



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: Ronald R. Ruddell, Donna D. Ruddell; Street: 1430 Chestnut No. 12; City: Clarkston, WA; State: WA; Zip code: 99403

NEW REGISTERED OWNER (Buyer) Name: RONALD R RUDDELL, RONALD E RUDDELL, ROGER G RUDDELL; Street: 1430 CHESTNUT NO 12; City: CLARKSTON, WA; State: WA; Zip code: 99403

LOCATION OF MOBILE HOME Name: 1430 Chestnut No. 12; Street: Clarkston, WA; City: Clarkston, WA; State: WA; Zip code: 99403

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

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 15-004-23-011-0002-0120 LIST ASSESSED VALUE(S): \$ 48,300

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

Table with columns: MAKE (Marlette), YEAR (1992), MODEL, SIZE (14x66), SERIAL NO. or I.D., REVENUE TAX CODE NO.

Is this property predominantly used for timber...? See ETA 3215 Date of Sale 6/28/23 Yes No

Taxable Sale Price, Excise Tax, Delinquent Interest, Delinquent Penalty, Subtotal, State Technology Fee, Affidavit Processing Fee, Total Due \$ 10.00

If exemption claimed, WAC number & title: WAC No. (Sec/Sub) 458-61A-201(B)(1) WAC Title 19A 011 w/o consideration A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX.

TREASURER'S CERTIFICATE I hereby certify that property taxes due 2023 Asotin Co County on the mobile home described hereon have been paid to and including the year 2023 Date 6/28/23 County Treasurer or Deputy A. Huley

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 Ronald R Ruddell Name (print) Ronald R. Ruddell Date and Place of Signing: 6/28/23 Signature of Buyer/Agent Ronald E Ruddell Name (print) RONALD E RUDDELL Date & Place of Signing: 6/28/23

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

JUN 28 2023

ASOTIN COUNTY TREASURER

0200

R. Ruddell \$10.00 Cash M6

#56166

**REAL ESTATE EXCISE TAX
SUPPLEMENTAL STATEMENT**
(WAC 458-61A-304)

This form must be submitted with the Real Estate Excise Tax Affidavit (FORM REV 84 0001A for deceded transfers and Form REV 84 0001B for controlling interest transfers) for claims of tax exemption as provided below. Completion of this form is required for the types of real property transfers listed in numbers 1-3 below. Only the first page of this form needs original signatures.

AUDIT: Information you provide on this form is subject to audit by the Department of Revenue. In the event of an audit, it is the taxpayers' responsibility to provide documentation to support the selling price or any exemption claimed. This documentation must be maintained for a minimum of four years from date of sale. (RCW 82.45.100) Failure to provide supporting documentation when requested may result in the assessment of tax, penalties, and interest. Any filing that is determined to be fraudulent will carry a 50% evasion penalty in addition to any other accrued penalties or interest when the tax is assessed.

Perjury in the second degree is a class C felony which is punishable by confinement in a state correctional institution for a maximum term of five years, or by a fine in an amount fixed by the court of not more than \$10,000, or by both such confinement and fine (RCW 9A.72.030 and RCW 9A.20.021(1)(c)).

The persons signing below do hereby declare under penalty of perjury that the following is true (check appropriate statement):

1. **DATE OF SALE:** (WAC 458-61A-306(2))

I, (print name) _____ certify that the _____
(type of instrument), dated _____, was delivered to me in escrow by _____
(seller's name). **NOTE:** Agent named here must sign below and indicate name of firm. The payment of the tax is considered current if it is not more than 90 days beyond the date shown on the instrument. If it is past 90 days, interest and penalties apply to the date of the instrument.
Reasons held in escrow _____

Signature Firm Name

2. **GIFTS:** (WAC 458-61A-201) The gift of equity is non-taxable; however, any consideration received is not a gift and is taxable. The value exchanged or paid for equity plus the amount of debt equals the taxable amount. One of the boxes below must be checked.

Both Grantor (seller) and Grantee (buyer) must sign below.
Grantor (seller) gifts equity valued at \$ _____ to grantee (buyer).
NOTE: Examples of different transfer types are provided on the back. This is to assist you with correctly completing this form and paying your tax.
"Consideration" means money or anything of value, either tangible (boats, motor homes, etc) or intangible, paid or delivered, or contracted to be paid or delivered, including performance of services, in return for the transfer of real property. The term includes the amount of any lien, mortgage, contract indebtedness, or other encumbrance, given to secure the purchase price, or any part thereof, or remaining unpaid on the property at the time of sale. "Consideration" includes the assumption of an underlying debt on the property by the buyer at the time of transfer.

A. Gifts with consideration

- 1. Grantor (seller) has made and will continue to make all payments after this transfer on the total debt of \$ _____ and has received from the grantee (buyer) \$ _____ (include in this figure the value of any items received in exchange for property). Any consideration received by grantor is taxable.
- 2. Grantee (buyer) will make payments on _____% of total debt of \$ _____ for which grantor (seller) is liable and pay grantor (seller) \$ _____ (include in this figure the value of any items received in exchange for property). Any consideration received by grantor is taxable.

B. Gifts without consideration

- 1. There is no debt on the property; Grantor (seller) has not received any consideration towards equity. No tax is due.
- 2. Grantor (seller) has made and will continue to make 100% of the payments on the total debt of \$ _____ and has not received any consideration towards equity. No tax is due.
- 3. Grantee (buyer) has made and will continue to make 100% of the payments on total debt of \$ _____ and has not paid grantor (seller) any consideration towards equity. No tax is due.
- 4. Grantor (seller) and grantee (buyer) have made and will continue to make payments from joint account on total debt before and after the transfer. Grantee (buyer) has not paid grantor (seller) any consideration towards equity. No tax is due.

Has there been or will there be a refinancing of the debt? YES NO (If yes, please call 360-704-5905 to see if this transfer is taxable). If grantor (seller) was on title as co-signor only, please see WAC 458-61A-215 for exemption requirements.

The undersigned acknowledge this transaction may be subject to audit and have read the above information regarding record-keeping requirements and evasion penalties.

Ronald E Ruddle 6/28/23 Ronald E Ruddle 6/28/23
Grantor's Signature Date Grantee's Signature Date
RONALD E RUDDELL RONALD E RUDDELL
Grantor's Name (print) Grantee's Name (print)

3. **IRS "TAX DEFERRED" EXCHANGE** (WAC 458-61A-213)

I, (print name) _____, certify that I am acting as an Exchange Facilitator in transferring real property to _____ pursuant to IRC Section 1031, and in accordance with WAC 458-61A-213. **NOTE:** Exchange Facilitator must sign below.

Exchange Facilitator's Signature Date Exchange Facilitator's Name (print)

To ask about the availability of this publication in an alternate format for the visually impaired, please call 360-705-6705. Teletype (TTY) users may use the WA Relay Service by calling 711.

**STATE OF WASHINGTON
VEHICLE CERTIFICATE OF OWNERSHIP (TITLE)
CERTIFICATE NUMBER
0534302504**

LICENSE NUMBER 8031520	VEHICLE IDENTIFICATION NUMBER (VIN) H006069A	YEAR 1992	MAKE MARLE	MODEL	STYLE	SERIES BODY 28/66
DATE ISSUED 07/28/2005	ODOMETER MILES 000000	ODOMETER STATUS EXEMPT	FLEET NUMBER	EQUIP NUMBER	FUEL TYPE UNPOWERED	
USE CLASS MOB	SCALE WEIGHT 00000	GROSS WEIGHT 000000	VEHICLE COLOR	PRIOR TITLE STATE WA	PRIOR TITLE NUMBER 0520902708	
COMMENTS 79000-2005						
BRANDS						

SALE PRICE \$ _____

DATE OF SALE _____

LEGAL OWNER: When lien is satisfied, release interest by signing below 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**

LEGAL OWNER

REGISTERED OWNER

**RUDELL RONALD R
RUDELL DONNA D
1430 CHESTNUT NO 12
CLARKSTON WA 99403-2400**

SAME AS LEGAL OWNER

Ronald R. Ruddell 3-1-07

SIGNATURE OF LEGAL OWNER HEREBY DATE
RELEASES ALL INTEREST IN VEHICLE AS
DESCRIBED ABOVE

SIGNATURE OF REGISTERED OWNER DATE
HEREBY RELEASES ALL INTEREST IN
VEHICLE AS DESCRIBED ABOVE

Ronald R. Ruddell 3-1-07

SIGNATURE OF LEGAL OWNER HEREBY DATE
RELEASES ALL INTEREST IN VEHICLE AS
DESCRIBED ABOVE

SIGNATURE OF REGISTERED OWNER DATE
HEREBY RELEASES ALL INTEREST IN
VEHICLE AS DESCRIBED ABOVE

I CERTIFY THAT THE RECORDS OF THE DEPARTMENT OF LICENSING SHOW PERSONS NAMED HEREON AS REGISTERED OWNERS AND LEGAL OWNERS OF THE VEHICLE DESCRIBED.

Elaine A. Vice

DIRECTOR DEPARTMENT OF LICENSING - 10/05

0025930 01 AB

0025930 01 AB

I certify, to the best of my knowledge, that the ODOMETER READING, as shown below: (CHECK ONE)

NO TENTHS

1. Is the ACTUAL MILEAGE of the vehicle
 2. Is in EXCESS OF ITS MECHANICAL LIMITS
 3. Is NOT THE ACTUAL MILEAGE

ODOMETER READING (In miles)

TRANSFeree / BUYER: unless licensed dealer, must transfer title within 15 days of sale.
I warrant this Title and certify that the vehicle described herein has been sold to the following:

Date of Transfer

SIGNATURE OF TRANSFeree / BUYER

SIGNATURE OF TRANSFEROR / SELLER

HANDPRINTED NAME OF TRANSFeree / BUYER

HANDPRINTED NAME OF TRANSFEROR / SELLER

ADDRESS OF TRANSFeree / BUYER

ADDRESS OF TRANSFEROR / SELLER



FEDERAL REGULATION AND STATE LAW REQUIRE THAT YOU STATE THE MILEAGE IN CONNECTION WITH THE TRANSFER OF OWNERSHIP. FAILURE TO COMPLETE ODOMETER STATEMENT OR PROVIDING A FALSE STATEMENT MAY RESULT IN FINES AND/OR IMPRISONMENT.

KEEP IN A SAFE PLACE

ANY ALTERATION OR ERASURE VOIDS THIS TITLE

TD-420-002

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-036607

DATE ISSUED: 08/20/2019
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DONNA D.
LAST NAME(S): RUDELL

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: AUGUST 18, 2019
HOUR OF DEATH: 03:07 PM
SEX: FEMALE AGE: 85 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: EMERGENCY ROOM
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: 1430 CHESTNUT ST TRLR 12
CITY, STATE, ZIP: CLARKSTON, WA 99403-2427
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 12 YEARS

BIRTH DATE: JANUARY 17, 1934
BIRTHPLACE: GIFFORD, ID

FATHER/PARENT: ERNEST B BONNALIE
MOTHER/PARENT: BEULAH MARQUAM

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: RONALD R RUDELL

METHOD OF DISPOSITION: REMOVAL FROM STATE
PLACE OF DISPOSITION: MOUNTAIN VIEW FUNERAL HOME &
CREMATORY
CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: AUGUST 23, 2019

OCCUPATION: BOOKKEEPER
INDUSTRY: VALLEY MEDICAL
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL HOME

INFORMANT: RONALD RUDELL
RELATIONSHIP: HUSBAND
ADDRESS: 1430 CHESTNUT ST, CLARKSTON WA 99403

ADDRESS: 3521 7TH STREET
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
FUNERAL DIRECTOR: GERALD E. BARTLOW

CAUSE OF DEATH:
A: CONGESTIVE HEART FAILURE
INTERVAL: NOT DETERMINED

B: INTERVAL:

C: INTERVAL:

D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: COLLAPSED AT HOME AND
FOUND IN ASYSTOLE BY EMS

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: JUERGEN LANG, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1221 HIGHLAND AVE
CITY, STATE, ZIP: CLARKSTON, WA 99403
DATE SIGNED: AUGUST 19, 2019

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: JUERGEN LANG, MD

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: AUGUST 20, 2019

56116



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: Birth Death Marriage 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 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: Self Guardian Informant Hospital Parent(s) Funeral Director Other (specify)

7. Return Mailing 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 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 forgoing 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

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. Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- 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

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 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

*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

1. 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.
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 documentary proof.
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.

DOH 422-034 October 2015

CERTIFIED

AUG 20 2019

Glenn Houser MD
Dr. Glenn Houser

Health District Officer
Garfield County Health District

Spilko



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