



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: Zachary M. Schultz, Street: 304 6th Avenue, City: Lewiston, State: ID, Zip code: 83501

LOCATION OF MOBILE HOME Name: David Richard Harrington, Street: 1333 Perry Lane, City: Clarkston, State: WA, Zip code: 99403

NEW REGISTERED OWNER (Buyer) Name: David Richard Harrington, Street: P.O. Box 561, City: Clarkston, State: WA, Zip code: 99403

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

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-736-00-002-0000-0010 LIST ASSESSED VALUE(S): \$ 10,500.00

REAL PROPERTY PARCEL or ACCOUNT NO. 1-736-00-002-0000-0000 LIST ASSESSED VALUE(S): \$ 53,400.00

Table with columns: MAKE, YEAR, MODEL, SIZE, SERIAL NO. or I.D., REVENUE TAX CODE NO. Row 1: Guer, 1976, 60x64, 0153

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 09/30/2022 Yes No

Taxable Sale Price \$ 80,000.00

Excise Tax: State \$ 880.00

County Local \$ 200.00

Delinquent Interest: State \$ 0.00

0.0025 Local \$ 0.00

Delinquent Penalty \$

Subtotal \$ 1,080.00

State Technology Fee \$ 5.00

Affidavit Processing Fee \$ 0.00

Total Due \$ 1,085.00

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 2022 9/30/22 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 Zachary M. Schultz

Name (print) Zachary M. Schultz

Date and Place of Signing: 09/28/2022, Clarkston, WA

Signature of Buyer/Agent David Richard Harrington

Name (print) David Richard Harrington

Date & Place of Signing: 09/29/2022, 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 SEP 30 2022

ASOTIN COUNTY TREASURER

055567

THIS SPACE - TREASURER'S USE ONLY

ATEC CR# 44-5416 4A

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2015-033428

DATE ISSUED: 10/12/2017
FEE NUMBER:

FIRST AND MIDDLE NAME(S): RUSSELL WAYNE
LAST NAME(S): SCHULTZ

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: NOVEMBER 19, 2015
HOUR OF DEATH: 01:42 PM
SEX: MALE AGE: 86 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: APRIL 14, 1929
BIRTHPLACE: TETONIA, ID

MARITAL STATUS: MARRIED
SPOUSE: CAROLE JEAN PERRINS

OCCUPATION: OWNER/OPERATOR
INDUSTRY: RENTAL PROPERTIES
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

INFORMANT: CAROLE J. SCHULTZ
RELATIONSHIP: WIFE
ADDRESS: 2175-9TH AVENUE, CLARKSTON, WASHINGTON 99403

CAUSE OF DEATH:
A: METASTATIC PROSTATE CANCER
INTERVAL: 5 YEARS
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:

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 2175-9TH AVENUE
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 2175 9TH AVE
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER/PARENT: WALTER SCHULTZ
MOTHER/PARENT: BLANCHE CALLAHAN

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: ASOTIN CITY CEMETERY

CITY, STATE: ASOTIN, WASHINGTON
DISPOSITION DATE: NOVEMBER 27, 2015

FUNERAL FACILITY: VASSAR-RAWLS FUNERAL HOME

ADDRESS: 920 21ST AVE
CITY, STATE, ZIP: LEWISTON, IDAHO 98501
FUNERAL DIRECTOR: DENNIS W. HASTINGS

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: JENNIFER GRINAGE
TITLE: PHYSICIAN ASSISTANT
CERTIFIER ADDRESS: 2315 8TH STREET
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
DATE SIGNED: NOVEMBER 24, 2015

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

LOCAL DEPUTY REGISTRAR: BRADY WOODBURY
DATE RECEIVED: NOVEMBER 25, 2015

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

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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.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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 Last		2. Date of Event: MM/DD/YYYY		3. Place of Event: City or County
4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) First Middle Last			5. Mother/Parent Full-Birth Name (Spouse B for Marriage or Dissolution) First Middle Last	
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: P.O. Box or Street Address 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 now shows:	9. The true fact is:
10.	11.
12.	13.
14.	15.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

16a. Signature:	16b. Signature of 2 nd parent (if required):
Printed name: Date:	Printed name: Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

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.
- Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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 documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or date of birth, one documentary proof is required

*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

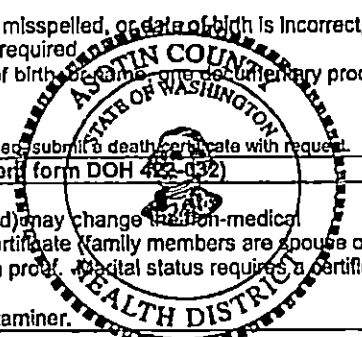
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a 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 documentary proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



DOH 422-034 October 2015
Joel McCullough, M.D., MPH, MS
Health Officer



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

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OCT 12 2017



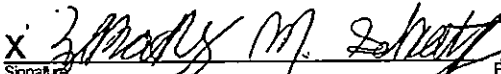
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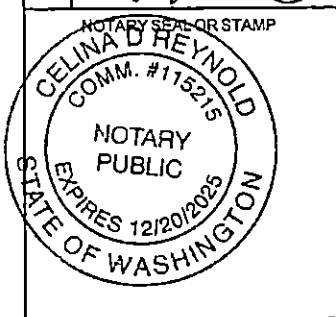


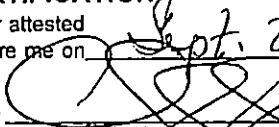
AFFIDAVIT OF LOSS RELEASE OF INTEREST

LICENSE / REGISTRATION NUMBER +674075	YEAR 1976	MAKE GUER	SERIES AND BODY 60x64
VEHICLE IDENTIFICATION NUMBER (VIN) OR VESSEL HULL IDENTIFICATION NUMBER (HIN) 0153			TITLE NUMBER

Any person who knowingly makes a false statement of a material fact shall be guilty of a felony. Upon conviction they shall be punished by a fine of up to \$5,000 and/or imprisonment for up to ten years. (RCW 46.12.210)

L O S S	By my signature I swear and say that the (CHECK THE APPLICABLE BOX)			
	<input checked="" type="checkbox"/> TITLE	<input type="checkbox"/> REGISTRATION	<input type="checkbox"/> TAB	<input type="checkbox"/> DECAL
	issued to me, is not now in my possession because it was (CHECK THE APPLICABLE BOX)			
	<input checked="" type="checkbox"/> LOST	<input type="checkbox"/> STOLEN	<input type="checkbox"/> DESTROYED	<input type="checkbox"/> MUTILATED
	 Signature _____ Printed Name (Position, if signing for business or organization) <u>Zachary M. Schultz</u>			DOL Customer Account Number *



NOTARIZATION / CERTIFICATION	
State of Washington County of <u>Asotin</u>	Signed or attested before me on <u>Sept. 23, 2022</u>
by <u>Zachary M. Schultz</u> Printed Name of Person Signing Document	Signature  Notary/Agent Signature
Notary's Name (PRINTED or STAMPED) <u>Celina D. Reynolds</u>	
Title <u>Notary</u> Notary/Agent	Dealer No. OR AND: County / Office No. OR <u>12202025</u> Notary Expiration Date

R E L E A S E	By my signature I release my interest as Legal Owner of the vehicle/vessel described above. (NOTE: This Release of Interest must be signed by ALL Legal Owner(s), with signatures notarized; use additional forms if necessary.)		
	<u>X</u>	Signature of person releasing interest _____	Printed Name (Position, if signing for business or organization) _____ DOL Customer Account Number *
	<u>X</u>	Signature of person releasing interest _____	Printed Name (Position, if signing for business or organization) _____ DOL Customer Account Number *
NOTE: A Vehicle Odometer Disclosure (Form TD-420-006) is required when transferring a vehicle that is nine (9) years old or newer, unless otherwise exempt. The new owner <u>MUST</u> apply for title within 15 days. Failure to do so will result in monetary penalty assessment.			

GROSS WEIGHT LICENSE	
(AGENT: You must verify gross weight license. Your signature certifies that the information was verified.)	
I authorize this Gross Weight License to be transferred to the new owner and remain with the vehicle described above:	
<u>X</u>	Signature _____ Printed Name (Position, if signing for business or organization) _____ DOL Customer Account Number *

NOTARY SEAL OR STAMP	NOTARIZATION / CERTIFICATION	
	State of Washington County of _____	Signed or attested before me on _____
	by _____ Printed Name of Person Signing Document	Signature _____ Notary/Agent Signature
	Notary's Name (PRINTED or STAMPED) _____	
Title _____ Notary/Agent	Dealer No. OR AND: County / Office No. OR <u>55567</u> Notary Expiration Date	

*The DOL CUSTOMER ACCOUNT NUMBER is found on the Washington Driver's License or Identification Card (12 digits)- or if the owner is a business or organization, is the UBI number found on the Master Business License or Business License and Registration Certificate (9 digits).

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 902-3600 or TTY (360) 664-8885.

RELEASE OF INTEREST / POWER OF ATTORNEY

VEHICLE PLATE/VESSEL REG. NO. +674075		VEHICLE OR HULL IDENTIFICATION NUMBER (VIN OR HIN) 0153	
YEAR 1976	MAKE Guer	SERIES/BODY TYPE 60/64	TITLE NUMBER

RELEASE OF INTEREST POWER OF ATTORNEY

LIENHOLDER'S RELEASE OF INTEREST **REQUIRES NOTARIZATION/CERTIFICATION, UNLESS A BUSINESS ENTITY**
MUST BE ACCOMPANIED BY CERTIFICATE OF TITLE OR COMPLETED, NOTARIZED/CERTIFIED AFFIDAVIT OF LOSS OF TITLE, FORM TD-420-040.
I (We) release all interest in the above described vehicle/vessel.

TYPE OR PRINT LIENHOLDER NAME / BUSINESS / COMPANY	SIGNATURE OF PERSON RELEASING INTEREST	TITLE FOR BUSINESS / COMPANY
TYPE OR PRINT LIENHOLDER NAME / BUSINESS / COMPANY	SIGNATURE OF PERSON RELEASING INTEREST	TITLE FOR BUSINESS / COMPANY

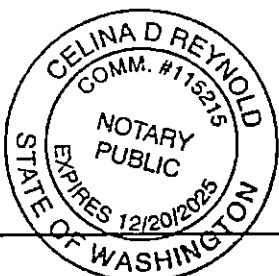
REGISTERED OWNER'S RELEASE OF INTEREST **REQUIRES NOTARIZATION/CERTIFICATION**
I (We) release all interest in the above described vehicle/vessel.

Zachary M. Schultz
TYPE OR PRINT NAME OF REGISTERED OWNER

TYPE OR PRINT NAME OF REGISTERED OWNER

Zachary M Schultz
SIGNATURE OF REGISTERED OWNER

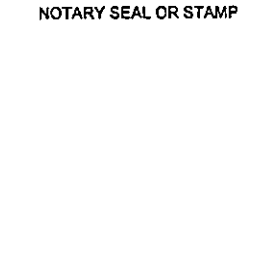
SIGNATURE OF REGISTERED OWNER

	NOTARIZATION / CERTIFICATION	
	State of Washington County of <u>Asotin</u>	Signed or attested before me on <u>Sept 23, 2022</u>
	by <u>Zachary M. Schultz</u> Printed Name of Person Signing Document	Signature <u><i>Zachary M Schultz</i></u> Notary / Agent Signature
	Title <u>Notary</u> Notary / Agent	Notary's Name (PRINTED or STAMPED) <u>Celina D Reynolds</u> Dealer No. OR AND: County / Office No. OR <u>12.20.7029</u> Notary Expiration Date

POWER OF ATTORNEY **REQUIRES NOTARIZATION/CERTIFICATION**
TO: THE DEPARTMENT OF LICENSING
Title & Registration Services
Olympia, Washington
And To Whom It May Concern:

I appoint _____ to act as my attorney-in-fact to sign all papers and documents that may be necessary in order to secure, or release, Washington title and/or registration for the vehicle/vessel described above. I agree to guarantee and save the State of Washington, and the Director of Licensing, from all responsibility for any legal action which might arise from the issuance of a Washington certificate of title and/or registration for this vehicle/vessel.

TYPE OR PRINT NAME OF PERSON GRANTING POWER OF ATTORNEY	SIGNATURE OF PERSON GRANTING POWER OF ATTORNEY	* DOL CUSTOMER ACCOUNT NUMBER
TYPE OR PRINT NAME OF PERSON GRANTING POWER OF ATTORNEY	SIGNATURE OF PERSON GRANTING POWER OF ATTORNEY	* DOL CUSTOMER ACCOUNT NUMBER

	NOTARIZATION / CERTIFICATION	
	State of Washington County of <u>Asotin</u>	Signed or attested before me on _____
	by _____ Printed Name of Person Signing Document	Signature _____ Notary / Agent Signature
	Title <u>Notary</u> Notary / Agent	Notary's Name (PRINTED or STAMPED) _____ Dealer No. OR AND: County / Office No. OR <u>55567</u> Notary Expiration Date

* The DOL CUSTOMER ACCOUNT NUMBER is found on the Washington Driver's License or Identification Card (12 characters), or if the owner is a business, it will be the UBI number found on the business Registration and License Document (9 digits).
The Department of Licensing has a policy of providing equal access to its services. If you need special accomodation, please call (360) 902-3600 or TTY (360) 664-8885.
TD-420-050 ROI/POA (R/10/00)OR/W