Department of Revenue
Washington State

MOBILE HOME
REAL ESTATE EXCISE TAX AFFIDAVIT

Chapter 82.45 RCW
Chapter 458-61A WAC

Submit to County Treasurer of the county in which property is located.

This form is your receipt when stamped by cashier.

Used for sales on or after April 1, 2024.

FOR USE WHEN TRANSFERRING TITLE TO MOBILE HOME ONLY

PLEASE TYPE OR PRINT

THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ARE FULLY AND ACCURATELY COMPLETED.

REGISTERED OWNER (Seller)

Name: HALL, SHANNEN J
ORTON, JEAN M
Street: 2115 6TH AVE #38
City: CLARKSTON State: WA Zip code: 99403
Phone number: (208) 553-8896

NEW REGISTERED OWNER (Buyer)

Name: HALL, SHANNEN J
Street: 2115 6TH AVE #38
City: CLARKSTON State: WA Zip code: 99403
Phone number: (208) 553-8896

LOCATION OF MOBILE HOME

Name: Orton, Jean
Street: 2115 6th Ave #38
City: Clarkston State: WA Zip code: 99403

LEGAL OWNER

Name:
Street:
City: State: Zip code:

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 50413500300010380
LIST ASSESSED VALUE(S): $ 50,000.00

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

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.
MARO	1995	MARLETTE	28X56	H010759	

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) and will continue in its current use? If yes and the transfer involves multiple parcels with different classifications, complete the predominate use calculator (see instructions). ☐ Yes ☑ No

Date of Sale 01/25/2024

Taxable Sale Price	$	0.00
Excise Tax: State	$	0.00
Local	$	0.00
Delinquent Interest: State	$	0.00
Local	$	0.00
Delinquent Penalty	$	0.00
Subtotal	$	0.00
State Technology Fee	$	5.00
Affidavit Processing Fee	$	5.00
Total Due	$	10.00

If exemption claimed, list exemption number & title:
Exemption No. (Sec/Sub) 458-61A-202 (6)(i)
Exemption Title REMOVING FAMILY MEMBER

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

4/17/24 (Date) A. 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: Ashley G, P1FCU
Name (print): Ashley Gordon
Date and Place of Signing: 4/12/24 Nez Perce

Signature of Buyer/Agent: Ashley G, P1FCU
Name (print): Ashley Gordon
Date & Place of Signing: 5/1/24 Nez Perce

Perjury in the second degree is a class C felony which is punishable b confinement in a state correctional institution for a maximum term of five years, or by a fine in an amount fixed by the court of not more than $10,000, or by both such confinement and fine (RCW 9A.72.030 and RCW 9A.20.021(1)(c)).

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
MAY 10 2024
ASOTIN COUNTY
TREASURER

P1FCU CL#700028999 THIS SPACE - TREASURER'S USE ONLY

REV 84 0003c (03/12/24) COUNTY TREASURER

#56806

WASHINGTON STATE DEPARTMENT OF LICENSING

Vehicle Title Application

Vehicle – *Please type or print plainly*

☐ Lease ☐ Plate transfer: number _____ ☐ Title purposes only | Permit number

Vehicle identification number (VIN)	Condition	Vehicle type	Primary use type	Fuel type
H010759	☐ New ☐ Used	4 - Mobile/Mfg home	'39 - Mobile home	

Model year	Make	Model	Trim	Body style	Motorcycle style
1995	MARLETTE				

GV weight rating	Scale wt	Gross weight	Mo GWT	Seats	Trl axles	Color #1	Color #2	Equip number	Purchase price

Wheels	Rental number	Fleet	Engine (MC)	Motor home/Cycle/WATV eng serial no	Length	Width	Quick title	Discover pass	Park donation
							☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Registered owner – For additional owners, see **Vehicle Title Application Additional Owners**, form 420-001A. Washington primary residence street address or Washington principal place of business street address is required on the vehicle record. For exceptions, see **Primary Residence Address Exception**, form 420-004.

1	Owner type	ID type	Driver license/ID/TIN/EIN/UBI no	Expiration date	Phone type	(Area code) Phone number
	1 - Individua	1 - Driver license/ID			2 - Cell	(208) 553-8896

Registered owner full name *(Last, First, Middle, Suffix)* or Business name
HALL, SHANNEN, J

Washington primary residence address *(if an individual)* or Washington principal place of business address *(if a business)*
2115 6TH AVE TRLR 38 CLARKSTON,WA 99403

Mailing address, if different than residence address *(Street address or PO Box, City, State, ZIP code)* or exception address

One-time mailing address, if applicable

Email address
SHANNAJO20@GMAIL.COM

Paperless renewal option
☐ Notify me by email when it's time to renew my vehicle

2	Owner type	Ownership – Joint tenants w/right of survivorship (JTWROS)	ID type	Driver license/ID/TIN/EIN/UBI no	Expiration date	(Area code) Phone number
		☐ Yes ☐ No				

Registered owner full name *(Last, First, Middle, Suffix)* or Business name

Legal owner/Lienholder* – Fill out if different than registered owner. For additional legal owner/lienholders, see **Vehicle Title Application Additional Owners**, form 420-001A. *Approved lienholder may be added by selling dealer at a later time.

Name of legal owner/lienholder *(Last, First, Middle initial or Business name)*
Potlatch No.1 Financial Credit Union

Legal owner/Lienholder type	ID type	Driver license/ID/TIN/EIN/UBI number	Expiration date	ELT participant
2 - Business	2 - Tax ID no	82-0201645		☑ Yes ☐ No

Mailing address *(Street address or PO Box, City, State, ZIP code)*
PO BOX 897 LEWISTON, ID 83501

Dealer

Dealer type	Dealer no	Dealer name	Sale date	Delivery date	Vehicle status
					☐ New ☐ Used ☐ Prev titled

I certify that this information is correct. The vehicle is clear of encumbrances except as shown. Any required sales tax has been collected.

Dealer authorized signature
X

Anyone who knowingly makes a false statement may be guilty of a felony under state law and upon conviction shall be punished by a fine, imprisonment, or both. I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

X Shannen Hall 1-25-2024
Signature of registered owner — Title, if signing for business

Lewiston, Idaho
Date and place (city or county) signed

X
Signature of registered owner — Title, if signing for business

Date and place (city or county) signed

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 Idaho County of Nez Perce

Signed or attested before me on 1/25/2024 by Shannen Hall
Name of person(s) signing this document

(Seal or stamp) KORTNEY WILSON
Commission #20204039
Notary Public
State of Idaho

Kortney Wilson
Notary/Agent/Subagent signature

Kortney Wilson
Notary printed or stamped name

Title Notary and 10/19/2026
Dealer or county/office number or notary expiration date

TD-420-001 (R/5/19)VW

5/2026

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, option 5.

License plate/Registration #	Vehicle identification/Vessel hull identification # (VIN/HIN)	Year	Make	Model	Body style
	H010759	1995	MARLET		

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 JEAN M. ORTON (Name of deceased), the registered owner of this vehicle/vessel, died on the 20 (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 DAUGHTER (Relationship to deceased) of the deceased. No relative who would have prior right, except SHANNEN HALL (Person who would have prior right) survives the deceased, and provision has been made for payment of debts of the deceased.

SHANNEN HALL (Printed name)

X Shannen Hall (Signature) 1-25-2024 (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.

State of Idaho County of Nez Perce

Signed or attested before me on 1/25/2024 by Shannen Hall (Name of person(s) signing this document)

KORTNEY WILSON
(Seal or Stamp) Commission #20204039
Notary Public
State of Idaho

Kortney Wilson (Notary/Agent/Subagent signature)

Kortney Wilson (Notary printed or stamped name)

Title Notary and 10/19/2026 (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

56806

P1FCU
YOUR COMMUNITY, YOUR CREDIT UNION

AFFIDAVIT IN LIEU OF TITLE

Reason for use: Electronic Title

Lic/Plt: 7411849 **VIN:** H010759 **Model Year:** 1995 **Make:** MARO
Ser/Body: **Model/BT:** **Title #:**

Brands:

REGISTERED OWNER:
HALL,SHANNEN J
ORTON,JEAN M
2115 6TH AVE TRLR 38
CLARKSTON, WA 994031569

LEGAL OWNER:
POTLATCH # 1 Financial CR UN
PO BX 897
LEWISTON, ID 835010497

Printed as of 1/30/2024 Time 2:52 PM

Attention: "Any person who shall knowingly make any false statement of a material fact...shall be guilty of a felony and upon conviction shall be punished by a fine of not more than five thousand dollars or by imprisonment for not more than ten years or by both such fine and imprisonment."(RCW 46.12.210)

****

By my signature I swear and say that I am not releasing my interest in the above described vehicle and am using this Affidavit for other titling purposes.

Tammy Robinett
Signature

POTLATCH NO. 1 FINANCIAL CREDIT UNION

Title Clerk
Title

****

By my signature I swear and say that I no longer have any interest in the described vehicle and that the title to this vehicle is not now in my possession.

Signature

Title

When transferring ownership on a vehicle that is 9 years old or newer, a Vehicle Odometer Disclosure must accompany this affidavit unless otherwise exempted. NEW OWNER(S) MUST TRANSFER TITLE WITHIN FIFTEEN (15) DAYS. NOTE: Failure to transfer title within fifteen (15) days from the date of sale will result in monetary penalty (RCW 46.12.101(5)).

(208) 746-8900
(800) 843-7128
p1fcu.org
P.O. Box 897 • Lewiston, ID 83501

56806

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2023-051318

DATE ISSUED: 10/23/2023
FEE NUMBER: #133526

FIRST AND MIDDLE NAME(S): JEAN MARIE
LAST NAME(S): ORTON

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: OCTOBER 20, 2023
HOUR OF DEATH: 07:50 PM
SEX: FEMALE AGE: 76 YEARS
SOCIAL SECURITY NUMBER:

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

BIRTH DATE: DECEMBER 13, 1946
BIRTHPLACE: LEWISTON, ID

MARITAL STATUS: DIVORCED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: SECRETARY
INDUSTRY: REAL ESTATE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: SHANNEN J HALL
RELATIONSHIP: DAUGHTER
ADDRESS: 2115 6TH AVENUE #38, CLARKSTON, WASHINGTON 99403

CAUSE OF DEATH:
A: SUBARACHNOID HEMORRHAGE
INTERVAL: 2 WEEKS
B: GROUND LEVEL FALL
INTERVAL: 2 WEEKS
C: MODERATE DEMENTIA
INTERVAL: 2 YEARS
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: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: CLARKSTON HEALTH & REHABILITATION OF
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 2115 6TH AVENUE 38
CITY, STATE, ZIP: CLARKSTON, WA 99403
INSIDE CITY LIMITS: YES COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 1 MONTH

FATHER: ARNOLD CARL WAGNER
MOTHER: BETHEL R RUARK

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

CITY, STATE: LEWISTON, IDAHO
DISPOSITION DATE: OCTOBER 24, 2023

FUNERAL FACILITY: MALCOM'S BROWER-WANN FUNERAL HOME
ADDRESS: 1711 18TH. STREET
CITY, STATE, ZIP: LEWISTON, IDAHO 83501
FUNERAL DIRECTOR: JASON M. HARWICK

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: JOHN B. RUDOLPH, DO
TITLE: DO
CERTIFIER ADDRESS: 1221 HIGHLAND AVE
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
DATE SIGNED: OCTOBER 23, 2023

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NJA
ATTENDING PHYSICIAN: JOHN RUDOLPH, DO

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON
DATE RECEIVED: OCTOBER 23, 2023

DOH 422-132 (8/18)

56806

I hereby certify that the foregoing instrument is a full, true and correct copy of the original document.

BOTLATCH #1 FCU

X Tammy Robinett

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.

*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.

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.

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.

GRAYS HARBOR COUNTY STATE OF WASHINGTON HEALTH DISTRICT

Bob Lutz, M.D., MPH
Health Officer

OCT 23 2023

Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

05710364

56806

I hereby certify that the foregoing instrument is a full, true and correct copy of the original document.

POTLATCH #1 FCU

x Tammy Robinett