501

Phone number: 208-929-2241

LOCATION OF MOBILE HOME

Name: Randy G. Dickinson

Street: 11633 13th St

City: Clarkston State: WA Zip code: 99403

LEGAL OWNER

Name: _____

Street: _____

City: _____ State: _____ Zip code: _____

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-211-05-004-0000-0020

LIST ASSESSED VALUE(S): \$ 500.00

REAL PROPERTY PARCEL or ACCOUNT NO. _____

LIST ASSESSED VALUE(S): \$ _____

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or LD.	REVENUE TAX CODE NO.
	<u>1978</u>	<u>Fleetwood</u>	<u>14x70</u>	<u>WAS 013652</u>	

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: 5-25-23

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)(i)
WAC Title INHERITANCE LIAISON 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 2023

Date: 5-22-23 _____
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: Carol Dickinson

Name (print): Carol Dickinson

Date and Place of Signing: 5-2-23 ASOTIN C. Court House

Signature of Buyer/Agent: Carol Dickinson

Name (print): Carol Dickinson

Date & Place of Signing: 5-2-23 ASOTIN C. Court House

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).

MAY 25 2023

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, contact a vehicle licensing office or call (360) 902-3770, option 5.

License plate/Registration number	Year <u>1978</u>	Make <u>Fleetwood</u>	Series/Body style <u>mobilehome</u>
Vehicle Identification Number (VIN) or Vessel Hull Identification Number (HIN) <u>WAS013652</u>			

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 Randy Dickinson, the registered owner of this vehicle/vessel, died on the May day of 21, 1922.

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 Spouse of the deceased. No relative who would have prior right, except Carol Dickinson survives the deceased, and provision has been made for payment of debts of the deceased. Signature must be notarized or certified below.

Carol Dickinson Carol Dickinson 5-22-23

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 _____

Transferee Transferee's address 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:

Carol Dickinson was duly appointed under the nonintervention will of Randy Dickinson and is qualified to act as such, and that a decree of solvency has been entered.

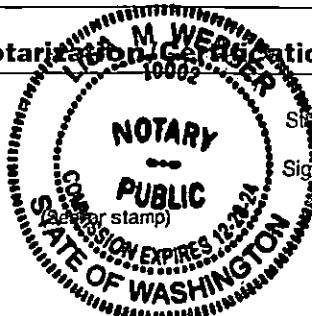
Carol Dickinson 5-22-23

Executor/Administrator signature Date

X _____ 5-22-23

County Clerk signature Date

Notarization/Certification



State of Washington, County of Asotin

Signed or attested before me on May 22, 2023 by Carol Dickinson

Lisa M. Webster Lisa M. Webster

Signature Printed or stamped name

Notary and December 28, 2024

Title Dealer or county/office number or notary expiration date

Affidavit of Loss/Release of Interest

When completed, mail or take this 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) WAS013652	
Model year 1978	Make FTWD	Model MH	Body style 70/14

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

Carol Dickenson
 TYPE or PRINT Name

TYPE or PRINT Name

Position and company name, if signing for a business

Position and company name, if signing for a business

(Area code) Phone number Washington driver license number

(Area code) Phone number Washington driver license number

Email

Email

Date and place (city or county) signed

X Carol Dickenson
 Signature

Date and place (city or county) signed

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

Carol Dickenson
 TYPE or PRINT Name

TYPE or PRINT Name

Position and company name, if signing for a business

Position and company name, if signing for a business

(Area code) Phone number Washington driver license number

(Area code) Phone number Washington driver license number

Email

Email

Date and place (city or county) signed

X Carol Dickenson Astoria
 Signature

Date and place (city or county) signed

X
 Signature

Notarization and 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 Astoria

Signed or attested before me on 5-22-23 by Carol Dickenson
 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 or notary expiration date



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-027940

DATE ISSUED: 06/03/2022
FEE NUMBER: 0118-3740

FIRST AND MIDDLE NAME(S): RANDY GENE
LAST NAME(S): DICKINSON

COUNTY OF DEATH: BENTON
DATE OF DEATH: MAY 21, 2022
HOUR OF DEATH: 03:00 PM
SEX: MALE AGE: 65 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: TRIOS HEALTH
CITY, STATE, ZIP: KENNEWICK, WASHINGTON 99336

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

RESIDENCE STREET: 928 18TH AVE
CITY, STATE, ZIP: LEWISTON, ID 83501
INSIDE CITY LIMITS: NO COUNTY: NEZ PERCE
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 10 YEARS

BIRTH DATE: MAY 02, 1957
BIRTHPLACE: GARDENA, CA

FATHER: TOMMY DICKINSON
MOTHER: EMMA NICHOLS

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: CAROL CAMPBELL

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: EINAN'S CREMATORIUM

OCCUPATION: CHIP HAULER
INDUSTRY: TRUCK DRIVER
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

CITY, STATE: RICHLAND, WASHINGTON
DISPOSITION DATE: JUNE 02, 2022

INFORMANT: JOSHUA DICKINSON
RELATIONSHIP: SON
ADDRESS: 1011 NORTH ST, CLARKSTON, WA 99403

FUNERAL FACILITY: COMPASSIONATE CREMATION SOCIETY

ADDRESS: PO BOX 90
CITY, STATE, ZIP: RICHLAND, WASHINGTON 99532
FUNERAL DIRECTOR: HOLLEY SOWARDS

CAUSE OF DEATH:
A: ANOXIC BRAIN INJURY
INTERVAL: DAYS
B: CARDIAC ARREST DURING COMPUTER TOMOGRAPHY SCAN
INTERVAL: DAYS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION, DIABETES

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:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

CERTIFIER NAME: WILLIAM C. LEACH
TITLE: CORONER/ME
CERTIFIER ADDRESS: 7110 WEST OKANOGAN PLACE, BUILDING A
CITY, STATE, ZIP: KENNEWICK, WASHINGTON 993362359
DATE SIGNED: JUNE 01, 2022

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: SUSANA MARTINEZ
DATE RECEIVED: JUNE 02, 2022

56091

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: 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:	

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

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.

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

JUN 03 2022

56091

Amy D. Person, M.D.
Benton-Franklin County Health District



0 5 4 7 8 7 6 1

Model Year 1978	Make FTWD	Model MH	Body Style	Vehicle identification number (VIN) WAS013652	Scale Weight 0
Plate/Tag no N/A	Tab/Decal no N/A	Primary vehicle use type Mobile Home	Issue date	Exp date	
Plate/Tag no	Tab/Decal No	Vehicle use type	Issue date	Exp date	
Gross Weight	Gr wt start date	Gross weight exp date	Fleet no	Equip no	
Purchase Date 02-May-2023	Purchase Price 0.00				

Registered Owner
 DICKINSON, CAROL ANN
 928 18TH AVE
 LEWISTON ID 83501-3951

Legal Owner
 Same as Registered Owner

Brands/Comments: 500/2023, This document serves as the 3-year registration certificate for the purpose of ownership in doubt as prescribed in RCW 46.12.680., Exempt - Inheritance, Ownership in doubt

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.

L0202215294

TD-420-802 (R/1/21) Page 1 of 2

Vehicle Information:	WAS013652	1978	FTWD	MH
Filing	Title Filing		\$5.50	
Service	Title Service Fee		\$15.00	
Title	Manuf Home Title Transfer		\$15.00	
	Vehicle Title Application		\$15.00	

Fee Total: \$50.50

You can get a copy of this cash/fee receipt detail at www.dol.wa.gov.

Skip a trip – go online www.dol.wa.gov

56091

THIS DOCUMENT IS NOT PROOF OF LEGAL OWNERSHIP

This is your Washington registration certificate and must be carried in the vehicle or vessel that it was issued, or in the towing unit, or on the operator for personal motorized devices (off road vehicles, snowmobiles and jetskis). Registrations must be signed by the registered owner.

Any person who shall knowingly makes any false statement of a material fact on this document shall be guilty of a felony which is punishable by a fine or imprisonment or by both such fine and imprisonment.

CHANGE OF ADDRESS: Registered owners may submit a change of address online at dol.wa.gov or at any county auditor or vehicle licensing office. There is no fee for this service; however, there is a fee for a new registration certificate.

REPORT OF SALE: Vehicle and vessel owners releasing interest must submit a report of sale to the Department of Licensing, county auditor, or vehicle licensing office within 5 business days of sale or release. You may submit a report of sale at dol.wa.gov OR at any county auditor or vehicle licensing office (for a fee).

FEDERAL ODOMETER LAW: The Federal Truth in Mileage Act of 1986 requires sellers of motor vehicles less than 20 years old to complete an odometer disclosure statement upon transfer of ownership, unless the vehicle is specifically exempt from odometer disclosure requirements. Exemptions are (1) Vehicles 20 years old and older; (2) non-powered vehicles and snowmobiles; (3) vehicles with a declared gross weight over 16,000 pounds; (4) vehicles sold directly by a manufacturer to a federal agency; or (5) a new vehicle **before its first retail sale**.

WASHINGTON AUTO REPAIR LAW (applies to almost all repairs) entitles customers to: (1) A written estimate for repairs that will cost more than \$100, unless waived or absent face-to-face contact (see item 4 below). (2) Return or inspection of all replaced parts, if requested at time of repair authorization. (3) Authorize orally or in writing any repairs which exceed the estimated total cost (before sales tax) by more than 10 percent. (4) Authorize any repairs orally or in writing if your vehicle is left with the repair facility without face-to-face contact between you and the repair facility personnel. (5) A copy of the invoice, listing all work done and parts supplied. A repairman must post a sign notifying customers of their rights, and cannot put a lien against or keep your vehicle unless a written estimate was given and they have complied with the rest of the Consumer Protection Act. The Attorney General's office accepts auto repair complaints at atg.wa.gov.

For more information about titling and licensing, call any Washington County Auditor or vehicle licensing office, or visit our website at dol.wa.gov.

RCW 46.12.650, 46.12.655, 46.12.665, 46.12.750; 46.71
WAC 308-56A-030, 308-56A-525, 308-56A-640

Vessel registration only:

The bottom section is a "mini registration" that you cut out, sign, and carry as proof of registration. Both the full sheet and mini registration must be signed to be valid.

What do I do with them?

You can carry one in the towing vehicle and the other on the vessel.

Do I have to cut out the mini registration?

No, you can keep it as one sheet, but you must carry it on the vessel and make it available to law enforcement when requested.

Can I laminate the mini registration?

Yes, but only after the registered owner signs it.

IPC-10