



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: JOHN E. FLERCHINGER
Street: 2115 6TH AVE. TRLR 20
City: CLARKSTON State: WA Zip code: 99403

NEW REGISTERED OWNER (Buyer)
Name: Caylie J Flerchinger
Street: 2115 6th Ave # 20
City: Clarkston State: WA Zip code: 99403

LOCATION OF MOBILE HOME
Name:
Street: 2115 6TH AVE TRLR 20
City: CLARKSTON State: WA Zip code: 99403

LEGAL OWNER
Name: Caylie Flerchinger
Street: 2115 6th Ave # 20
City: CLARKSTON WA. Zip code: 99403

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-041-35-003-0001-0200
LIST ASSESSED VALUE(S): \$ 47,500

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: 1996, GUERDON, 23x45, GDB01D48959152AB

Is this property predominantly used for timber...?
Date of Sale: 2-18-22

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) A586(A-202 (b) (i))
WAC Title INHERITANCE NOT PROBATED WILL
A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX.

TREASURER'S CERTIFICATE
I hereby certify that property taxes due 2021 ASOTIN
County on the mobile home described hereon have been paid to and including the year 2021
Date: 2-18-22

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): Caylie Flerchinger
Date and Place of Signing: 2-18-22 ASOTIN Co
Signature of Buyer/Agent: [Signature]
Name (print): Caylie Flerchinger
Date & Place of Signing: 2/18/22

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(4)) and RCW 9A.56.020).

PAID
FEB 18 2022
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	Year 1996	Make GMC	Series/Body style 41 / 26
Vehicle Identification Number (VIN) or Vessel Hull Identification Number (HIN) GDB0LD48959152AB			

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 John E. Flerchinger, the registered owner of this vehicle/vessel, died on the 4th day of Feb, 2022.

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

Caylie Flerchinger Printed name [Signature] Signature 2-18-22 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 _____ Transferee
at _____ Transferee's address was duly entered in _____ Title of case
Name of administrator (if in probate) _____ Docket number of case _____
on the _____ day of _____, 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.

Executor/Administrator signature _____ Date
 County Clerk signature _____ Date

Notarization/Certification

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

Notary Title 51978

and or attested before me on 2-18-22 by Caylie Flerchinger
[Signature]
 Signature
Sharlene J. Tiller
 Printed or stamped name
11-15-24
 Dealer or county/office number or notary expiration date

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, SHALL BE USED AS PROOF OF FACTS CONCERNING THE DEATH OF A PERSON IN THIS STATE. LOCAL REG. NO.

DECEDENT TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. FOR INSTRUCTIONS SEE HANDBOOKS	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) JOHN EDWARD FLERCHINGER	2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE-Last Birthday 77 (Years)	4b. UNDER 1 YEAR Months: _____ Days: _____	4c. UNDER 1 DAY Hours: _____ Minutes: _____
6. BIRTHPLACE (City and State, Territory, or Foreign Country) LEWISTON, IDAHO		7a. RESIDENCE - STATE OR FOREIGN COUNTRY WASHINGTON	
7b. COUNTY ASOTIN		7c. CITY OR TOWN CLARKSTON	
7d. STREET AND NUMBER 2115-6TH AVENUE		7e. APT. NO. 20	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 checked="" 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) CAYLIE JEAN PHILLIPS	
PARENTS Complete/Verify and File Within 6 Days of Death	10. EVER IN U.S. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		11a. FATHER'S NAME (First, Middle, Last, Suffix) JOSEPH NICHOLAS FLERCHINGER
	11b. BIRTHPLACE (State, Territory, or Foreign Country) WASHINGTON		12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) SOPHIA AUGUSTA WOLFE
12b. BIRTHPLACE (State, Territory, or Foreign Country) WASHINGTON			
INFORMANT Complete/Verify and File Within 6 Days of Death	13a. INFORMANT'S NAME (Type or print) CAYLIE J. FLERCHINGER		13b. RELATIONSHIP TO DECEDENT WIFE
	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 2115-6TH AVENUE APT. 20 CLARKSTON, WA 99403		
DISPOSITION Complete/Verify and File Within 6 Days of Death	14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify) _____		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) VALLEY CREMATORY 920 21ST AVENUE LEWISTON, IDAHO 83501
	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY VASSAR-RAWLS FUNERAL HOME 920 21ST AVENUE LEWISTON, IDAHO 83501		
PLACE OF DEATH Complete/Verify and File Within 6 Days of Death	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: DENNIS W. HASTINGS		
	17b. LICENSE NUMBER (Of licensee) M0791		
DATE OF DEATH Complete/Verify and File Within 6 Days of Death	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	19. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <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) _____		
CAUSE OF DEATH Complete/Verify and File Within 6 Days of Death	20. FACILITY NAME (If not facility, give street and number) LEWISTON TRANSITIONAL CARE OF CASCADE		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE LEWISTON, ID 83501
	22. COUNTY OF DEATH NEZ PERCE		
DATE OF DEATH Complete/Verify and File Within 6 Days of Death	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) February 4, 2022	24. TIME OF DEATH (24hr) 05:25	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) February 4, 2022
	26. TIME PRONOUNCED DEAD (24hr) 05:25		
CAUSE OF DEATH Complete/Verify and File Within 6 Days of Death	PART I: Enter the <u>immediate cause</u> (disease, injury, or complication) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or hypoxia. Do not abbreviate. Enter only one cause on a line.		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) ADULT FAILURE TO THRIVE DUE TO (or as a consequence of): AGUTE KIDNEY INJURY DUE TO (or as a consequence of): COMBINED SYSTOLIC AND DIASTOLIC CONGESTIVE HEART FAILURE DUE TO (or as a consequence of): OBESITY		
DATE OF DEATH Complete/Verify and File Within 6 Days of Death	PART II: Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I. POST-COVID-19 DELIRIUM; POST-COVID-19 MRSA PNA; COPD; TYPE II DIABETES		
	28a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
DATE OF DEATH Complete/Verify and File Within 6 Days of Death	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
	31. MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		
DATE OF DEATH Complete/Verify and File Within 6 Days of Death	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, hotel, etc.) _____		35. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
DATE OF DEATH Complete/Verify and File Within 6 Days of Death	36. 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 DECEDENT OCCUPIED, IF APPLICABLE TRANSPORTATION INJURY ONLY: <input type="checkbox"/> Pedestrian <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Error (Specify) _____		
DATE OF DEATH Complete/Verify and File Within 6 Days of Death	38a. 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		
	39a. CERTIFIER (Check only one, based on official capacity for this certificate) <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input checked="" 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)/manner(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. Signature and Title of Certifier: ELECTRONICALLY SIGNED: SETH T. SIX, N.P.		
DATE OF DEATH Complete/Verify and File Within 6 Days of Death	39b. LICENSE NUMBER N-65849		39c. DATE SIGNED 2 / 5 / 2022 MM DD YYYY
	39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) SETH T. SIX, 415 SIXTH STREET LEWISTON, ID 83501		
DATE OF DEATH Complete/Verify and File Within 6 Days of Death	40a. REGISTRAR'S SIGNATURE James B. Galtte		
	40b. DATE SIGNED 2 / 7 / 2022 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: FEB 07 2022

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

JAMES B. AYDELOTTE
STATE REGISTRAR



[REDACTED]



* 001611732 *

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.

Amber Hudson

Local Vital Statistics Registration Official

54978



STATE OF WASHINGTON
Vehicle Certificate of Title

Title Number
1311215904

License Number %133522	Vehicle Identification Number (VIN) GDB0ID48959152AB	Year 1996	Make GUERD	Model	Style	Series/Body 41/26
Date of Application 04/22/2013	Odometer Miles 000000	Odometer Status E	Fuel Type			
Scale Weight 00000	Gross Vehicle Weight Rating Code	Vehicle Color GREEN	Prior Title State WA	Prior Title Number 0708903009		
Comments 40800-2013	Brands					

Sale price \$ _____

Date of sale _____

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.

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
FLERCHINGER, JOHN E
2115 6TH AVE TRLR 20
CLARKSTON, WA 99403

Registered Owner
SAME AS LEGAL OWNER

X
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 _____

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

Date _____

X
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 _____

X
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.

[Signature]
Director, Department of Licensing

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

X
PRINTED name of transferee/buyer

Signature of transferor/seller

X
PRINTED name of transferor/seller

Address of transferee/buyer

Address of transferor/seller

Assignment by registered owner

Keep in a safe place. Any alteration or erasure voids this title.

54978