



**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: Lori B. Dahl

Donald S. Dahl

Street: 2359 Rolling Hills Drive

City: Clarkston State: WA Zip code: 99403

Phone number: _____

NEW REGISTERED OWNER (Buyer)

Name: Kevin A. Speer

Melissa A. Speer

Street: 2115 6th Avenue Unit 91

City: Clarkston State: WA Zip code: 99403

Phone number: _____

LOCATION OF MOBILE HOME

Name: Sunset Heights

Street: 2115 6th Avenue, Unit 91

City: Clarkston State: WA Zip code: 99403

LEGAL OWNER

Name: _____

Street: _____

City: _____ State: _____ Zip code: _____

PERSONAL PROPERTY
PARCEL or ACCOUNT NO. 50413500300010910

LIST ASSESSED VALUE(S): \$ \$8,500.00

REAL PROPERTY
PARCEL or ACCOUNT NO. _____

LIST ASSESSED VALUE(S): \$ _____

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.
CONC	1998	50/28	50/28	117298	0200

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: 05/31/2023

Taxable Sale Price: \$ 127,000.00

Excise Tax: State: \$ 1,397.00

Asotin County Local: \$ 317.50

Delinquent Interest: State: \$ 0.00

0.0025 Local: \$ 0.00

Delinquent Penalty: \$ 0.00

Subtotal: \$ 1,714.50

State Technology Fee: \$ 5.00

Affidavit Processing Fee: \$ 0.00

Total Due: \$ 1,719.50

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 2023

6-7-23 _____

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: [Signature]

Name (print): Lori B. Dahl

Date and Place of Signing: 6/8/23 Clarkston

Signature of Buyer/Agent: [Signature]

Name (print): Kevin A. Speer

Date & Place of Signing: 6/8/23 Clarkston

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).

**JUN 12 2023
ASOTIN COUNTY
TREASURER**

THIS SPACE - TREASURER'S USE ONLY



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) 117298	
Model year 1998	Make CONC	Model 50/28	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 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.*

Lori B. Dahl TYPE or PRINT Name	Donald S. Dahl 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 Clarkston, WA	Email Clarkston, WA
Date and place (city or county) signed <input checked="" type="checkbox"/> <i>Lori B. Dahl</i> Signature	Date and place (city or county) signed <input checked="" type="checkbox"/> <i>Donald S. Dahl</i> Signature

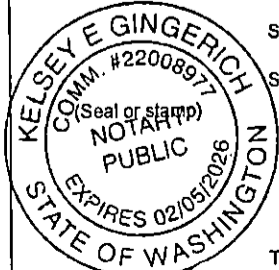
Release of interest—Signature must be notarized or certified

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.*

Lori B. Dahl TYPE or PRINT Name	Donald S. Dahl 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 Clarkston, WA 99403	Email Clarkston, WA 99403
Date and place (city or county) signed <input checked="" type="checkbox"/> <i>Lori B. Dahl</i> Signature	Date and place (city or county) signed <input checked="" type="checkbox"/> <i>Donald S. Dahl</i> 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 5/30/23 by Lori B. & Donald S. Dahl
Name of person(s) signing this document

Kelsey E. Gingerich
Notary/Agent/Subagent signature

Kelsey E. Gingerich
Notary printed or stamped name

Title Notary Public and 2/5/2026
Dealer or county/office number or notary expiration date

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 08/03/2022
FEE NUMBER:

CERTIFICATE NUMBER: 2022-039138

FIRST AND MIDDLE NAME(S): JOANNE FAITH
LAST NAME(S): BULLARD

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: JULY 22, 2022
HOUR OF DEATH: 06:30 PM
SEX: FEMALE AGE: 89 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: JUNE 30, 1933
BIRTH PLACE: DULUTH, MN

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: REGISTERED NURSE
INDUSTRY: HEALTH CARE
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: NO

INFORMANT: LORI DAHL
RELATIONSHIP: DAUGHTER
ADDRESS: 2389 ROLLINGHILLS DR, CLARKSTON, WASHINGTON, 99403

CAUSE OF DEATH:
A. CONGESTIVE HEART FAILURE

INTERVAL: UNKNOWN

B. AORTIC STENOSIS

INTERVAL: UNKNOWN

C.

INTERVAL:

D.

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CORONARY ARTERY DISEASE,
ANEMIA, PERIPHERAL VASCULAR DISEASE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 2115 6TH AVE UNIT 91
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 2115 6TH AVE 91
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE

FATHER: JOHN J TRUNOSKE
MOTHER: ESTHER MATTSON

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

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: AUGUST 02, 2022

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES
LLC

ADDRESS: PO: BOX 107
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
FUNERAL DIRECTOR: GERALD E. BARTLOW

MANNER OF DEATH: NATURAL
AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ELIZABETH N. BLACK, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1271 HIGHLAND AVE STE B
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
DATE SIGNED: AUGUST 02, 2022

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: AUGUST 02, 2022

56127



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.

DOH 422-034 August 2019

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

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:	14b. Signature of 2nd 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 Acknowledgement 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)

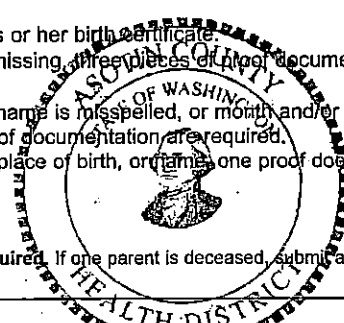
- Only the adult can change his or her birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To 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, executor/administrator, 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.



Bob Lutz, M.D., MPH

AUG 03 2022

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