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: Clark Gillette
Deborah Gillette
Street: 2015 6th Ave Spc. 143A
City: Clarkston State: WA Zip code: 99403
Phone number:

NEW REGISTERED OWNER (Buyer)

Name: Deborah Gillette
Street: 2015 6th Ave #143
City: Clarkston State: WA Zip code: 99403
Phone number: 509 780 9147

LOCATION OF MOBILE HOME

Name:
Street: 2015 6th Ave Spc. 143A
City: Clarkston State: WA Zip code: 99403

LEGAL OWNER

Name:
Street:
City: State: Zip code:

PERSONAL PROPERTY
PARCEL or ACCOUNT NO. 5-041-36-002-0002-1430
LIST ASSESSED VALUE(S): $ 3,400

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

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.
Marlette	1982		26x66	ETA 367 PVGR 10382	4AB

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 9/20/23

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(2)(i)
WAC Title Inheritance, Nonprobated will

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: Deborah Gillette
Name (print): Deborah Gillette
Date and Place of Signing: 9-20-23 Asotin

Signature of Buyer/Agent: Deborah Gillette
Name (print): Deborah Gillette
Date & Place of Signing: 9-20-23 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).

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

9-20-23 (Date) — (County Treasurer or Deputy)

PAID
SEP 20 2023
ASOTIN COUNTY TREASURER

2023

THIS SPACE - TREASURER'S USE ONLY

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

D. Gillette CK# 487

#56357

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, contact a vehicle licensing office or call (360) 902-3770, option 5.

License plate/Registration number	Year	Make	Series/Body style
	1987	Marlette	26/66

Vehicle Identification Number (VIN) or Vessel Hull Identification Number (HIN)
27A367AVGR1038 4AB

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 Mark Gillette (Name of deceased), the registered owner of this vehicle/vessel, died on the 10th (Day) day of September (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 Spouse (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. Signature must be notarized or certified below.

Deborah Gillette (Printed name) x Deborah K. Gillette (Signature) 9-20-23 (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) 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)

Notarization/Certification

State of Washington County of Asotin
Signed or attested before me on 9.20.23 by Deborah Gillette
Shaelene J Tiller (Signature)
Shaelene J Tiller (Printed or stamped name)
Notary Public (Title) and 11.15.24 (Dealer or county/office number or notary expiration date)

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

TD-420-041 (R/4/12)WA

56357

We are committed to providing equal access to our services. If you need accommodation, please call (360) 902-3770 or TTY (360) 664-0116.

STATE OF WASHINGTON

Vehicle Certificate of Title

Title Number

1867537928

Vehicle Identification Number (VIN)	Year	Make	Model	Body style
27A367PVGR10384AB	**1982**	**MARL**	**26/66**	

Title Issue Date	Odometer Miles	Odometer Status	Fuel Type
08-Aug-2023	**0**	**Exempt**	

Scale Weight	Gross Vehicle Weight Rating Code	Vehicle Color	Prior Title State	Prior Title Number
0				

Comments

57000/2015, Duplicate

Brands

Sale price $ _____

Date of sale _____

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: 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.

Seller: You must complete a Report of Sale and file it with the Department of Licensing **within 5 business days** of the sale. File at **dol.wa.gov** or at any vehicle licensing office or county auditor.

Legal Owner

CLARK GILLETTE
DEBORAH GILLETTE
2015 6TH AVE SP 143A
CLARKSTON WA 99403-1506

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 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

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.

Director, Department of Licensing

Assignment by registered owner

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____/____/____
Odometer reading in miles

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	Signature of transferor/seller
X	**X**
PRINTED name of transferee/buyer	PRINTED name of transferor/seller
Address of transferee/buyer	Address of transferor/seller

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

TD-420-002 (R/3/23)

56357

3526

2400103-003526-01-00000000

CLARK GILLETTE
DEBORAH GILLETTE
2015 6TH AVE SP 143A
CLARKSTON WA 99403-1506

Reassignment by vehicle dealer

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____/____/____
Odometer reading in miles

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	Signature of transferor/seller X
PRINT name of transferee/buyer	PRINT name of transferor/seller
Address of transferee/buyer	Address of transferor/seller
Buying dealer's state license number (if applicable)	Selling dealer's state license number (if applicable)

Reassignment by vehicle dealer

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____/____/____
Odometer reading in miles

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	Signature of transferor/seller X
PRINT name of transferee/buyer	PRINT name of transferor/seller
Address of transferee/buyer	Address of transferor/seller
Buying dealer's state license number (if applicable)	Selling dealer's state license number (if applicable)

Legal owner/Lienholder to be recorded and shown on the new Vehicle Certificate of Title:

_____ _____
Name of legal owner/lienholder Address of legal owner/lienholder

Legal owner/Lienholder customer account number _____
Washington driver license number or Unified Business Identifier (UBI)

56357

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2023-044627

DATE ISSUED: 09/18/2023
FEE NUMBER:

FIRST AND MIDDLE NAME(S): CLARK R
LAST NAME(S): GILLETTE

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: SEPTEMBER 10, 2023
HOUR OF DEATH: 10:42 PM
SEX: MALE AGE: 70 YEARS
SOCIAL SECURITY NUMBER: [redacted]

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

BIRTH DATE: DECEMBER 01, 1952
BIRTHPLACE: LARAMIE, WY

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: DEBORAH GAITHER

OCCUPATION: RAILROAD ENGINEER
INDUSTRY: RAILROAD
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: DEBORAH GILLETTE
RELATIONSHIP: SPOUSE
ADDRESS: 2015 6TH AVE SPC # 143, CLARKSTON WA, 99403

CAUSE OF DEATH:
A: ADULT FAILURE TO THRIVE
INTERVAL: UNKNOWN
B: WERNICKE'S ENCEPHALOPATHY
INTERVAL: UNKNOWN
C: TYPE 2 DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE
INTERVAL: UNKNOWN
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PULMONARY FIBROSIS, NUTRITIONAL ANEMIA,

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
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 8 YEARS

FATHER: JACK GILLETTE
MOTHER: MARJORIE MILSAP

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

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: SEPTEMBER 15, 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: SEPTEMBER 14, 2023

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

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: SEPTEMBER 14, 2023

56357

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)**

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: [redacted]

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
- Certificate of Naturalization
- Military record (DD-214)
- Hospital/medical record
- School transcripts
- Copy of Passport / Enhanced ID
- Social Security Numident Report
- 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 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.

[redacted] COUNTY
STATE OF WASHINGTON
HEALTH DISTRICT

Bob Lutz, M.D., MPH
Health Officer

SEP 18 2023

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

56357