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: Francisco Salvadlo
Street: 2015 6th Ave SPC 216B
City: Clarkston, WA 99403 State Zip code
Phone number:

NEW REGISTERED OWNER (Buyer)
Name: Daniel R. Townsend
Street: 2015 6th St. Spc # 216
City: Clarkston State: WA Zip code: 99403
Phone number: 336-423-8759

LOCATION OF MOBILE HOME
Name:
Street: 2015 6th Ave Spc 216B
City: Clarkston, WA 99403 State Zip code

LEGAL OWNER
Name:
Street:
City State Zip code

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-041-35-002-0002-2160
LIST ASSESSED VALUE(S): $ 500.00

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

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.
Marlette	1968		12x60		

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)? Yes (No)
See ETA 3215
Date of Sale 2/28/24

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, Non probated will

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
2-28-24 Date
D. Hurley 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 Daniel Townsend
Name (print) Daniel Townsend
Date and Place of Signing: 2/28/24

Signature of Buyer/Agent Daniel Townsend
Name (print) Daniel Townsend
Date & Place of Signing: 2/28/24

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
FEB 28 2024
ASOTIN COUNTY TREASURER

THIS SPACE - TREASURER'S USE ONLY

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

D. Townsend Visa MH

56638

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
	1968	Marlette	

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

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 Francisco I. Salvado (Name of deceased), the registered owner of this vehicle/vessel, died on the 3rd (Day) day of October (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 Caregiver (Relationship to deceased) of the deceased. No relative who would have prior right, except _____ (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.

Daniel Townsend (Printed name) X Daniel Townsend (Signature) 2/28/24 (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

State of Washington, County of Asotin
Signature attested before me on 2.28.24 by Daniel Townsend.

Notary Public
State of Washington
SHARLENE J TILLER
(Seal or stamp) LICENSE # 105562
MY COMMISSION EXPIRES
NOVEMBER 15, 2024

Signature
Sharlene J. Tiller (Printed or stamped name)
Notary (Title) and 11.15.24 (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.

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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 THE DEATH UNDER §39-214(1) 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

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

* 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix)	2. SEX	3. SOCIAL SECURITY NUMBER
FRANCISCO I SALVADO	MALE	

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)
83			10/21/1939	UNKNOWN, PORTUGAL

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?
IDAHO	NEZ PERCE	LEWISTON	821 21ST AVENUE		83501	☒ 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	ANTONIO UNKNOWN	UNKNOWN
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix)	12b. BIRTHPLACE (State, Territory, or Foreign Country)
	ANNA FLORIO	NEW YORK

INFORMANT

13a. INFORMANT'S NAME (Type or print)	13b. RELATIONSHIP TO DECEDENT	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
DANIEL TOWNSEND	EXECUTOR	2015 6TH AVENUE APT. 216 CLARKSTON, WA 99403

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	MERCHANT FUNERAL HOME 1000 SEVENTH STREET CLARKSTON, WASHINGTON 99403

* 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: RICHARD C. LASSITER	F1558	☐ Yes ☒ No

PLACE OF DEATH

PLACE OF DEATH (19-22)

* 19. IF DEATH OCCURRED IN A HOSPITAL: 1 ☐ 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
IDAHO STATE VETERANS HOME - LEWISTON	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)
October 3, 2023	09:55	October 3, 2023	09:55

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. ACUTE MYOCARDIAL INFARCTION	SUDDEN
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)	DUE TO (or as a consequence of): ATHEROSCLEROSIS	YRS
	DUE TO (or as a consequence of): TYPE 2 DIABETES	YEARS
	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: RENAL FAILURE; CONGESTIVE HEART FAILURE

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

CERTIFIER: Complete Within 72 Hours of Death

ITEMS 32-38 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, forest, etc.)	35. INJURY AT WORK?
			☐ Yes ☐ No

36. LOCATION OF INJURY: State ____ City, Town or County ____ Zip Code ____ Street and Number or Location ____ Apartment Number ____

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.

TRANSPORTATION INJURY ONLY	38a. WAS DECEDENT:	38b. WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY?
	☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) ____	☐ 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.

Signature and Title of Certifier: ELECTRONICALLY SIGNED: DAVID B. MARTIN, M.D.

39b. LICENSE NUMBER	39c. DATE SIGNED (MM DD YYYY)
M-07091	10 / 4 / 2023

39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print): DAVID B. MARTIN, 1625 5TH STREET CLARKSTON, WA 99403

REGISTRAR

40a. REGISTRAR'S SIGNATURE	40b. DATE SIGNED (MM DD YYYY)
James B. Aydelotte	10 / 11 / 2023

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.

56638

DATE ISSUED: OCT 11 2023

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

James B. Aydelotte
JAMES B. AYDELOTTE
STATE 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.

Amber Hudson

Local Registrar

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