Department of Revenue
Washington State

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.

FOR USE WHEN TRANSFERRING TITLE TO MOBILE HOME ONLY

PLEASE TYPE OR PRINT
INCOMPLETE AFFIDAVITS WILL NOT BE ACCEPTED

REGISTERED OWNER (Seller)
Name: Tracy Yukl Estate
By Kimberlie Boardman, PR
Street: PO Box 1243
City: Lewiston State: ID Zip code: 83501
Phone number: (208) 791-1321

NEW REGISTERED OWNER (Buyer)
Name: James E. Evans
Street: 2115 6th Ave, Sp. 46
City: Clarkston State: WA Zip code: 99403
Phone number: (509) 552-7886

LOCATION OF MOBILE HOME
Name: Sonary Crest Mobile Estates
Street: 2015 6th Avenue, Space 83
City: Clarkston State: WA Zip code: 99403

LEGAL OWNER
Name: Tracy Yukl Estate
By Kimberlie Boardman, PR
Street: PO Box 1243
City: Lewiston State: ID Zip code: 83501

PERSONAL PROPERTY
PARCEL or ACCOUNT NO. 5-041-35-002-0002-1270
LIST ASSESSED VALUE(S): $ 13,800.00

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

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.
KIT	1978		60/24	RGR56H2S6344	

Date of Sale: 09/07/2023

Taxable Sale Price	$	46,100.00
Excise Tax: State	$	507.10 ~~590.08~~
Asotin County [ ] Local	$	115.25
Delinquent Interest: State	$	0.00
0.0025 Local	$	0.00
Delinquent Penalty	$	0.00
Subtotal	$	622.35 ~~705.33~~
State Technology Fee	$	5.00
Affidavit Processing Fee	$	0.00
Total Due	$	627.35 ~~710.33~~

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.

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: Tracy Yukl Estate by Kimberlie Boardman, PR
Name (print): Tracy Yukl Estate by Kimberlie Boardman, PR
Date and Place of Signing: 9/8/23 Clarkston

Signature of Buyer/Agent: James E. Evans
Name (print): James E. Evans
Date & Place of Signing: 9/8/23 Clarkston

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

9/8/23 — Date
A. Hill — County Treasurer or Deputy

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

THIS SPACE - TREASURER'S USE ONLY

ATEC CK# 47728 AH

SEP - 8 2023

ASOTIN COUNTY TREASURER

#560327

REV 84 0003e (6/25/19) COUNTY TREASURER

WASHINGTON STATE DEPARTMENT OF LICENSING

Affidavit of Loss/Release of Interest

When completed, mail or take this to any vehicle licensing office. **If mailing, you must have your signature notarized.**

License plate/Registration number	Vehicle Identification Number (VIN) or Vessel Hull Identification Number (HIN)		
	RGR56H2S6344		
Model year: 1978	Make: KIT	Model:	Body style: 60/24

Affidavit of loss–Signature must be notarized or certified

Check all that apply

I do not have the following:

☑ Title ☐ Registration ☐ Tab ☐ Decal ☐ Plates ☐ Metal tag

It is not in my possession because it was:

☐ Destroyed ☐ Illegible ☑ Lost ☐ Stolen ☐ Defaced and can no longer be used

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.
If signing for a business, I have full authority to do so.

Tracy Yukl Estate
TYPE or PRINT Name

By Kimberlie Boardman, PR
Position and company name, if signing for a business

(Area code) Phone number Washington driver license number

Email

9/8/23 Clarkston
Date and place (city or county) signed

X [signature] PR
Signature

TYPE or PRINT Name

Position and company name, if signing for a business

(Area code) Phone number Washington driver license number

Email

Date and place (city or county) signed

X
Signature

Release of interest–Signature must be notarized or certified

What are you releasing (check all that apply)

I am releasing interest in the following for the vehicle or vessel described above.

☑ Ownership ☐ Gross weight license ☐ Personalized plate

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.
If signing for a business, I have full authority to do so.

Tracy Yukl Estate
TYPE or PRINT Name

By Kimberlie Boardman, PR
Position and company name, if signing for a business

(208) 791-1321 KB16092CB
(Area code) Phone number Washington driver license number

Email

Date and place (city or county) signed

X [signature] PR
Signature

TYPE or PRINT Name

Position and company name, if signing for a business

(Area code) Phone number Washington driver license number

Email

Date and place (city or county) signed

X
Signature

Notarization/Certification–You don't need your signature notarized if you sign in front of a WA vehicle licensing agent, who can certify your signature.

MORGAN FIELDS COMM. #22009848 (Seal or stamp) NOTARY PUBLIC EXPIRES 02/05/26 STATE OF WASHINGTON

State of WA County of Asotin

Signed or attested before me on 9/8/23 by Kimberlie Boardman, PR
Name of person(s) signing this document

[signature]
Notary/Agent/Subagent signature

Morgan Fields
Notary printed or stamped name

Title Notary and 2/5/26
Dealer or county/office number or notary expiration date

TD-420-040 (R/3/18)VWA

F16327

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2023-017394

DATE ISSUED: 04/18/2023
FEE NUMBER:

FIRST AND MIDDLE NAME(S): TRACY BROOKS
LAST NAME(S): YUKI

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: APRIL 08, 2023
HOUR OF DEATH: 08:00 AM
SEX: FEMALE AGE: 63 YEARS
SOCIAL SECURITY NUMBER: [redacted]

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

BIRTH DATE: FEBRUARY 25, 1960
BIRTHPLACE: FORT DIX, NJ

MARITAL STATUS: DIVORCED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: OFFICE WORK
INDUSTRY: CLERICAL
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

INFORMANT: KIM BOARDMAN
RELATIONSHIP: EXECUTOR
ADDRESS: 240 DAY STAR PLACE, DONNELLY, IDAHO, 83615

CAUSE OF DEATH:
A: POST-ARREST ATRIAL FIBRILLATION WITH RVR, PEA ARREST
INTERVAL: UNKNOWN
B: DRY GANGRENE LEFT FOOT S/P FEMORAL BYPASS GRAFT W/2ND AND 4TH DIGIT AMPUTATIONS
INTERVAL: UNKNOWN
C: ACUTE RESPIRATORY FAILURE WITH HYPOXIA
INTERVAL: UNKNOWN
D: ACUTE RESPIRATORY FAILURE WITH HYPERCAPNIA
INTERVAL: UNKNOWN

OTHER CONDITIONS CONTRIBUTING TO DEATH: CELLULITIS OF LEFT LOWER LIMB, ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, LEFT LEG, ACUTE KIDNEY FAILURE WITH TUBULAR NECROSIS, CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: CLARKSTON HEALTH & REHABILITATION OF
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 2015 6TH AVE 127
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 7 YEARS

FATHER: LYLE GIBSON BROOKS
MOTHER: ELIZABETH SUPPES

METHOD OF DISPOSITION: REMOVAL FROM STATE
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: APRIL 11, 2023

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES LLC
ADDRESS: P.O. BOX 107
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
FUNERAL DIRECTOR: RICHARD LASSITER

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

CERTIFIER NAME: SETH SIX, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 415 6TH ST
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
DATE SIGNED: APRIL 10, 2023

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

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: APRIL 10, 2023

56327

DOH 422-132 (8/18)

Washington State Department of Health

DOH 422-034 August 2019

Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: **Center for Health Statistics**
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number

Required information must match current information on record

Record Type: ☐ **Birth** ☐ **Death** ☐ **Marriage** ☐ **Dissolution (Divorce)**

Required

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 Person on Record: ☐ Self ☐ Guardian ☐ Informant ☐ Hospital ☐ Parent(s) ☐ Funeral Director ☐ 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:

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

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

14a. Signature:		14b. Signature of 2nd parent (if required):	
Printed name:	Date:	Printed name:	Date:

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

1. 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.
2. **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.
3. Proof documentation must be five or more years old or established within five years of birth.
4. 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

1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or 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.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. 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.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

KING COUNTY WASHINGTON HEALTH DISTRICT

Bob Lutz, M.D., MPH
Health Officer

APR 18 2023

F56327

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

05709816

WASHINGTON STATE DEPARTMENT OF LICENSING

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, see Affidavit of Loss/Release of Interest, Owner deceased, contact a vehicle licensing office, or call (360) 902-3770.

License plate/Registration #	Vehicle identification/Vessel hull identification # (VIN/HIN)	Year	Make	Model	Body style
	RGR56H2S6[redacted]344	1978	KIT		60/24

Inheritance–Complete this section 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 Tracy Yukl (Name of deceased), the registered owner of this vehicle/vessel, died on the 8th (Day) day of April (Month), 2023 (Year). 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 Sisten-in-law (Relationship to deceased) of the deceased. No relative who would have prior right, except _____ (Person who would have prior right) survives the deceased, and provision has been made for payment of debts of the deceased.

Kimberlie Boardman, PR (Print or type name)

X _____ PR (Signature) 9/11/23 (Date)

Notarization/Certification–You don't need your signature notarized if you sign in front of a WA vehicle licensing agent, who can certify your signature.

State of WA County of Asotin

Signed or attested before me on 9/11/23 by Kimberlie Boardman (Name of person(s) signing this document)

MORGAN FIELDS COMM. #22009848 NOTARY PUBLIC EXPIRES 02/05/26 STATE OF WASHINGTON (Seal or stamp)

_____ (Notary/Agent/Subagent signature)

Morgan Fields (Notary printed or stamped name)

Title Notary and 2/5/26 (Dealer or county/office number or notary expiration date)

Litigation–County Clerk Certificate of Transfer of Vehicle or Vessel
This certificate, properly completed, will take the place of all other court papers.
Submit this form with a Vehicle or Vessel 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 address)

was duly entered in _____ (Title of case)

_____ (Name of administrator (if in probate)) _____ (Docket number of case)

on the _____ (Day) day of _____ (Month), _____ (Year).

2. For those cases in which the estate executor or administrator transfers title:

_____ (Name of executor/administrator) was duly appointed under the nonintervention will of _____ (Name of deceased) 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

TD-420-041 (R/2/18)VWA

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