



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: MELANIE ROSE MCCARTHY, Street: 1276 SYCAMORE ST, City: CLARKSTON, State: WA, Zip code: 99403

NEW REGISTERED OWNER (Buyer) Name: Katina Keen, Street: 1276 Sycamore CML Wa 99403, City: Clarkston, State: WA, Zip code: 99403, Phone number: 208-413-3915

LOCATION OF MOBILE HOME Name: [Blank], Street: 1276 SYCAMORE ST, City: CLARKSTON, State: WA, Zip code: 99403

LEGAL OWNER Name: Katina Laura Keen, Street: 1276 Sycamore St, City: Clarkston, State: WA, Zip code: 99403

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-004-18-003-6001-0410 LIST ASSESSED VALUE(S): \$ 500.00

REAL PROPERTY PARCEL or ACCOUNT NO. [Blank] LIST ASSESSED VALUE(S): \$ 500.00

Table with 6 columns: MAKE, YEAR, MODEL, SIZE, SERIAL NO. or I.D., REVENUE TAX CODE NO. Row 1: TITAN, 1977, [Blank], 14x70, 40777152681, [Blank]

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 Date of Sale 8-1-23 Yes No

Table of taxes: 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, LACK 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 8-1-23 [Signature] 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: Katina Keen, Name (print): Katina Keen, Date and Place of Signing: 8-1-2023

Signature of Buyer/Agent: Katina Keen, Name (print): [Blank], Date & Place of Signing: Katina L Keen

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.46.010 (4d), and RCW 9A.56.020).

AUG - 1 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 <u>TD 500418003000P</u>	Year <u>2011</u> <u>1977</u>	Make <u>Plymouth</u>	Series/Body style <u>40777152681</u>
Vehicle Identification Number (VIN) or Vessel Hull Identification Number (HIN) <u>VIN 40777152681</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 Melanie Rose McCarthy, the registered owner of this vehicle/vessel, died on the 10th day of Feb, 2023.

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 Biological daughter Katalina Keen of the deceased. No relative who would have prior right, except Katalina Laura Keen survives the deceased, and provision has been made for payment of debts of the deceased. Signature must be notarized or certified below.

Katalina Laura Keen Printed name X Katalina Laura Keen Signature 8-1-2023 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 Asotin Washington:

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:

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

Name of executor/administrator Name of deceased

X _____ Executor/Administrator signature _____ Date
X _____ County Clerk signature _____ Date

Notarization/Certification

Notary Public in the State of Washington County of Asotin

Sealed or attested before me on 8.1.23 by Katalina L. Keen

SHARLENE TILLER
LICENSE # 305562
MY COMMISSION EXPIRES NOVEMBER 5, 2024

Sharlene J. Tiller Signature
Printed or stamped name
11-15-24 Dealer or county/office number or notary expiration date

Notary Title

56243

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

DATE FILED BY STATE REGISTRAR: 03/10/2023 State of Idaho
CERTIFICATE OF DEATH STATE FILE NO. 2023-02851
ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHALL BE VALID. PLEASE PRINT CLEARLY. CHECK ONE OF THE FOLLOWING BOXES: (a) THIS IS A COPY OF THE ORIGINAL RECORD OR (b) THIS IS A COPY OF A COPY OF THE ORIGINAL RECORD.

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) MELANIE ROSE MCCARTHY		2. SEX FEMALE	3. SOCIAL SECURITY NUMBER [REDACTED]
	4. AGE-Last Birthday: 68 (Months: 08 , Days: 16 , Hours: 02)		5. DATE OF BIRTH (Mo/Day/Yr) 08/16/1954	
MORTICIAN: Complete/Verify and File Within 5 Days of Death	6. BIRTHPLACE (City and State, Territory, or Foreign Country) UNKNOWN, UNKNOWN		7. CITY OR TOWN CLARKSTON	
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY WASHINGTON		7b. COUNTY ASOTIN	7c. CITY OR TOWN CLARKSTON
PARENTS	7d. STREET AND NUMBER 1276 SYCAMORE STREET		7e. APT. NO., FL. OR ZIP CODE 89403	7f. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	8. MARRIAGE STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)	
INFORMANT	10. EVER IN U.S. - FATHER'S NAME (First, Middle, Last, Suffix) UNKNOWN UNKNOWN		11b. BIRTHPLACE (State, Territory, or Foreign Country) UNKNOWN	
	11a. FATHER'S NAME (First, Middle, Last, Suffix) UNKNOWN UNKNOWN		12b. BIRTHPLACE (State, Territory, or Foreign Country) UNKNOWN	
DISPOSITION	13a. INFORMANT'S NAME (Type or print) MARYLIL NELSON		13b. RELATIONSHIP TO DECEDENT EXECUTOR	
	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 5506 152 PLACE SE, BELLEVUE, WA 98006		14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify):	
PLACE OF DEATH	14a. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) MOUNTAIN VIEW CREMATORY 3521 SEVENTH STREET LEWISTON, IDAHO 83501		14b. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY MOUNTAIN VIEW FUNERAL HOME 3521 SEVENTH STREET LEWISTON, IDAHO 83501	
	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: GERALD E. BARTLOW		17b. LICENSE NUMBER (if licensed) M0771	16. WAS CORDON CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
DATE OF DEATH	18a. IF DEATH OCCURRED IN A HOSPITAL: 1. ICD-10 CODE: 2 2. EPISODE: 2 3. OCCASION: 3 4. ICD-9 CODE: 4 5. ICD-10 CODE: 5 6. ICD-9 CODE: 6 7. ICD-10 CODE: 7 8. ICD-9 CODE: 8 9. ICD-10 CODE: 9 10. ICD-9 CODE: 10 11. ICD-10 CODE: 11 12. ICD-9 CODE: 12 13. ICD-10 CODE: 13 14. ICD-9 CODE: 14 15. ICD-10 CODE: 15 16. ICD-9 CODE: 16 17. ICD-10 CODE: 17 18. ICD-9 CODE: 18 19. ICD-10 CODE: 19 20. ICD-9 CODE: 20 21. ICD-10 CODE: 21 22. ICD-9 CODE: 22 23. ICD-10 CODE: 23 24. ICD-9 CODE: 24 25. ICD-10 CODE: 25 26. ICD-9 CODE: 26 27. ICD-10 CODE: 27 28. ICD-9 CODE: 28 29. ICD-10 CODE: 29 30. ICD-9 CODE: 30 31. ICD-10 CODE: 31 32. ICD-9 CODE: 32 33. ICD-10 CODE: 33 34. ICD-9 CODE: 34 35. ICD-10 CODE: 35 36. ICD-9 CODE: 36 37. ICD-10 CODE: 37 38. ICD-9 CODE: 38 39. ICD-10 CODE: 39 40. ICD-9 CODE: 40 41. ICD-10 CODE: 41 42. ICD-9 CODE: 42 43. ICD-10 CODE: 43 44. ICD-9 CODE: 44 45. ICD-10 CODE: 45 46. ICD-9 CODE: 46 47. ICD-10 CODE: 47 48. ICD-9 CODE: 48 49. ICD-10 CODE: 49 50. ICD-9 CODE: 50 51. ICD-10 CODE: 51 52. ICD-9 CODE: 52 53. ICD-10 CODE: 53 54. ICD-9 CODE: 54 55. ICD-10 CODE: 55 56. ICD-9 CODE: 56 57. ICD-10 CODE: 57 58. ICD-9 CODE: 58 59. ICD-10 CODE: 59 60. ICD-9 CODE: 60 61. ICD-10 CODE: 61 62. ICD-9 CODE: 62 63. ICD-10 CODE: 63 64. ICD-9 CODE: 64 65. ICD-10 CODE: 65 66. ICD-9 CODE: 66 67. ICD-10 CODE: 67 68. ICD-9 CODE: 68 69. ICD-10 CODE: 69 70. ICD-9 CODE: 70 71. ICD-10 CODE: 71 72. ICD-9 CODE: 72 73. ICD-10 CODE: 73 74. ICD-9 CODE: 74 75. ICD-10 CODE: 75 76. ICD-9 CODE: 76 77. ICD-10 CODE: 77 78. ICD-9 CODE: 78 79. ICD-10 CODE: 79 80. ICD-9 CODE: 80 81. ICD-10 CODE: 81 82. ICD-9 CODE: 82 83. ICD-10 CODE: 83 84. ICD-9 CODE: 84 85. ICD-10 CODE: 85 86. ICD-9 CODE: 86 87. ICD-10 CODE: 87 88. ICD-9 CODE: 88 89. ICD-10 CODE: 89 90. ICD-9 CODE: 90 91. ICD-10 CODE: 91 92. ICD-9 CODE: 92 93. ICD-10 CODE: 93 94. ICD-9 CODE: 94 95. ICD-10 CODE: 95 96. ICD-9 CODE: 96 97. ICD-10 CODE: 97 98. ICD-9 CODE: 98 99. ICD-10 CODE: 99 100. ICD-9 CODE: 100		21. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE LEWISTON, ID 83501	
	22. COUNTY OF DEATH NEZ PERCE		23. DATE OF DEATH (Mo/Day/Yr) (Spell month) February 12, 2023	
CAUSE OF DEATH	24. TIME OF DEATH (24hr) 01:39		25. DATE PROLONGED DEAD (Mo/Day/Yr) (Spell month) February 12, 2023	
	26. TIME PROLONGED DEAD (24hr) 01:39		27. CAUSE OF DEATH PART I: Enter the <u>chain of events</u> - 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 of a link resulting in death. END STAGE RENAL DISEASE DUE TO (or as a consequence of): CHRONIC KIDNEY DISEASE DUE TO (or as a consequence of): CARDIAC ARREST	
CELTICER: Complete Within 72 Hours of Death	28a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	29. DID TOXICOLOGIC CONTRIBUTION TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		30. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined	
ITEMS TO BE USED FOR EXTERNAL CAUSES ONLY	31. DATE OF INJURY (Mo/Day/Yr) (Spell month) February 12, 2023		32. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) [REDACTED]	
	33. LOCATION OF INJURY State: WA City/Town or County: CLARKSTON Zip Code: 98006		34. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
CERTIFIER	35. DESCRIBE HOW INJURY OCCURRED; IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable [REDACTED]		36. TRANSPORTATION INJURY ONLY: 36a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify):	
	37. CERTIFIER (Check only one, based on official capacity for this certificate) <input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE <input type="checkbox"/> CORONER To the best of my knowledge, death occurred at the time, date, and place, and due to the natural causes (manner stated) and manner stated. Signature and Title of Certifier: ELECTRONICALLY SIGNED: JOHN LOFFARELLI, D.O.		38. WHAT SAFETY DEVICES(S) 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	39a. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) JOHN LOFFARELLI, 415 SIXTH STREET LEWISTON, ID 83501		39b. LICENSE NUMBER 0-00610	
	40. REGISTRAR'S SIGNATURE <i>James B. Aydelotte</i>		40b. DATE SIGNED 3 / 10 / 2023	

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.

DATE ISSUED: **JULY 07, 2023**

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

James B. Aydelotte
JAMES B. AYDELOTTE
 STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





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(S.S.)

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