



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: Cassandra Grice, Street: 1228 1215 15th St., City: Clarkston WA 99403

NEW REGISTERED OWNER (Buyer) Name: Marilyn Wardlow, Street: 1228 Washington St # B, City: Clarkston WA 99403

LOCATION OF MOBILE HOME Name: Golden Acres Mobile Home Park, Street: 1430 Chestnut St. Space 1, City: Clarkston WA 99403

LEGAL OWNER Name: Marilyn Wardlow, Street: 1228 Washington St # B, City: Clarkston WA 99403

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-004-23-011-0002-0010 LIST ASSESSED VALUE(S): \$ 500.00

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

Table with 6 columns: MAKE, YEAR, MODEL, SIZE, SERIAL NO. or I.D., REVENUE TAX CODE NO. Row 1: Tamarack, 1978, 14/52, 168703D0656, 23P

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 09/30/2021 Yes No

Taxable Sale Price \$ 17,200.00

Excise Tax: State \$ 189.20

County Local \$ 43.00

Delinquent Interest: State \$

0.0025 Local \$ 0.00

Delinquent Penalty \$ 0.00

Subtotal \$ 232.20

State Technology Fee \$ 5.00

Affidavit Processing Fee \$ 0.00

Total Due \$ 237.20

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 2021

Date 10-26-21 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 Cassandra Grice

Name (print) Cassandra Grice

Date and Place of Signing: 09/30/2021 - Clarkston, WA

Signature of Buyer/Agent Marilyn Wardlow

Name (print) Marilyn Wardlow

Date & Place of Signing: 09/30/2021 - 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

OCT 21 2021

ASOTIN COUNTY TREASURER

THIS SPACE - TREASURER'S USE ONLY

Affidavit of Inheritance / Litigation

License Plate/Registration Number	Year 1978	Make Tamarack	Series/Body Style 14/52
Vehicle Identification Number (VIN) OR Vessel Hull Identification Number (HIN) 168703D0565			

INHERITANCE

NOTE: This affidavit is to be used when no executor or administrator is appointed.

I, being duly sworn, depose and say that Lela Pearl Knight, who is the registered owner of this vehicle/vessel, died on the 27 day of August, 2021.

That the deceased left no estate necessitating administration, and no letters of administration or letters testamentary have been issued to any persons; that said vehicle/vessel has not been bequeathed by will to anyone other than

the undersigned; that the undersigned is Daughter of the deceased; that no relative who would have prior right, except N/A survives said deceased,

and that provision has been made for payment of debts of the deceased. SEE BELOW FOR NOTARY/CERTIFICATION OF SIGNATURE.

Cassandra Grice X *Cassandra Grice*

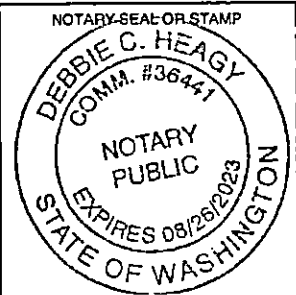
COUNTY CLERK CERTIFICATE FOR TRANSFER OF VEHICLE/VESSEL IN LITIGATION

This certificate, properly completed, will serve instead of all other court papers. Section 1 will suffice for all cases where an order of the court is entered transferring title to a motor vehicle/vessel. This may be used in divorce cases as well as probates.

I certify that in the superior court of the State of Washington for the County of _____ :

1. An order transferring title to this vehicle/vessel to: _____ at _____ was duly entered in _____ on the _____ day of _____, 2021.

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



NOTARIZATION / CERTIFICATION

State of Washington County of Asotin Signed or attested before me on 9/30/2021

by Cassandra Grice Signature Debbie C. Heagy

Notary's Name (PRINTED or STAMPED) Debbie C. Heagy

Title Notary AND: County / Office No. OR 08/26/2023

54659

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-042814

LOCAL FILE NUMBER: 4097

DATE ISSUED: 09/08/2021
FEE NUMBER: 131400097

FIRST AND MIDDLE NAME(S): LELA PEARL
LAST NAME(S): KNIGHT

COUNTY OF DEATH: SPOKANE

DATE OF DEATH: AUGUST 27, 2021

HOUR OF DEATH: 02:03 PM

SEX: FEMALE AGE: 75 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: NOVEMBER 19, 1945

BIRTHPLACE: COTTONWOOD, ID

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: 8TH GRADE OR LESS
US ARMED FORCES: NO

INFORMANT: CASSANDRA GRICE
RELATIONSHIP: DAUGHTER
ADDRESS: 1215 15TH STREET, CLARKSTON, WA, 99403

CAUSE OF DEATH:
A. ACUTE STROKE
INTERVAL: DAYS

B. INTERVAL:

C. INTERVAL:

D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: HOSPITAL
FACILITY OR ADDRESS: PROVIDENCE SACRED HEART MEDICAL CENTER
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99204

RESIDENCE STREET: 1430 CHESTNUT ST TRLR 1
CITY, STATE, ZIP: CLARKSTON, WA 99403-2427
INSIDE CITY LIMITS: YES COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 4 YEARS

FATHER: JOHN STANTON
MOTHER: MAG ANDERSON

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: PACIFIC NW CREMATORY

CITY, STATE: SPOKANE, WASHINGTON
DISPOSITION DATE: SEPTEMBER 02, 2021

FUNERAL FACILITY: PACIFIC NW CREMATION NORTH

ADDRESS: 4407 N. DIVISION STREET, #103
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99207
FUNERAL DIRECTOR: JASON ARMSTRONG

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: HEIDI SHOVELL, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 101 W. 8TH AVE ATTN: 9N HOSPITALISTS
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99204
DATE SIGNED: SEPTEMBER 01, 2021

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

LOCAL DEPUTY REGISTRAR: REINA PARSONS
DATE RECEIVED: SEPTEMBER 02, 2021

541059



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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <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:

8. The record currently shows:	9. The true fact is:
10.	11.
12.	13.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing 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

- 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.
- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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.

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

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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.
- 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 08 2021



Paula Maxwell
Paula L. Maxwell
CHIEF DEPUTY REGISTRAR



0 5 1 8 7 9 7 9

Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

PLM/MSR

6/4/2021



STATE OF WASHINGTON

Vehicle Certificate of Title

Title Number
1749723722

Vehicle Identification Number (VIN)
168703D0656

Year
1978

Make
TAMA

Model
14/52

Body style

Title Issue Date
01-May-2019

Odometer Miles
0

Odometer Status
Exempt

Fuel Type

Scale Weight
0

Gross Vehicle Weight Rating Code

Vehicle Color
GRN / WHI

Prior Title State
Washington

Prior Title Number
1746198253

Comments
5500/2016

Brands

Sale price \$ _____

Date of sale _____

Buyer: You must apply for title within 15 calendar days of acquiring the vehicle to avoid a penalty. Take this signed title to a vehicle/vessel licensing office with the appropriate fees.

Legal Owner: To release interest, sign below and give this title to the registered owner/transferee or to a vehicle licensing office with the proper fee within 10 days of satisfaction of the security interest, or you may be liable to the owner/transferee for penalties.

Seller: You must complete a Report of Sale and file it with the Department of Licensing within 5 business days of the sale. File at dol.wa.gov or at any vehicle licensing office or county auditor.

Legal Owner
LELA PEARL KNIGHT
1430 CHESTNUT ST TRLR 1
CLARKSTON WA 99403-2427

Registered Owner
Same as Legal Owner

Signature of first legal owner releases all interest in the vehicle described above. If signing for a business, include business name, signature, and title. _____
Date _____

Signature of registered owner releases all interest in the vehicle described above. If signing for a business, include business name, signature and title. _____
Date _____

Signature of second legal owner releases all interest in the vehicle described above. If signing for a business, include business name, signature, and title. _____
Date _____

Signature of registered owner releases all interest in the vehicle described above. If signing for a business, include business name, signature, and title. _____
Date _____

I certify that the records of the Department of Licensing show the persons named hereon as registered owners and legal owners of the vehicle described.

Teresa Buntson
Director, Department of Licensing

Assignment by registered owner

Federal regulation and state law require you to state the mileage when transferring ownership if the vehicle is less than 10 years old, unless exempt. Failure to complete this statement or providing a false statement may result in fines and/or imprisonment.

I certify, to the best of my knowledge, the odometer reading is: (no tenths) Transfer date _____

This reading is: (check one) the actual mileage of the vehicle; in excess of its mechanic limits; not the actual mileage.

Signature of transferee/buyer

PRINTED name of transferee/buyer

Address of transferee/buyer

Signature of transferor/seller

PRINTED name of transferor/seller

Address of transferor/seller



24001003-000438-01-00000000

LELA PEARL KNIGHT
 1430 CHESTNUT ST TRLR 1
 CLARKSTON WA 99403-2427



Reassignment by vehicle dealer	Federal regulation and state law require you to state the mileage when transferring ownership if the vehicle is less than 10 years old, unless exempt. Failure to complete this statement or providing a false statement may result in fines and/or imprisonment.	
	I certify, to the best of my knowledge, the odometer reading is: ➔ _____ (no tenths) . Transfer date ____/____/____ <small>Odometer reading in miles</small>	
	This reading is (check one): <input type="checkbox"/> the actual mileage of the vehicle <input type="checkbox"/> in excess of its mechanic limits <input type="checkbox"/> not the actual mileage.	
	Signature of transferee/buyer X	Signature of transferor/seller X
	PRINT name of transferee/buyer	PRINT name of transferor/seller
Address of transferee/buyer		Address of transferor/seller
Buying dealer's state license number (if applicable)		Selling dealer's state license number (if applicable)
Reassignment by vehicle dealer	Federal regulation and state law require you to state the mileage when transferring ownership if the vehicle is less than 10 years old, unless exempt. Failure to complete this statement or providing a false statement may result in fines and/or imprisonment.	
	I certify, to the best of my knowledge, the odometer reading is: ➔ _____ (no tenths) Transfer date ____/____/____ <small>Odometer reading in miles</small>	
	This reading is (check one): <input type="checkbox"/> the actual mileage of the vehicle <input type="checkbox"/> in excess of its mechanic limits <input type="checkbox"/> not the actual mileage.	
	Signature of transferee/buyer X	Signature of transferor/seller X
	PRINT name of transferee/buyer	PRINT name of transferor/seller
Address of transferee/buyer		Address of transferor/seller
Buying dealer's state license number (if applicable)		Selling dealer's state license number (if applicable)

Legal owner/Lienholder to be recorded and shown on the new Vehicle Certificate of Title:

Name of legal owner/lienholder _____ Address of legal owner/lienholder _____
 Legal owner/Lienholder customer account number _____
Washington driver license number or Unified Business Identifier (UBI)

54659