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: VIRGINIA C. WILMARTH, DECEASED, ETAL
Street: 2115 6TH AVE TRLR 72
City: CLARKSTON State: WA Zip code: 99403
Phone number:

NEW REGISTERED OWNER (Buyer)
Name: Janie Josephson
Street: 2115 6th Ave #72
City: Clarkston State: wa Zip code: 99403
Phone number: 509-254-1675

LOCATION OF MOBILE HOME
Name:
Street: 2115 6TH AVE TRLR 72
City: CLARKSTON State: WA Zip code: 99403

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

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-041-55-003-0001-0720
LIST ASSESSED VALUE(S): $ 34,100

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

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.
MARLE	1997		14X66	H014588	

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 10-25-23

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 ~~DEED~~ NON-PROBATED

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

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

10-25-23 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 Corlene A Eberle
Name (print) CORLENE A EBERLE
Date and Place of Signing: 10-25-23 ASOTIN

Signature of Buyer/Agent Janie Josephson
Name (print) Janie Josephson
Date & Place of Signing: 10-25-2023 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.56.020(4d), and RCW 9A.56.020).

PAID
OCT 25 2023
ASOTIN COUNTY TREASURER

THIS SPACE - TREASURER'S USE ONLY

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

J. JOSEPHSON CC# 6078+

#56420

State of Washington
Department of Revenue
Miscellaneous Tax Section
PO Box 47477
Olympia WA 98504-7477

REAL ESTATE EXCISE TAX SUPPLEMENTAL STATEMENT

(WAC 458-61A-304)

This form must be submitted with the Real Estate Excise Tax Affidavit (FORM REV 84 0001A for deeded transfers and Form REV 84 0001B for controlling interest transfers) for claims of tax exemption as provided below. Completion of this form is required for the types of real property transfers listed in numbers 1-3 below. Only the first page of this form needs original signatures.

AUDIT: Information you provide on this form is subject to audit by the Department of Revenue. **In the event of an audit, it is the taxpayers' responsibility to provide documentation to support the selling price or any exemption claimed.** This documentation must be maintained for a minimum of four years from date of sale. (RCW 82.45.100) Failure to provide supporting documentation when requested may result in the assessment of tax, penalties, and interest. Any filing that is determined to be fraudulent will carry a 50% evasion penalty in addition to any other accrued penalties or interest when the tax is assessed.

Perjury in the second degree is a class C felony which is punishable by confinement in a state correctional institution for a maximum term of five years, or by a fine in an amount fixed by the court of not more than $10,000, or by both such confinement and fine (RCW 9A.72.030 and RCW 9A.20.021(1)(c)).

The persons signing below do hereby declare under penalty of perjury that the following is true (check appropriate statement):

1. ☐ **DATE OF SALE:** (WAC 458-61A-306(2))

I, (print name)_____certify that the_____
(type of instrument), dated _____, was delivered to me in escrow by_____
(seller's name). **NOTE:** Agent named here must sign below and indicate name of firm. The payment of the tax is considered current if it is not more than 90 days beyond the date shown on the instrument. If it is past 90 days, interest and penalties apply to the date of the instrument.
Reasons held in escrow_____

_____ _____
Signature Firm Name

2. **GIFTS:** (WAC 458-61A-201) The gift of equity is non-taxable; however, any consideration received is not a gift and is taxable. The value exchanged or paid for equity plus the amount of debt equals the taxable amount. One of the boxes below must be checked.
Grantor (seller) gifts equity valued at $ _____ to grantee (buyer).
NOTE: Examples of different transfer types are provided on the back. This is to assist you with correctly completing this form and paying your tax.
"Consideration" means money or anything of value, either tangible (boats, motor homes, etc) or intangible, paid or delivered, or contracted to be paid or delivered, including performance of services, in return for the transfer of real property. The term includes the amount of any lien, mortgage, contract indebtedness, or other encumbrance, given to secure the purchase price, or any part thereof, or remaining unpaid on the property at the time of sale. **"Consideration"** includes the assumption of an underlying debt on the property by the buyer at the time of transfer.

A. Gifts with consideration

1. ☐ Grantor (seller) has made and will continue to make all payments after this transfer on the total debt of $_____ and has received from the grantee (buyer) $ _____ (include in this figure the value of any items received in exchange for property). Any consideration received by grantor is taxable.
2. ☐ Grantee (buyer) will make payments on _____% of total debt of $_____ for which grantor (seller) is liable and pay grantor (seller) $_____ (include in this figure the value of any items received in exchange for property). Any consideration received by grantor is taxable.

B. Gifts without consideration

1. ☒ There is no debt on the property; Grantor (seller) has not received any consideration towards equity. No tax is due.
2. ☐ Grantor (seller) has made and will continue to make 100% of the payments on the total debt of $_____ and has not received any consideration towards equity. No tax is due.
3. ☐ Grantee (buyer) has made and will continue to make 100% of the payments on total debt of $_____ and has not paid grantor (seller) any consideration towards equity. No tax is due.
4. ☐ Grantor (seller) and grantee (buyer) have made and will continue to make payments from joint account on total debt before and after the transfer. Grantee (buyer) has not paid grantor (seller) any consideration towards equity. No tax is due.

Has there been or will there be a refinance of the debt? ☐ YES ☒ NO (If yes, please call 360-704-5905 to see if this transfer is taxable). If grantor (seller) was on title as co-signor only, please see WAC 458-61A-215 for exemption requirements.
The undersigned acknowledge this transaction may be subject to audit and have read the above information regarding record-keeping requirements and evasion penalties.
All Grantor's (sellers) and Grantee's (buyers) must sign below. Copies of this statement may be countersigned to accommodate multiple signatures.

Corlene Zoepf 10-25-2023 Janie Josephson 10-25-23
Grantor's Signatures Date Grantee's Signatures Date
Corlene Zoepf Janie Josephson
Grantor's Names (print) Grantee's Names (print)

3. ☐ **IRS "TAX DEFERRED" EXCHANGE** (WAC 458-61A-213)

I, (print name) _____, certify that I am acting as an Exchange Facilitator in transferring real property to _____ pursuant to IRC Section 1031, and in accordance with WAC 458-61A-213. **NOTE:** Exchange Facilitator must sign below.

_____ _____ _____
Exchange Facilitator's Signature Date Exchange Facilitator's Name (print)

For ask about the availability of this publication in an alternate format for the visually impaired, please call 360-705-6705. Teletype (TTY) users may use the Washington Relay Service by calling 711.

REV 84 0002ea (7/20/23)

COUNTY TREASURER

56420

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
	H014588	1997		marlette	LAKECRES

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 Virginia C. Wilmarth (Name of deceased), the registered owner of this vehicle/vessel, died on the 2 (Day) day of 09 (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 Daughters (Relationship to deceased) of the deceased. No relative who would have prior right, except Corlene Eberle & Janie Josephson (Person who would have prior right) survives the deceased, and provision has been made for payment of debts of the deceased.

Corlene Eberle, Janie L Josephson (Print or type name) X Corlene Eberle & Janie Josephson (Signature) 10-25-23 (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 Washington County of Asotin

Subscribed and sworn to (or affirmed) before me on 10.25.23 by Corlene Eberle & Janie Josephson (Name of person(s) signing this document)

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

Sharlene J. Tiller (Notary/Agent/Subagent signature)

Sharlene J. Tiller (Notary printed or stamped name)

MY COMMISSION EXPIRES NOVEMBER 15, 2024

Title _____ and 11.15.24 (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 Asotin

1. For orders of the court transferring title (including divorce and probate):

An order transferring title to this vehicle/vessel to Janie L. Josephson (Transferee) at 215 6th Ave #72 Clarkston, WA 99403 (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:

Corlene A Eberle (Name of executor/administrator) was duly appointed under the nonintervention will of Virginia C Wilmarth (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

FloHD

STATE OF WASHINGTON

Vehicle Certificate of Title

Title Number

1625348003

License Number	Vehicle Identification Number (VIN)	Year	Make	Model	Style	Series/Body
&116428	H014588	1997	MARLE			LAKECRES

Date of Application	Odometer Miles	Odometer Status	Fuel Type
09/09/2016	0000000	E	

Scale Weight	Gross Vehicle Weight Rating Code	Vehicle Color	Prior Title State	Prior Title Number
00000		WHITE	WA	1431002503

Comments
33900-2016

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

EBERLE,CORLENE A
JOSEPHSON,JANIE L
WILMARTH,VIRGINIA C
2115 6TH AVE TRLR 72
CLARKSTON, WA 99403

Registered Owner

SAME AS LEGAL OWNER

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

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

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.

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

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

Pat Kohler
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 56420

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

EBERLE, CORLENE A
2115 6TH AVE TRLR 72
CLARKSTON WA 99403-1571

79 158 1
44202

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)

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2023-042939

DATE ISSUED: 09/06/2023
FEE NUMBER:

FIRST AND MIDDLE NAME(S): VIRGINIA CLARA
LAST NAME(S): WILMARTH

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: SEPTEMBER 02, 2023
HOUR OF DEATH: 11:26 AM
SEX: FEMALE AGE: 92 YEARS
SOCIAL SECURITY NUMBER: [redacted]

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

BIRTH DATE: JANUARY 16, 1931
BIRTHPLACE: BRUNEAU, ID

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: REGISTERED NURSE
INDUSTRY: HEALTH CARE
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

INFORMANT: CORLENE EBERLE
RELATIONSHIP: DAUGHTER
ADDRESS: 11 LILLIAN RIDGE COURT, SEQUIM, WASHINGTON 98382

CAUSE OF DEATH:
A: CONGESTIVE HEART FAILURE
INTERVAL: UNKNOWN
B: ATRIAL FIBRILLATION
INTERVAL: 3 YEARS
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:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 2115 6TH AVENUE UNIT 72
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 2115 6TH AVENUE 72
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: YES COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 7 YEARS

FATHER: SAMUEL KING
MOTHER: EDITH MORRIS

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: VALLEY CREMATORY

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: SEPTEMBER 06, 2023

FUNERAL FACILITY: MALCOM'S BROWER-WANN FUNERAL HOME

ADDRESS: 1711 18TH. STREET
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
FUNERAL DIRECTOR: JASON M. HARWICK

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: ELIZABETH N. BLACK, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1271 HIGHLAND AVE STE B
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
DATE SIGNED: SEPTEMBER 05, 2023

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

LOCAL DEPUTY REGISTRAR: LORA L. GITTINS
DATE RECEIVED: SEPTEMBER 06, 2023

56420

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:			2. Date of Event:	3. Place of Event:
First	Middle	Last	MM/DD/YYYY	(City or County)

4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		
First	Middle	Last/Maiden	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: [redacted] 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.

*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 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.

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 STATE OF WASHINGTON HEALTH DISTRICT

Bob Lutz, M.D., M.P.H.
Certifying Officer

SEP 06 2023

564/20

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

0 5 7 1 0 1 6 5