



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: WILLIAM LINDALL Street: 2015 6TH AVE SPC 144A City: CLARKSTON State: WA Zip code: 99403

NEW REGISTERED OWNER (Buyer) Name: Deana L King Street: 32680 Webb Ridge RD City: Lapwai IDaho State: 83540 Zip code: 208-791-0536 Phone number

LOCATION OF MOBILE HOME Name: Street: 2015 6TH AVE SPC 144A City: CLARKSTON State: WA Zip code: 99403

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

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-041-35-002-002-1440 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: GALLATIN, 1975, 14X70

Is this property predominantly used for timber...? See ETA 3215 Date of Sale 12-20-21 Yes No

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 (6) (F) WAC Title INHERITANCE, 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 2021 12-20-21 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 Deana L King Name (print) Deana L King Date and Place of Signing: 12-20-21 Asotin, WA

Signature of Buyer/Agent Deana L King Name (print) Deana L King Date & Place of Signing: 12-20-21 Asotin 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.010 (4d), and RCW 9A.56.020).

PAID

DEC 20 2021

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ASOTIN COUNTY TREASURER

THIS SPACE - TREASURER'S USE ONLY

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In the Matter of the Estate of:)
WILLIAM A. LINDELL,)
Deceased.)

SMALL ESTATE AFFIDAVIT

STATE OF IDAHO)
County of Nez Perce)
:ss.

DEANA L. KING, being first duly sworn upon oath, deposes and states as follows:

1. I am the daughter of William L. Lindell, and the "successor" to the Estate of William L. Lindell as defined in RCW 11.62.005;
2. William L. Lindell was a resident of the State of Washington on the date of his death, March 7, 2021. A true and correct copy of decedent's *Death Certificate* is attached hereto as Exhibit "A;"
3. The value of the decedent's estate subject to probate, less liens and encumbrances, does not exceed one hundred thousand dollars (\$100,000);
4. At least forty days have elapsed since the death of the decedent;

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1 5. No application or petition for the appointment of a personal representa-tive is
2 pending or has been granted in any jurisdiction;

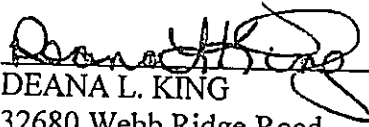
3 6. All debts of the decedent, including funeral and burial expenses, have been paid
4 or provided for;

5 7. The following personal property is subject to probate:

7 Potlatch No. 1 Federal Credit Union Checking Acct. Ending 4632	\$3,852.50
8 Potlatch No. 1 Federal Credit Union Savings Acct. Ending 4632	\$26.00
9 -----	
10 1975 Gallitan Manufactured Home 14 x 70	\$8,000.00
11 2011 Chevrolet Traverse, VIN 1GNKVEED7BJ211414, subject to an existing loan resulting in a net value of \$0-	\$ 0.00
12 -----	
13 2003 Geo Tracker 4-door, VIN 2CNBJ634X36929837	\$1,750.00
14 1952 Chevrolet Deluxe 2-door, vintage car, VIN 14KKK78721; unrestored	\$5,000.00

15 8. I have given written notice, by mail, identifying my claim, to the foregoing
16 personal property to all other successors of the decedent, and that at least ten days have elapsed
17 since the service or mailing of such notice; and

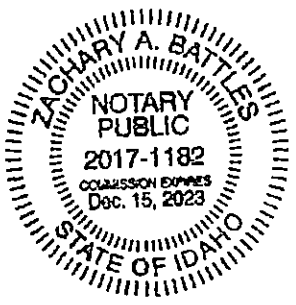
18 9. I am entitled to full payment or delivery of the property claimed on the behalf of
19 all other successors who have an interest therein as the Personal Representative listed in the Last
20 Will & Testament of the decedent.

21
22
23 
24 DEANA L. KING
25 32680 Webb Ridge Road
Lapwai, ID 83540

1 STATE OF IDAHO)
2 County of Nez Perce) : SS

3 On this 15th day of April, 2021, before me, the undersigned, a Notary Public in and for
4 the State of Idaho, personally appeared DEANA L. KING, known or identified to me to be the
5 persons whose names are subscribed to the within and foregoing instrument and acknowledged
to me that they executed the same.

6 IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the
7 day and year first above written.



Zachary A. Battles
Notary Public in and for the State of
Idaho, residing at Lewiston.
My commission expires 12/15/2023

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CERTIFICATE OF SERVICE

I hereby certify that on the 15th day of April, I caused to be served a true and correct copy of the foregoing by the method indicated below, and addressed to the following:

Wes Lindell
3703 16th Street E
Lewiston, ID 83501

Scott Lindell
1727 Charene Drive
Clarkston, WA 99403

State of Washington
Department of Social & Health Services
Office of Financial Recovery
P. O. Box 9501
Olympia, WA 98507-9501

By 
Patricia Winter

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
State of Idaho
CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, IS VALID. THIS DOCUMENT IS NOT VALID FOR ANY OTHER PURPOSE. LOCAL REG. NO. _____

TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. FOR INSTRUCTIONS SEE HANDBOOKS. PARENTS INFORMANT DISPOSITION PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH ITEMS 32-34 TO BE USED FOR EXTERNAL CAUSES ONLY (CGR0118) CERTIFIER REGISTRAR	DECEASED	1. DECEASED'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) WILLIAM ALBERT LINDELL		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]	
	4a. AGE-Last Birthday 86 (Years)		4b. UNDER 1 YEAR Months - Days	4c. UNDER 1 DAY Hours - Minutes	5. DATE OF BIRTH (Mo/Day/Yr) 08/08/1934	
	6. BIRTH PLACE (City and State, Territory, or Foreign Country) OSBORNE, WASHINGTON		7a. RESIDENCE - STATE OR FOREIGN COUNTRY WASHINGTON		7b. COUNTY ASOTIN	
	7c. CITY OR TOWN CLARKSTON		7d. STREET AND NUMBER 2015 6TH AVE		7e. APT. NO. 144A	7f. ZIP CODE 99403
	7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input 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)		10. EVER IN U.S. <input type="checkbox"/> ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	11a. FATHER'S NAME (First, Middle, Last, Suffix) WILLIAM ALBERT LINDELL SR		11b. BIRTHPLACE (State, Territory, or Foreign Country) UNKNOWN		12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) LAVERNA MAE LEWIS	
	12b. BIRTHPLACE (State, Territory, or Foreign Country) UNKNOWN		13a. INFORMANT'S NAME (Type or print) DEANA KING		13b. RELATIONSHIP TO DECEASED DAUGHTER	
	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 32680 WEBB RIDGE ROAD LAPONA, ID 83540		14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)			
	15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) MOUNTAIN VIEW CREMATORY 3521 SEVENTH STREET LEWISTON, IDAHO 83501		16. 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 (Of licensee) MO771		18. WAS CORNER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
19a. IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Out <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:				
20. FACILITY NAME (If not facility, give street and number) ST. JOSEPH REGIONAL MEDICAL CTR		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) March 7, 2021		24. TIME OF DEATH (24hr) 20:45		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) March 7, 2021		
26. TIME PRONOUNCED DEAD (24hr) 20:45		PART I. Enter the chain of events - disease, injury, or complication - 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 on a line. ACUTE RESPIRATORY FAILURE DUE TO (or as a consequence of): ACUTE EXACERBATION COPD DUE TO (or as a consequence of): PROBABLE ASPIRATION - SPECIFIC ETIOLOGY UNKNOWN DUE TO (or as a consequence of):				
27. CAUSE OF DEATH AORTIC STENOSIS; CONGESTIVE HEART FAILURE; ATRIAL FIBRILLATION		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 TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		30. IF FEMALE (Aged 10-54): <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year		31. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		
32. DATE OF INJURY (Mo/Day/Yr) (Spell month)		33. TIME OF INJURY (24hr)		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)		
35. LOCATION OF INJURY State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____		37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEASED OCCUPIED, if applicable. TRANSPORTATION INJURY ONLY 38a. WAS DECEASED: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____ 38b. WHAT SAFETY DEVICES DID DECEASED 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				
39a. 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 To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s) stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		39b. LICENSE NUMBER M-06849		39c. DATE SIGNED 3 / 11 / 2021 MM DD YYYY		
39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) MICHAEL C. MINICK, 415 SIXTH STREET LEWISTON, ID 83501		40a. REGISTRAR'S SIGNATURE <i>James B. Aydelotte</i>		40b. DATE SIGNED 3 / 12 / 2021 MM DD YYYY		

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: **MAR 12 2021**

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

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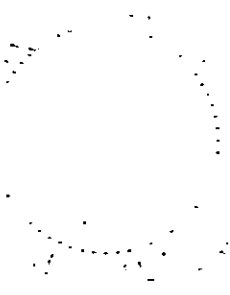
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STATE OF IDAHO County of Lewiston

This copy of a death certificate was issued by the District Health Department on behalf of the the Bureau of Vital Records and Health Statistics.

Pauline Durst

Local Vital Statistics Registration Official



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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 1975	Make GALLATIN	Series/Body style
Vehicle Identification Number (VIN) or Vessel Hull Identification Number (HIN)			

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 William A. Lindell, the registered owner of this vehicle/vessel, died on the 7 day of March, 2021.

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

Deana L. King Printed name X Deana L. King Signature 12-20-21 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 _____

Name of administrator (if in probate) _____ Docket number of case _____
on the _____ day of _____, _____

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.

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

Notarization/Certification

State of WA., County of Asotin

Subscribed or attested before me on 12-20-21 by Deana L. King

Notary Public
State of Washington
(Seal) **SHARLENE J TILLER**
LICENSE # 105562
MY COMMISSION EXPIRES
NOVEMBER 15, 2024

Signature Sharlene J. Tiller
Printed or stamped name _____
and _____ Dealer or county/office number or notary expiration date 54838