

**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 Jill A. Dernick by Jamil Steele
Street 3421 7th St
City Lewiston State ID Zip code 83501
Phone number 208-305-4370

LOCATION OF
MOBILE HOME

Name _____
Street 2015 6th Ave SPC 140A
City CLARKSTON State WA Zip code 99403

NEW REGISTERED
OWNER (Buyer)

Name James Edward Evans
Street 2115 6th Ave. #46
City Clarkston State WA Zip code 99403
Phone number (209) 551-7886

LEGAL OWNER

Name _____
Street _____
City _____ State _____ Zip code _____

PERSONAL PROPERTY
PARCEL or ACCOUNT NO. 5-041-35-002-0002-1400
LIST ASSESSED VALUE(S): \$ 15,700.00

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

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.
<u>Van Dyke</u>	<u>1974</u>		<u>24X52</u>	<u>111888X</u>	

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

Date of Sale 1-8-24

Yes

☒ No

Taxable Sale Price\$ 19,000.00

Excise Tax: State.....\$ 209.00

Local.....\$ 47.50

Delinquent Interest: State.....\$ _____

Local.....\$ _____

Delinquent Penalty\$ _____

Subtotal\$ 256.50

State Technology Fee\$ 5.00

Affidavit Processing Fee.....\$ _____

Total Due.....\$ 261.50

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.

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

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 Jamil Steele

Name (print) Jamil Steele

Date and Place of Signing: Asotin WA 1/8/24

Signature of Buyer/Agent James Evans

Name (print) JAMES EVANS

Date & Place of Signing: Asotin WA 1/8/24

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

JAN - 8 2024

**ASOTIN COUNTY
TREASURER**

THIS SPACE - TREASURER'S USE ONLY

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) <u>11888</u>	
Model year <u>1974</u>	Make <u>Randy</u>	Model	Body style <u>Mobile home</u>

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.*

Jill A Derrick by Jami L Steele

TYPE or PRINT Name

TYPE or PRINT Name

Position and company name, if signing for a business

Position and company name, if signing for a business

208-305-4370

(Area code) Phone number Washington driver license number

(Area code) Phone number Washington driver license number

Email

Email

loves.goldies.2012@gmail.com

Date and place (city or county) signed

Date and place (city or county) signed

X Jami L Steele

X

Signature

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

TYPE or PRINT Name

Position and company name, if signing for a business

Position and company name, if signing for a business

(Area code) Phone number Washington driver license number

(Area code) Phone number Washington driver license number

Email

Email

Date and place (city or county) signed

Date and place (city or county) signed

X

X

Signature

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 Washington

County of Asotin

Signed or attested before me on 12/25/23 by Jami Steele

Name of person(s) signing this document

Brian Bellavance

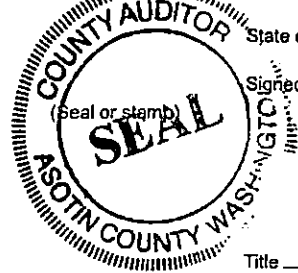
Notary/Agent/Subagent signature

Brian Bellavance

Notary printed or stamped name

0201

Dealer or county/office number or notary expiration date



Title

Deputy

and

56568

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
	11 888	1974	Vandy		mobile home

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.

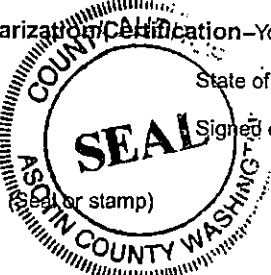
I certify that Jill A. Derrick, the registered owner of this vehicle/vessel, died on the 20th day of November, 2023. The deceased left no estate necessitating administration, and no letters of administration or letters testamentary have been issued to any persons. The vehicle/vessel has not been bequeathed by will to anyone other than the person signing below who is daughter of the deceased. No relative who would have prior right, except Jami L Steele survives the deceased, and provision has been made for payment of debts of the deceased.

Relationship to deceased
Person who would have prior right

Print or type name Jami L Steele Signature X Jami L Steele Date 12/20/2023

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 12/20/23 by Jami Steele
Name of person(s) signing this document
Brian Bellance
Notary/Agent/Subagent signature
Brianne Bellance
Notary printed or stamped name
Title Deputy 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 _____
at _____
Transferee address
was duly entered in _____
Title of case

Name of administrator (if in probate) _____ Docket number of case _____
on the _____ day of _____, Year _____
Day Month Year

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

_____ was duly appointed under the nonintervention
Name of executor/administrator
will of _____ and is qualified to act as such,
Name of deceased
and that a decree of solvency has been entered.

X
Executor/Administrator signature Date
X
County Clerk signature Date

STATE OF IDAHO
CERTIFICATION OF VITAL RECORDSTATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICSState of Idaho
CERTIFICATE OF DEATH

Only a copy of this certificate, certified by the state registrar with the department of health and welfare, is valid for legal purposes. Be sure to obtain a copy of this certificate from the state registrar. Local Reg. No.

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) JILL ANN DERRICK		2. SEX FEMALE		3. SOCIAL SECURITY NUMBER	
	4a. AGE-Last Birthday 78 (Years)		4b. UNDER 1 YEAR Months Days Hours Minutes		4c. UNDER 1 DAY Hours Minutes	
MORTICIAN: Complete Within 5 Days of Death	5. DATE OF BIRTH (Mo/Day/Yr) 07/16/1945		6. BIRTHPLACE (City and State, Territory, or Foreign Country) SPOKANE, WASHINGTON			
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY WASHINGTON		7b. COUNTY ASOTIN		7c. CITY OR TOWN CLARKSTON	
PARENTS	7d. STREET AND NUMBER 2015 6TH AVE		7e. APT. NO. 99403		7f. ZIP CODE 99403	
	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)			
INFORMANT	10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		11a. FATHER'S NAME (First, Middle, Last, Suffix) FLOYD AGOST		11b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO	
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) MARGARET EVELYN MUIR		12b. BIRTHPLACE (State, Territory, or Foreign Country) WASHINGTON		13a. INFORMANT'S NAME (Type or print) JAMI STEELS	
DISPOSITION	13b. RELATIONSHIP TO DECEDENT DAUGHTER		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 3421 7TH STREET LEWISTON, ID 83501			
	14. METHOD OF DISPOSITION ☐ Burial ☐ Cremation ☐ Donation ☐ Removal from Idaho ☐ Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) MOUNTAIN VIEW CREMATORY 3521 SEVENTH STREET LEWISTON, IDAHO 83501		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY MOUNTAIN VIEW FUNERAL HOME 3521 SEVENTH STREET LEWISTON, IDAHO 83501	
PLACE OF DEATH	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: GERALD E. BARTLOW		17b. LICENSE NUMBER (Of licensee) M0773		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No	
	19a. IF DEATH OCCURRED IN A HOSPITAL: ☒ 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ OOA ☐ Hospice facility ☐ Nursing Home/Long term care facility ☐ Decedent's home ☐ Other (Specify)		20. FACILITY NAME (If not facility, give street and number) ST. JOSEPH REGIONAL MEDICAL CTR			
DATE OF DEATH	21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE LEWISTON, ID 83501		22. COUNTY OF DEATH NEZ PERCE		23. DATE OF DEATH (Mo/Day/Yr) (Spell month) November 20, 2023	
	24. TIME OF DEATH (24hr) 00:15		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) November 20, 2023		26. TIME PRONOUNCED DEAD (24hr) 00:15	
CAUSE 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) COMPLICATIONS OF TRAUMATIC SUBDURAL HEMATOMA DUE TO (or as a consequence of) FALLS DUE TO (or as a consequence of) UNDERLYING CAUSE (Last disease or injury that initiated the events resulting in death) DUE TO (or as a consequence of)		Approximate Time Interval: Onset to Death 7 DAYS			
	PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I. FACTORS: V. LEIDEN DEFICIENCY		28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No			
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	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 ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined	
	32. DATE OF INJURY (Mo/Day/Yr) (Spell month) Estimated 11/11/2023 - 11/14/2023		33. TIME OF INJURY (24hr) Estimated 00:01 - 12:45		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, street, etc.) DECEDENT'S HOME	
CERTIFIER: Complete Within 72 Hours of Death	35. LOCATION OF INJURY: State WASHINGTON City/Town of County CLARKSTON, ASOTIN Zip Code 99403		36. STREET AND NUMBER OF LOCATION 2015 6TH AVE Apartment Number 140A		37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) DECEDENT FELL TWICE IN THE DATE RANGE CAUSING HEMATOMA	
	38a. TRANSPORTATION: Was decedent? ☐ Driver/Operator ☐ Passenger ☐ Other (Specify) INJURY ONLY ☐ Pedestrian ☐ Other (Specify)		38b. WHAT SAFETY DEVICES(DID) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown		39a. CERTIFIER (Check only one, based on official capacity for this certificate) ☐ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE REGISTERED 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: ELECTRONICALLY SIGNED: JOSHUA T. HALL	
REGISTRAR	39b. LICENSE NUMBER		39c. DATE SIGNED 11 / 28 / 2023 MM DD YYYY		40a. REGISTRAR'S SIGNATURE James B. Aydelotte	
	40b. DATE SIGNED 11 / 29 / 2023 MM DD YYYY		40c. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) JOSHUA T. HALL, PO BOX 696 LEWISTON, ID 83501			

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:

NOV 29 2023

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

Rev. 07/28/20

JAMES B. AYDELOTTE
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

This certified copy of an Idaho death record
was issued by Public Health – Idaho North
Central District on behalf of the State of
Idaho Bureau of Vital Records and Health
Statistics

Chad Hudson

Local Registrar



* 001914836 *

56568

MOBILE HOME BILL OF SALE

In Consideration of the sum of \$ 19,000.00 (US Dollars) paid by

James E. Evans with a mailing address of

2115 6th Ave #46 Clarkston, WA 99403 (Hereinafter known as the "Buyer") to

Jami L. Steele with a mailing address of

3421 7th St. Lewiston, ID 83501 (Hereinafter known as the "Seller") conveys

the following described mobile home:

Manufacturer: Guerdon Industries Model: Van Dyke

Serial Number: 11888X C11888X Size: 52X26

Year (Manufactured): 1974 Location of Home: Sonary Crest
2015 6th Ave #140A

The above described mobile home is sold free and clear of any liens, encumbrances, or mortgage. Seller certifies that they are the legal and true owner of the mobile home.

The mobile home is to be sold in "as-is" condition with the following conditions: including in
sale existing refrigerator, stove, washer + dryer, 2 window air conditioning
units

IN WITNESS WHEREOF, the buyer and seller agree to the terms of this Bill of Sale on
the 8th day of Jan., 20 24

Buyer's Signature James E. Evans Print JAMES EVANS Date 8/1/24

Seller's Signature Jami L. Steele Print Jami L Steele Date 12/8/24 ^{J.S.} 1/08/2024

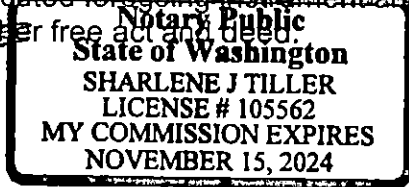
Witness's Signature Tosha Arnett Print Tosha Arnett Date 1/8/24

Witness's Signature Barbra Hawk Print Barbra Hawk Date 1/8/24

ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF Washington
Asotin County, ss.

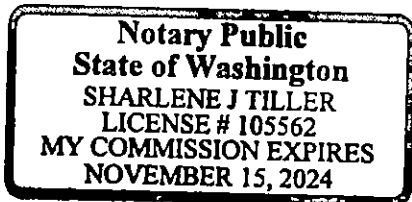
On this 8th day of January, 2024, before me appeared James Evans, as **Buyer** of this Bill of Sale who proved to me through government issued photo identification to be the above-named person, in my presence executed foregoing instrument and acknowledged that he/~~she~~ executed the same as his/~~her~~ free act and deed.



Sharlene J Tilller
Notary Public
My commission expires: 11.15.24

STATE OF Washington
Asotin County, ss.

On this 8th day of January, 2024, before me appeared James Steele, as **Seller** of this Bill of Sale who proved to me through government issued photo identification to be the above-named person, in my presence executed foregoing instrument and acknowledged that he/~~she~~ executed the same as his/~~her~~ free act and deed.



Sharlene J Tilller
Notary Public
My commission expires: 11.15.24