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: Merle W Hagen
Street: 2819 22nd St.
City: Clarkston State: WA Zip code: 99403
Phone number:

NEW REGISTERED OWNER (Buyer)
Name: Norma Nichols Hagen
Street: 2819 22nd St.
City: Clarkston State: WA Zip code: 99403
Phone number:

LOCATION OF MOBILE HOME
Name:
2819 22nd St.
Street
Clarkston WA 99403
City State Zip code

LEGAL OWNER
Name:
Street:
City State Zip code

PERSONAL PROPERTY
PARCEL or ACCOUNT NO. 5-225-00-013-0000-0010
LIST ASSESSED VALUE(S): $ Ø

REAL PROPERTY
PARCEL or ACCOUNT NO. 1-225-00-013-0000
LIST ASSESSED VALUE(S): $ ~~103,400~~ 73,400

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.
Palm Harbor	1985		27x50		

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 2-14-24

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 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 Norma Nichols Hagen
Name (print) NORMA NICHOLS HAGEN
Date and Place of Signing: 2-14-24

Signature of Buyer/Agent Norma Nichols Hagen
Name (print) NORMA NICHOLS HAGEN
Date & Place of Signing: 2-14-24

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).

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 2024

2-14-24 Date
A. Hurley County Treasurer or Deputy

PAID
FEB 14 2024
ASOTIN COUNTY TREASURER

THIS SPACE - TREASURER'S USE ONLY

0200

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

N. Hagen $10.00 Cash All

56617

STATE OF WASHINGTON

Vehicle Certificate of Title

Title Number
1423339711

License Number	Vehicle Identification Number (VIN)	Year	Make	Model	Style	Series/Body
&063197	PH200007	1995	PALMH			53X27

Date of Application	Odometer Miles	Odometer Status	Fuel Type
01/22/1996	0000000	E	

Scale Weight	Gross Vehicle Weight Rating Code	Vehicle Color	Prior Title State	Prior Title Number
00000			WA	9602202609

Comments
50000-1995

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
HAGEN,MERLE
2819 22ND ST
CLARKSTON, WA 99403

Registered Owner
SAME AS LEGAL OWNER

X W. Merle Hagen
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 W. Merle Hagen
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 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

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.

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 Norma Nichols Hagen	X W. Merle Hagen
PRINTED name of transferee/buyer: NORMA NICHOLS HAGEN	PRINTED name of transferor/seller: W. MERLE HAGEN
Address of transferee/buyer	Address of transferor/seller

56617

STATE OF WASHINGTON

VEHICLE CERTIFICATE OF TITLE

TITLE NUMBER
9602202609

LICENSE NUMBER	DATE OF APPLICATION	MODEL YEAR	MAKE	POWER/USE	SERIES & BODY STYLE
&063197	01/22/96	1995	PALMH	MOB	53X27

VEHICLE IDENTIFICATION NUMBER (VIN)	FLEET/EQUIP. NUMBER	SCALE WT.	MILEAGE	ODOMETER CODE
PH200007			0000000	EXEMPT ODOMETER DISCLOSURE

SPECIFIC COMMENTS:
50000 95

PRIOR TITLE STATE | PRIOR TITLE NUMBER

TITLE BRANDS:

REGISTERED OWNER
SAME AS LEGAL OWNER BELOW

LEGAL OWNER
HAGEN, MERLE
2146 11TH
CLARKSTON WA 99403-1712

SIGNATURE(S) OF REGISTERED OWNER(S) BELOW, HEREBY RELEASES ALL INTEREST IN VEHICLE DESCRIBED ABOVE.

BY W. Merle Hagen
REGISTERED OWNER SIGNATURE — DATE OF SALE

BY
REGISTERED OWNER SIGNATURE — DATE OF SALE

SALE PRICE

SIGNATURE(S) OF LEGAL OWNER(S) BELOW, HEREBY RELEASES ALL INTEREST IN VEHICLE DESCRIBED ABOVE.

BY W. Merle Hagen
FIRST LEGAL OWNER-SIGNATURE & TITLE — DATE RELEASED

BY
SECOND LEGAL OWNER-SIGNATURE & TITLE — DATE RELEASED

LEGAL OWNER: When lien is satisfied, release interest above and transmit this document to County Auditor or Agent with proper fee. Failure to properly release and transmit the Title within 10 days after lien is satisfied may result in liability to the debtor for $100 or more pursuant to RCW 46.12.170.

TRANSFEREE/BUYER MUST APPLY FOR TRANSFER OF TITLE WITHIN 15 DAYS FROM DATE OF DELIVERY TO AVOID PENALTY. (SEE REVERSE FOR ADDITIONAL INFORMATION.)

I CERTIFY THAT THE RECORDS OF THE DEPARTMENT OF LICENSING SHOW PERSONS NAMED HEREON AS REGISTERED OWNERS AND LEGAL OWNERS OF THE VEHICLE DESCRIBED. Kathy Reeves Sweet
DIRECTOR, DEPARTMENT OF LICENSING

01/96 0025225 ZB
TD-420-002 0025225 ZB

KEEP IN A SAFE PLACE

ANY ALTERATION OR ERASURE VOIDS THIS TITLE

Seller: Please DETACH HERE — STATE OF WASHINGTON - DEPARTMENT OF LICENSING — Seller: Please DETACH HERE

VEHICLE SELLER'S REPORT OF SALE

REQUIRED WHENEVER OWNERSHIP CHANGES - INCLUDING DEALER TRADES

DOL USE ONLY

WARNING: THIS FORM DOES NOT TRANSFER TITLE

PLEASE PRINT OR TYPE - SEE IMPORTANT INSTRUCTIONS ON REVERSE SIDE

LICENSE NUMBER	MODEL YEAR	MAKE	VEHICLE IDENTIFICATION NUMBER (VIN)	POWER/USE	SERIES AND BODY STYLE	TITLE NUMBER
&063197	1995	PALMH	PH200007	MOB	53X27	9602202609

SELLER
NAME OF SELLER/TRANSFEROR (CURRENT REGISTERED OWNER): W Merle Hagen
COMPLETE ADDRESS OF SELLER/TRANSFEROR
CITY — STATE — ZIP CODE

PURCHASER
NAME OF PURCHASER/TRANSFEREE: Norma Nichols - Hagen
COMPLETE ADDRESS OF PURCHASER/TRANSFEREE
CITY — STATE — ZIP CODE

DATE VEHICLE WAS SOLD	TODAY'S DATE	VEHICLE PURCHASE PRICE	SELLER'S/TRANSFEROR'S SIGNATURE
			X

TRANSFEROR/SELLER: To be released from civil/criminal liability for the operation of the vehicle you must fill in this form COMPLETELY. The completed form MUST be delivered to your local licensing agent, or mailed, and delivered, to the Department of Licensing, within 5 days from the date of delivery of the vehicle. The DOL mailing address is:

State of Washington
Department of Licensing
Exceptions Section
PO BOX 9038
OLYMPIA WA 98507-9038

11/95 The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 902-3600 or TDD (360) 664-8885.

56617

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1223107

CERTIFICATE NUMBER: 2023-047974

DATE ISSUED: 10/04/2023
FEE NUMBER:

FIRST AND MIDDLE NAME(S): WESLEY MERLE
LAST NAME(S): HAGEN

COUNTY OF DEATH: BENTON
DATE OF DEATH: SEPTEMBER 29, 2023
HOUR OF DEATH: 11:42 AM
SEX: MALE AGE: 94 YEARS
SOCIAL SECURITY NUMBER: [redacted]

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

BIRTH DATE: JUNE 12, 1929
BIRTHPLACE: MOSCOW, ID

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: NORMA MAE NICHOLS

OCCUPATION: ROAD INSPECTOR
INDUSTRY: COUNTY GOVERNMENT
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: NORMA MAE HAGEN
RELATIONSHIP: WIFE
ADDRESS: 2819 22ND ST CLARKSTON, WA 99403

CAUSE OF DEATH:
A: ACUTE HYPOXIC RESPIRATORY FAILURE
INTERVAL: 1-2 DAYS
B: COVID-19
INTERVAL: 1 WEEK
C: ACUTE HEART FAILURE
INTERVAL: DAYS
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: HOSPITAL
FACILITY OR ADDRESS: TRIOS HEALTH
CITY, STATE, ZIP: KENNEWICK, WASHINGTON 99336

RESIDENCE STREET: 2819 22ND ST
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: YES COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 27 YEARS

FATHER: SHERMAN HAGEN
MOTHER: LEATHA MCGARVEY

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: MOSCOW CEMETERY

CITY, STATE: MOSCOW, IDAHO
DISPOSITION DATE: OCTOBER 04, 2023

FUNERAL FACILITY: SHORT'S FUNERAL CHAPEL

ADDRESS: 1225 EAST 6TH ST
CITY, STATE, ZIP: MOSCOW, IDAHO 83843
FUNERAL DIRECTOR: PHILLIP N. HUTTON

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: KATINA RUE, DO
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 3810 PLAZA WAY
CITY, STATE, ZIP: KENNEWICK, WASHINGTON 99338
DATE SIGNED: OCTOBER 02, 2023

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

LOCAL DEPUTY REGISTRAR: SUSANA MARTINEZ
DATE RECEIVED: OCTOBER 03, 2023

5626 17

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:

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

OCT 04 2023

Brad Bowman, MD Health Officer
Whitman County Dept of Public Health

6dd7

0 6 0 7 4 8 0 8

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
	1985	Palm Harbor	53 x 27

Vehicle Identification Number (VIN) or Vessel Hull Identification Number (HIN)
PH200007

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 W. Merle Hagen (Name of deceased), the registered owner of this vehicle/vessel, died on the 29 (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 n/a. (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.

Printed name NORMA NICHOLAS HAGEN X Norma Nicholas Hagen (Signature) (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

LISA M WEBBER 10002 NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES 12-28-24

Seal or stamp

State of Washington, County of Asotin
Signed or attested before me on February 14, 2024 by Norma Nicholas Hagen
Lisa M. Webber (Signature)
Lisa M Webber (Printed or stamped name)
Notary (Title) and December 28, 2024 (Dealer or county/office number or notary expiration date)

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

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

5/2017