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: CLARENCE B. GRAHAM, DECEASED
Street: 2515 APPLESIDE BLVD SP06
City: CLARKSTON State: WA Zip code: 99403
Phone number:

NEW REGISTERED OWNER (Buyer)
Name: CHERYL LOUISE ROGERS FKA CHERYL STALLINGS
Street: 2515 APPLESIDE BLVD SP06
City: CLARKSTON State: WA Zip code: 99403
Phone number:

LOCATION OF MOBILE HOME
Name:
Street: 2515 APPLESIDE BLVD SP06
City: CLARKSTON State: WA Zip code: 99403

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

PERSONAL PROPERTY
PARCEL or ACCOUNT NO. 5-041-31-001-0003-0061
LIST ASSESSED VALUE(S): $ 26,800

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

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.
SEQU	1995		14/52	16954702608	

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 11-13-23

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.

TREASURER'S CERTIFICATE

I hereby certify that property taxes due ASSESSED
County on the mobile home described hereon have been paid to and including the year 2023.

11-13-23 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: Cheryl L. Rogers
Name (print): CHERYL L. ROGERS
Date and Place of Signing: 11/13/2023

Signature of Buyer/Agent: Cheryl L Rogers
Name (print): CHERYL L ROGERS
Date & Place of Signing: 11/13/2023

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
NOV 13 2023
ASOTIN COUNTY TREASURER

THIS SPACE - TREASURER'S USE ONLY

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

CASH $10.00

#56464

STATE OF WASHINGTON

Vehicle Certificate of Title

Title Number

1854823416

Vehicle Identification Number (VIN)	Year	Make	Model	Body style
16954702608	**1995**	**SEQU**	**14/52**	

Title Issue Date	Odometer Miles	Odometer Status	Fuel Type
28-Dec-2022	**0**	**Exempt**	

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

Comments

15000/2014

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

CHERYL LOUISE ROGERS
2515 APPLESIDE BLVD TRLR 6
CLARKSTON WA 99403-1439

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.

Teresa Berntsen
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 20 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 56464
Address of transferee/buyer	Address of transferor/seller

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

TD-420-002 (R/1/21)

1782

CHERYL LOUISE ROGERS
2515 APPLESIDE BLVD TRLR 6
CLARKSTON WA 99403-1439

2400003-001782-01-000000

Reassignment by vehicle dealer

Federal regulation and state law require you to state the mileage when transferring ownership if the vehicle is less than 20 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 20 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

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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)

56464

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2022-006538

DATE ISSUED: 02/17/2022
FEE NUMBER:

FIRST AND MIDDLE NAME(S): CLARENCE BURTON
LAST NAME(S): GRAHAM

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: FEBRUARY 01, 2022
HOUR OF DEATH: 07:25 PM
SEX: MALE AGE: 98 YEARS
SOCIAL SECURITY NUMBER: [redacted]

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

BIRTH DATE: JUNE 01, 1923
BIRTHPLACE: HOISINGTON, KS

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: GLASS/WINDOW GLAZIER
INDUSTRY: GLASS AND WINDOWS
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

INFORMANT: CHERYL ROGERS
RELATIONSHIP: DAUGHTER
ADDRESS: 2515 APPLESIDE BLVD, #6 - CLARKSTON, WASHINGTON

CAUSE OF DEATH:
A: UROSEPSIS
INTERVAL: UNKNOWN
B: PYELONEPHRITIS
INTERVAL: UNKNOWN
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: 2515 APPLESIDE BLVD, UNIT 6
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 2515 APPLESIDE BLVD 6
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: NO COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 10 YEARS

FATHER: ROBERT HENRY GRAHAM
MOTHER: SHIRLEY CRYSTAL RICE

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

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: FEBRUARY 07, 2022

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: ELIZABETH N. BLACK, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1271 HIGHLAND AVE STE B
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
DATE SIGNED: FEBRUARY 07, 2022

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

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: FEBRUARY 07, 2022

56464

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 / [redacted] / 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 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.

THE SEAL OF THE STATE OF WASHINGTON 1889

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

CERTIFIED

FEB 18 2022

Dr. Daniel Kaminsky
Health District Officer
Garfield County Health District

564464

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