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: Jill A Derrick by Jami L Steele
Street: 3421 7th St
City: Lewiston State: ID Zip code: 83501
Phone number: 208-305-4370

NEW REGISTERED OWNER (Buyer)
Name: James Edward Evans
Street: 2115 6th Ave. # 46
City: Clarkston State: WA Zip code: 99403
Phone number: (509) 551 7686

LOCATION OF MOBILE HOME
Name:
Street: 2015 6TH AVE SPC 140A
City: CLARKSTON State: WA Zip code: 99403

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.
Van Dyke	1974		24X52	111888X	

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: 1-8-24

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.

1-8-24 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: Jami Steele
Name (print): Jami L 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

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

[redacted]

#56568

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)		
	11888		
Model year: 1974	Make: Vandy	Model:	Body style: Mobile home

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 loves.goldics.2012@gmail.com	Email
Date and place (city or county) signed X Jami L Steele Signature	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	**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 X Signature	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.

COUNTY AUDITOR ASOTIN COUNTY WASHINGTON (Seal or stamp) SEAL

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

Notary/Agent/Subagent signature

Breeann Bellevance
Notary printed or stamped name

Title Deputy and 0021
Dealer or county/office number or notary expiration date

TD-420-040 (R/3/18)VWA

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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
	11888	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 (Name of deceased), the registered owner of this vehicle/vessel, died on the 20th (Day) day of November (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 daughter (Relationship to deceased) of the deceased. No relative who would have prior right, except Jami L Steele (Person who would have prior right) survives the deceased, and provision has been made for payment of debts of the deceased.

Jill Jami L Steele
Print or type name

X Jami L Steele
Signature

12/20/2023
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 CLERK SEAL ASOTIN COUNTY WASHINGTON
(Seal or stamp)

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

Brianna Bellamance
Notary/Agent/Subagent signature

Brianna Bellamance
Notary printed or stamped name

Title Deputy and ODOL
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

56568

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

* 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix)	2. SEX	3. SOCIAL SECURITY NUMBER
JILL ANN DERRICK	FEMALE	

4a. AGE-Last Birthday (Years)	4b. UNDER 1 YEAR Months / Days	4c. UNDER 1 DAY Hours / Minutes	5. DATE OF BIRTH (Mo/Day/Yr)	6. BIRTHPLACE (City and State, Territory, or Foreign Country)
78			07/16/1945	SPOKANE, WASHINGTON

7a. RESIDENCE - STATE OR FOREIGN COUNTRY	7b. COUNTY	7c. CITY OR TOWN	7d. STREET AND NUMBER	7e. APT. NO.	7f. ZIP CODE	7g. INSIDE CITY LIMITS?
WASHINGTON	ASOTIN	CLARKSTON	2015 6TH AVE		99403	☒ 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):

PARENTS

10. EVER IN U.S. ARMED FORCES?	11a. FATHER'S NAME (First, Middle, Last, Suffix)	11b. BIRTHPLACE (State, Territory, or Foreign Country)
☐ Yes ☒ No	FLOYD AGOST	IDAHO
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix)	**12b. BIRTHPLACE (State, Territory, or Foreign Country)**
	MARGARET EVELYN MUIR	WASHINGTON

INFORMANT

13a. INFORMANT'S NAME (Type or print)	13b. RELATIONSHIP TO DECEDENT	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
JAMI STEELE	DAUGHTER	3421 7TH STREET LEWISTON, ID 83501

DISPOSITION

* 14. METHOD OF DISPOSITION	15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place)	* 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY
☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify)	MOUNTAIN VIEW CREMATORY 3521 SEVENTH STREET LEWISTON, IDAHO 83501	MOUNTAIN VIEW FUNERAL HOME 3521 SEVENTH STREET LEWISTON, IDAHO 83501

*17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	17b. LICENSE NUMBER (Of Licensee)	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH?
ELECTRONICALLY FILED: GERALD E. BARTLOW	M077.1	☒ Yes ☐ No

PLACE OF DEATH

PLACE OF DEATH (19-22)

*19a. IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 ☐ Hospice facility 5 ☐ Nursing home/Long term care facility 6 ☐ Decedent's home 7 ☐ Other (Specify)

*19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:

* 20. FACILITY NAME (If not facility, give street and number)	* 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE	* 22. COUNTY OF DEATH
ST. JOSEPH REGIONAL MEDICAL CTR	LEWISTON, ID 83501	NEZ PERCE

DATE OF DEATH

* 23. DATE OF DEATH (Mo/Day/Yr) (Spell month)	24. TIME OF DEATH (24hr)	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month)	26. TIME PRONOUNCED DEAD (24hr)
November 20, 2023	00:15	November 20, 2023	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.

		Approximate Time Interval: Onset to Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	COMPLICATIONS OF TRAUMATIC SUBDURAL HEMATOMA	7 DAYS
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. DUE TO (or as a consequence of): FALLS	
	c. DUE TO (or as a consequence of):	
	d. DUE TO (or as a consequence of):	

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

28a. WAS AN AUTOPSY PERFORMED?	28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
☐ Yes ☒ No	☐ Yes ☐ No

29. DID TOBACCO USE CONTRIBUTE TO DEATH?	30. IF FEMALE (Aged 10-54):	31. MANNER OF DEATH
☐ Yes ☐ Probably ☒ No ☐ Unknown	☒ 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	☐ Natural ☐ Homicide ☒ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined

ITEMS 32-35 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, Street, etc.)	35. INJURY AT WORK?
Estimated 11/11/2023 - 11/14/2023	Estimated 00:01 - 12:46	DECEDENT'S HOME	☐ Yes ☒ No

36. LOCATION OF INJURY: State: WASHINGTON City, Town or County: CLARKSTON, ASOTIN Zip Code: 99403

Street and Number or 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.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable:

DECEDENT FELL TWICE IN THE DATE RANGE CAUSING HEMATOMA

TRANSPORTATION INJURY ONLY: 38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

38b. WHAT SAFETY DEVICES(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 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.

39b. LICENSE NUMBER

39c. DATE SIGNED: 11 / 28 / 2023 (MM / DD / YYYY)

Signature and Title of Certifier: ELECTRONICALLY SIGNED: JOSHUA T. HALL

39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print): JOSHUA T. HALL, PO BOX 696 LEWISTON, ID 83501

REGISTRAR

40a. REGISTRAR'S SIGNATURE: James B. Aydelotte

40b. DATE SIGNED: 11 / 29 / 2023 (MM / DD / YYYY)

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

CERTIFIER: Complete Within 72 Hours of Death

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. 07/29/20

James B. Aydelotte

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.

Cinder Hudson

Local Registrar

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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 [signature] Print James Evans Date 8/1/24

Seller's Signature [signature] Print Jami L Steele Date 12/8/24 J.S. 1/08/2024

Witness's Signature [signature] Print Josh Arnett Date 1/8/24

5-5-08

Witness's Signature Barbara Hawk Print Barbara 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.

Notary Public
State of Washington
SHARLENE J TILLER
LICENSE # 105562
MY COMMISSION EXPIRES
NOVEMBER 15, 2024

Notary Public
My commission expires: 11.15.24

STATE OF Washington
Asotin County, ss.
On this 8th day of January, 2024, before me appeared Jamie 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.

Notary Public
State of Washington
SHARLENE J TILLER
LICENSE # 105562
MY COMMISSION EXPIRES
NOVEMBER 15, 2024

Notary Public
My commission expires: 11.15.24

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