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.

Used for sales on or after February 1, 2023

FOR USE WHEN TRANSFERRING TITLE TO MOBILE HOME ONLY
PLEASE TYPE OR PRINT
INCOMPLETE AFFIDAVITS WILL NOT BE ACCEPTED

**REGISTERED OWNER (Seller)**
Name: JACK & JOANNE BLY
Street: 2145 6TH AVE
City: CLARKSTON State: WA Zip code: 99403
Phone number:

**NEW REGISTERED OWNER (Buyer)**
Name: TERRY ALLEN BLY
Street: 2145 6TH AVE
City: CLARKSTON State: WA Zip code: 99403
Phone number:

**LOCATION OF MOBILE HOME**
Name:
Street: 2145 6TH AVE
City: CLARKSTON State: WA Zip code: 99403

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

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

REAL PROPERTY
PARCEL or ACCOUNT NO. 1-177-00-082-0002-0000
LIST ASSESSED VALUE(S): $

| MAKE | YEAR | MODEL | SIZE | SERIAL NO. or I.D. | REVENUE TAX CODE NO. |
|---|---|---|---|---|---|
| BUCH | 1992 | | 28X66 | 17707313 | |
| | | | | | |
| | | | | | |

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 Yes (No)

Date of Sale 9-12-23

| | | |
|---|---|---|
| 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)(i)
WAC Title INHERITANCE, LACK OF PROBATE

A MINIMUM OF $10.00 IS DUE IN FEE(S) AND/OR TAX.

02.00

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.

9-12-23 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
Name (print) TERRY ALLEN BLY
Date and Place of Signing: 9-12-23 ASOTIN

Signature of Buyer/Agent
Name (print) TERRY ALLEN BLY
Date & Place of Signing: 9-12-23 ASOTIN

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).

SEP 12 2023
ASOTIN COUNTY
TREASURER

**THIS SPACE - TREASURER'S USE ONLY**

REV 84 0003e (01/17/23) COUNTY TREASURER

CASH $10.00

#56338

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 |
|---|---|---|---|---|---|
| | 17707313 | 1992 | Buick | | MFH |

**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 JACK BLY (Name of deceased), the registered owner of this vehicle/vessel, died on the 28 (Day) day of MARCH (Month), 2018 (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 SON (Relationship to deceased) of the deceased. No relative who would have prior right, except NONE (Person who would have prior right) survives the deceased, and provision has been made for payment of debts of the deceased.

TERRY BLY
Print or type name

X _____
Signature

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 Washington County of Asotin

Signed or attested before me on 4-12-23 by Terry Bly
Name of person(s) signing this document

COUNTY AUDITOR SEAL ASOTIN COUNTY, WASHINGTON
(Seal or stamp)

Shari Janowski
Notary/Agent/Subagent signature

Shari Janowski
Notary printed or stamped name

Title VLR and 0201
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

56338

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 |
|---|---|---|---|---|---|
| | 1770313 | 1992 | Buick | | MFH |

**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 JOANNE BLY (Name of deceased), the registered owner of this vehicle/vessel, died on the 26 (Day) day of MARCH (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 SON (Relationship to deceased) of the deceased. No relative who would have prior right, except NONE (Person who would have prior right) survives the deceased, and provision has been made for payment of debts of the deceased.

TERRY BLY
Print or type name

X [signature]
Signature

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.

COUNTY AUDITOR SEAL (Seal or stamp) ASOTIN COUNTY, WASHINGTON

State of Washington County of Asotin

Signed or attested before me on 9-12-23 by Terry Bly
Name of person(s) signing this document

Shari Janowski
Notary/Agent/Subagent signature

Shari Janowski
Notary printed or stamped name

Title VLR and 0201
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

56338

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 RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER §39-241(4) AND §39-274, IDAHO CODE

Local Reg. No. _____

**DECEDENT** — TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN — FOR INSTRUCTIONS SEE HANDBOOKS

MORTICIAN: Complete/Verify and File Within 5 Days of Death

| | | | |
|---|---|---|---|
| *1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix): JACK L BLY | | 2. SEX: MALE | 3. SOCIAL SECURITY NUMBER: [redacted] |
| 4a. AGE-Last Birthday: 84 (Years) | 4b. UNDER 1 YEAR: Months / Days | 4c. UNDER 1 DAY: Hours / Minutes | 5. DATE OF BIRTH (Mo/Day/Yr): 09/13/1928 |
| 6. BIRTHPLACE (City and State, Territory, or Foreign Country): ASOTIN, WASHINGTON | | | |
| 7a. RESIDENCE - STATE OR FOREIGN COUNTRY: WASHINGTON | 7b. COUNTY: ASOTIN | 7c. CITY OR TOWN: CLARKSTON | |
| 7d. STREET AND NUMBER: 2145 6TH AVENUE | 7e. APT. NO. | 7f. ZIP CODE: 99403 | 7g. INSIDE CITY LIMITS? ☐ Yes ☒ No |
| 8. MARITAL STATUS AT TIME OF DEATH: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown | | 9. SURVIVING SPOUSE'S NAME (If wife, give maiden name): JOANNE KERR | |

**PARENTS**

| | | |
|---|---|---|
| 10. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No | 11a. FATHER'S NAME (First, Middle, Last, Suffix): TONY BLY | 11b. BIRTHPLACE (State, Territory, or Foreign Country): IOWA |
| | 12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix): MATTIE WATKINS | 12b. BIRTHPLACE (State, Territory, or Foreign Country): WASHINGTON |

**INFORMANT**

| | | |
|---|---|---|
| 13a. INFORMANT'S NAME (Type or print): JOANN BLY | 13b. RELATIONSHIP TO DECEDENT: WIFE | 13c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 2145 6TH AVENUE CLARKSTON, WA 99403 |

**DISPOSITION**

| | | |
|---|---|---|
| *14. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify) | 15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place): VINELAND CEMETERY CLARKSTON, WASHINGTON 99403 | *16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY: MERCHANT FUNERAL HOME 1000 SEVENTH STREET CLARKSTON, WASHINGTON 99403 |
| *17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: ELECTRONICALLY FILED: DONALD F. BROWN | *17b. LICENSE NUMBER (Of licensee): M0570 | 18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No |

**PLACE OF DEATH**

PLACE OF DEATH (19-22)

*19a. IF DEATH OCCURRED IN A HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

*19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: 4 ☐ Hospice facility 5 ☒ Nursing home/Long term care facility 6 ☐ Decedent's home 7 ☐ Other (Specify) _____

| | | |
|---|---|---|
| *20. FACILITY NAME (If not facility, give street and number): LIFE CARE CENTER OF LEWISTON | *21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE: LEWISTON, ID 83501 | *22. COUNTY OF DEATH: NEZ PERCE |

**DATE OF DEATH**

| | | | |
|---|---|---|---|
| *23. DATE OF DEATH (Mo/Day/Yr) (Spell month): March 28, 2013 | 24. TIME OF DEATH (24hr): 15:35 | 25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month): March 28, 2013 | 26. TIME PRONOUNCED DEAD (24hr): 15:35 |

**CAUSE OF DEATH**

CERTIFIER: Complete Within 72 Hours of Death

27. CAUSE OF DEATH

PART I. Enter the chain of events –diseases, injuries, or complications– 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.

| | | Approximate Interval: Onset to Death |
|---|---|---|
| IMMEDIATE CAUSE (Final disease or condition resulting in death) → | a. PNEUMONIA | 2 DAYS |
| | DUE TO (or as a consequence of): | |
| Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death) | b. LEWY BODY DEMENTIA | 1 YR |
| | DUE TO (or as a consequence of): | |
| | c. | |
| | DUE TO (or as a consequence of): | |
| | d. | |

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I

| | | | |
|---|---|---|---|
| | | 28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No | 28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No |
| 29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☒ Unknown | 30. IF FEMALE (Aged 10-54): ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year | 31. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined | |

**ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)**

| | | | |
|---|---|---|---|
| 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. INJURY AT WORK? ☐ Yes ☐ No |

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 | 38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____ | 38b. WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown |

**CERTIFIER**

IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE

| | |
|---|---|
| 39a. CERTIFIER (Check only one, based on official capacity for this certificate) ☒ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE PROFESSIONAL NURSE - To the best of my knowledge, death occurred at the time, date, and place, and due to the *natural* cause(s)/manner stated. ☐ 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 ▸ DAVID B. MARTIN, M.D. | 39b. LICENSE NUMBER: M-07091 |
| | 39c. DATE SIGNED: 4 / 2 / 2013 (MM DD YYYY) |
| *39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print): DAVID B. MARTIN, 1119 HIGHLAND AVENUE CLARKSTON, WA 99403 | |

**REGISTRAR**

| | |
|---|---|
| 40a. REGISTRAR'S SIGNATURE ▸ James B. Aydelotte | 40b. DATE SIGNED: 4 / 2 / 2013 (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: APR 03 2013

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

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

56338

FRNCO (Rev 10-12)

# STATE OF WASHINGTON
# DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2023-015006

DATE ISSUED: 03/28/2023
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JOANNE
LAST NAME(S): BLY

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: MARCH 26, 2023
HOUR OF DEATH: 01:05 PM
SEX: FEMALE AGE: 88 YEARS
SOCIAL SECURITY NUMBER: 532-32-2471

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

BIRTH DATE: JUNE 29, 1934
BIRTHPLACE: CLARKSTON, WA

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: TERRY BLY
RELATIONSHIP: SON
ADDRESS: 2145 6TH AVE, CLARKSTON, WASHINGTON, 99403

CAUSE OF DEATH:
A: ADULT FAILURE TO THRIVE
INTERVAL: UNKNOWN
B: NON-ST ELEVATION MYOCARDIAL INFARCTION
INTERVAL: UNKNOWN
C: CONGESTIVE DIASTOLIC HEART FAILURE
INTERVAL: UNKNOWN
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: TYPE 2 DIABETES, CORONARY ARTERY DISEASE, HYPERTENSION, ATRIAL FIBRILLATION

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: 2145 6TH AVE
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 26 YEARS

FATHER: ELZIE KERR
MOTHER: EVA TOMLISON

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: VINELAND CEMETERY

CITY, STATE: CLARKSTON, WASHINGTON
DISPOSITION DATE: MARCH 30, 2023

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES LLC
ADDRESS: PO. 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: NO
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: MARCH 27, 2023

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

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: MARCH 28, 2023

56338

DOH 422-132 (8/18)

NOT VALID IF PHOTOCOPIED OR ALTERED

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)**

| 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.

*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.

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 names 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.

**Death Certificates**

1. 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.
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.

ASOTIN COUNTY HEALTH DISTRICT

Bob Lutz, M.D., MPH

MAR 2 8 2023

56338

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

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) | | |
|---|---|---|---|
| | 17707313 | | |
| Model year: 1992 | Make: BUCKI | Model: | Body style: MFH |

## 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.*

TERRY ALLEN BLY

**TYPE or PRINT** Name

Position and company name, if signing for a business

WDL42TN1813B

(Area code) Phone number Washington driver license number

Email

Date and place (city or county) signed

X

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.*

**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

**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.

State of _____ County of _____

Signed or attested before me on _____ by _____

(Seal or stamp) Name of person(s) signing this document

Notary/Agent/Subagent signature

Notary printed or stamped name

Title _____ and _____

Dealer or county/office number or notary expiration date

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