

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: ESTATE OF CONNIE HUTTON
 CLEO BURNETT ELLIS
 Street: 2015 6TH AVE SPC 115
 City: CLARKSTON State: WA Zip code: 99403
 Phone number:

NEW REGISTERED OWNER (Buyer)

Name: Scott D. Neal
 Pamela J. Neal
 Street: 935 Port Way
 City: Clarkston WA State: WA Zip code: 99403
 Phone number: 208 791 7615

LOCATION OF MOBILE HOME

Name:
 Street: 2015 6TH AVE SPC 115
 City: CLARKSTON State: WA Zip code: 99403

LEGAL OWNER

Name:
 Street:
 City: State: Zip code:

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-041-35-052-002-1150
 LIST ASSESSED VALUE(S): \$ 21,400

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

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.
	1979	SOMERSET	24x48	SM400688	

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: 2-22-24

Taxable Sale Price	\$ 25,000.00
Excise Tax: State	\$ 275.00
Local	\$ 62.50
Delinquent Interest: State	\$
Local	\$
Delinquent Penalty	\$
Subtotal	\$ 337.50
State Technology Fee	\$ 5.00
Affidavit Processing Fee	\$
Total Due	\$ 342.50

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 2024
 2-22-24
 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: Cleo B Ellis
 Name (print): Cleo B Ellis
 Date and Place of Signing: 2/22/24 ASOTIN

Signature of Buyer/Agent: Pamela J. Neal
 Name (print): Pamela J. Neal
 Date & Place of Signing: 2/22/24 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 Theft as defined in Title 9 and 9A RCW (RCW 9.45.030, RCW 9A.06.010 (4d), and RCW 9A.56.020).

FEB 22 2024

ASOTIN COUNTY
TREASURER

THIS SPACE - TREASURER'S USE ONLY

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 1979	Make SOME	Series/Body style 48/24
Vehicle Identification Number (VIN) or Vessel Hull Identification Number (HIN) SM400688			

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 Connie Hutton, the registered owner of this vehicle/vessel, died on the 20th day of JANUARY 2023 2024.

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 Son of the deceased. No relative who would have prior right, except None survives the deceased, and provision has been made for payment of debts of the deceased. Signature must be notarized or certified below.

Cleo Bellis Cleo Bellis 2-22-24

Printed name 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 _____ at _____ was duly entered in _____

Transferee Title of case

Name of administrator (if in probate) _____ on the _____ day of _____ Docket number of case _____

Day 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 _____ and is qualified to act as such, and that a decree of solvency has been entered.

Name of deceased

Executor/Administrator signature _____ Date _____

County Clerk signature _____ Date _____

Notarization/Certification

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

attested before me on 2.22.24 by Cleo Ellis

Signature _____

Printed or stamped name Sharlene J Tiller

and _____ and _____

Title _____ Dealer or county/office number or notary expiration date 11.15.24

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
MAILED SEAL, SHALL BE USED AS PROOF OF DEATH. EVIDENCE OF THIS DEATH UNDER §§ 41-110 AND 41-201, IC, IS VOID.

DECEDENT	1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix) CONNIE D HUTTON		2. SEX FEMALE	3. SOCIAL SECURITY NUMBER
	4a. AGE-Last Birthday 86	4b. UNDER 1 YEAR Months 86	4c. UNDER 1 DAY Hours 08/23/1937	5. DATE OF BIRTH (Mo/Day/YY) 08/23/1937
MORTICIAN: Complete, Verify and File Within 5 Days of Death	6. BIRTHPLACE (City and State, Territory, or Foreign Country) SAN DIEGO, CALIFORNIA		7a. RESIDENCE - STATE OR FOREIGN COUNTRY WASHINGTON	
	7b. COUNTY ASOTIN		7c. CITY OR TOWN CLARKSTON	
	7d. STREET AND NUMBER 2015 6TH AVENUE		7e. APT. NO. 115	7f. ZIP CODE 99403
PARENTS	8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (if wife, give maiden name)	
	10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11. FATHER'S NAME (First, Middle, Last, Suffix) JIM UNKNOWN	
INFORMANT	11a. BIRTHPLACE (State, Territory, or Foreign Country) GREECE		12. BIRTHPLACE (State, Territory, or Foreign Country) UNKNOWN	
	13a. INFORMANT'S NAME (Type or print) CLEO ELLIS		13b. RELATIONSHIP TO DECEDENT SON	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 26460 COURT LN APT. 35 LEWISTON, ID 83501
DISPOSITION	14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> 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		17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: GERALD E. BARTLOW	
PLACE OF DEATH	17b. LICENSE NUMBER (Of licensee) M0771		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	19a. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OCA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: CASCADIA OF LEWISTON	
DATE OF DEATH	20. FACILITY NAME (if not facility, give street and number) 2852 JUNIPER DRIVE		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/YY) (Spell month) January 20, 2024	
CAUSE OF DEATH	24. TIME OF DEATH (24hr) 02:40		25. DATE PRONOUNCED DEAD (Mo/Day/YY) (Spell month) January 20, 2024	
	26. TIME PRONOUNCED DEAD (24hr) 02:40		27. CAUSE OF DEATH ADULT FAILURE OF THRIVE	
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	28. IMMEDIATE CAUSE (Final disease or condition resulting in death) ADULT FAILURE OF THRIVE		29. DUE TO (or as a consequence of): UROSEPSIS	
	30. UNDERLYING CAUSE (Final disease or injury that initiated the events resulting in death) HYPOTHYROIDISM		31. DUE TO (or as a consequence of): HYPERTENSION	
CERTIFIER: Complete Within 72 Hours of Death	32. PAROXYSMAL AFIB; GERD; HYPERLIPIDEMIA		33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	34. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		35. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined	
REGISTRAR	36. DATE OF INJURY (Mo/Day/YY) (Spell month) 1/20/2024		37. TIME OF INJURY (24hr) 02:40	
	38. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____		39. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
CERTIFIER	40. 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 TRANSPORTATION INJURY ONLY		41. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? <input checked="" type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown	
	42. CERTIFIER (Check only one, based on official capacity for this certificate) <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input checked="" type="checkbox"/> 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)/trauma stated.		43. LICENSE NUMBER N-55110	
REGISTRAR	44. 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: CONNIE SPEARS, N.P.		45. DATE SIGNED 1 / 22 / 2024 MM DD YYYY	
	46. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) CONNIE SPEARS, P.O. BOX 3687-3400 E FERNAN HIL COEUR D'ALENE, ID 83816		47. REGISTRAR'S SIGNATURE <i>James B. Galtte</i>	
48. REGISTRAR'S SIGNATURE		49. DATE SIGNED 1 / 29 / 2024 MM DD YYYY		

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.

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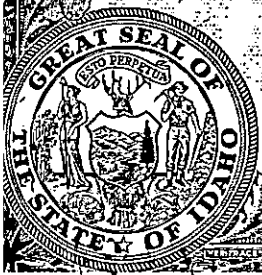
DATE ISSUED: **JAN 29 2024**

James B. Galtte
JAMES B. AYDELOTTE
STATE REGISTRAR

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

Rev. 07/28/20

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.

Cher Hudson

Local Registrar



* 0 0 1 9 5 3 7 3 9 *

Trailer



STATE OF WASHINGTON

Vehicle Certificate of Title

Title Number 1876872694

Vehicle Identification Number (VIN) SM400688 Year 1979 Make SOME Model 48/24 Body style
Title Issue Date 02-Jan-2024 Odometer Miles 0 Odometer Status Exempt Fuel Type
Scale Weight 0 Gross Vehicle Weight Rating Code Vehicle Color WHI Prior Title State Washington Prior Title Number 0708103107
Comments 19500/2007

Brands

Sale price \$ 25,000.00
Date of sale 2-28-24

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 CLEO BURNETT ELLIS 26460 COURT LN SPC 35 LEWISTON ID 83501-7994
Registered Owner Same as Legal Owner

X [Signature] 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 [Signature] 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 [Signature] 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.

X [Signature] Date
Signature of registered 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. Director, Department of Licensing

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: [arrow] (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

PRINTED name of transferee/buyer

PRINTED name of transferor/seller

Address of transferee/buyer

Address of transferor/seller

Assignment by registered owner

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

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CLEO BURNETT ELLIS
 26460 COURT LN SPC 35
 LEWISTON ID 83501-7994



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 ____/____/____ <small>Odometer reading in miles</small>	
	This reading is (check one): <input type="checkbox"/> the actual mileage of the vehicle <input type="checkbox"/> in excess of its mechanic limits <input type="checkbox"/> 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 ____/____/____ <small>Odometer reading in miles</small>	
	This reading is (check one): <input type="checkbox"/> the actual mileage of the vehicle <input type="checkbox"/> in excess of its mechanic limits <input type="checkbox"/> 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) _____

3201-35

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