

**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 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
Terrance J. Willenborg

By David Keene, Attorney-in-Fact

Street
808 8th Street

City State Zip code
Clarkston WA 99403

Phone number
(208) 305-3283

NEW REGISTERED OWNER (Buyer)

Name
Bryan R. Wheeler

Bonnie Jean Harney

Street
2015 6th Avenue, Unit #14

City State Zip
Clarkston WA 99403

Phone number
(509) 552-0703

LOCATION OF MOBILE HOME

Name
Sonary Crest Mobile Home Park

Street
2015 6th Avenue, Unit #14

City State Zip code
Clarkston WA 99403

LEGAL OWNER

Name

Street

City State Zip

PERSONAL PROPERTY
PARCEL or ACCOUNT NO. 5-041-35-002-0001-0140
LIST ASSESSED VALUE(S): \$ 18,600.00

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

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.
GOLD	1985	48/26	48/26		

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 ☒

Date of Sale 04/24/2024

Taxable Sale Price\$ 40,000.00

Excise Tax: State.....\$ 440.00

Asotin County Local.....\$ 100.00

Delinquent Interest: State.....\$ 0.00

0.0025 Local.....\$ 0.00

Delinquent Penalty\$ 0.00

Subtotal\$ 540.00

State Technology Fee\$ 5.00

Affidavit Processing Fee.....\$ 0.00

Total Due.....\$ 545.00

If exemption claimed, list exemption number & title:
Exemption No. (Sec/Sub)
Exemption Title

A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX ASOTIN COUNTY

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.

4-25-24
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

Name (print) Terrance J. Willenborg by David Keene, All

Date and Place of Signing: 04/24/2024 Clarkston

Signature of
Buyer/Agent

Name (print) Bryan R. Wheeler

Date & Place of Signing: 04/24/2024 Clarkston

Perjury in the second degree is a class C felony which is punishable by 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 9A.45.060, RCW 9A.56.010 (4d), and RCW 9A.56.020).

THIS SPACE - TREASURER'S USE ONLY

ATEC CLE #545-004-49689, #56771

CERTIFIED

FILED

2023 SEP 19 PM 3:20

MCKENZIE A. CAMPBELL
COUNTY CLERK
ASOTIN COUNTY, WA

Superior Court of Washington, County of ASOTIN

In the Guardianship/Conservatorship of:

TERRANCE WILLENBORG

Respondent/Minor

No. 23-4-00068-02

Letters of Guardianship / Conservatorship
(LTRGDN)

Letters expire on (date): December 18, 2024

These Letters of Guardianship / Conservatorship provide official verification of the following:

On (date) 9/19/2023, the Court appointed (name) David Keene
to serve as:

☒ Guardian of the Person: ☒ Full ☐ Limited
☒ Conservator of the Estate: ☒ Full ☐ Limited

for (name) Terrance Willenborg, in the above referenced matter.

The Guardian / Conservator has fulfilled all legal requirements to serve, including, but not limited to: filing the acceptance of appointment; filing the bond consistent with the court's order; filing any blocked account agreement consistent with the court's order; and appointing a resident agent for a nonresident guardian.

The Court, having found the Guardian / Conservator duly qualified, now makes it known:

(name) David Keene is authorized as
☒ Guardian and ☒ Conservator for (name) Terrance Willenborg designated
in the Court's order as referenced above.

☐ The guardian or conservator is not a resident of Washington State, name and contact
information of the resident agent is _____.

These Letters are no longer valid after the date above.

These Letters can only be renewed by a new court order. If the court grants an extension,
new Letters will be issued.

The limitations of the Guardian and/or Conservator are:

☒ none

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☒ as listed in the Order Appointing Guardian and / or Conservator dated 09/19/2023

Witness the Honorable Broke J. Burns of
Superior Court, and the seal of the Court affixed on (date) 9/19/23

Mckenzie Campbell Clerk of Asotin County Superior Court

By: Mckenzie Campbell, Deputy Clerk

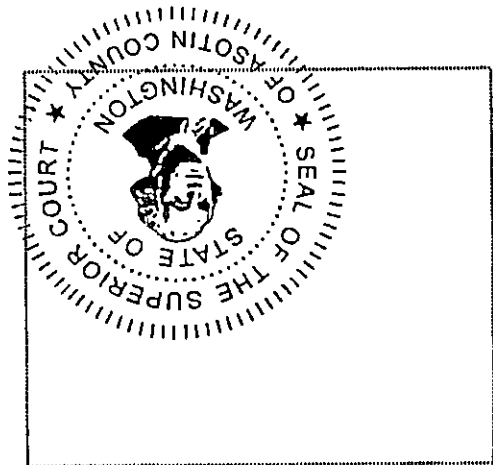


State of Washington)
County of Asotin) ss.

I, Mckenzie Campbell, Clerk of the Superior Court of
Asotin County, Washington State, certify that this
document represents true and correct Letters of Guardianship/
Conservatorship in the above entitled case, entered on the
record on this 19th day of September, 2023.

These letters remain in full force and effect until the date
of expiration set forth above.

The seal of Superior Court has been affixed and witnessed
by my hand this 19th day of September, 2023.



Mckenzie Campbell Clerk of Asotin County Superior Court
By: Mckenzie Campbell, Deputy Clerk

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) G8574A18SN9751AB	Year 1985	Make GOLD	Model 48/26	Body style
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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 Melba Inez Mullins, the registered owner of this vehicle/vessel, died on the 14 day of November, 2023. 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 of the deceased. No relative who would have prior right, except Terrance J. Willenborg survives the deceased, and provision has been made for payment of debts of the deceased.

Terrance J. Willenborg by David Keene, AIF

Print or type name

X
Signature

Date 4/23/24

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 WA County of Asotin

Signed or attested before me on 4/23/24 by David Keene, Attorney-in-Fact

Name of person(s) signing this document

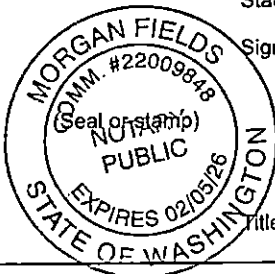
Notary/Agent/Subagent signature

Morgan Fields

Notary printed or stamped name

2/5/26

Dealer or county/office number or notary expiration date



Notary

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 of _____, Year _____

Day

Month

Year

2. For those cases in which the estate executor or administrator transfers title:

_____ was duly appointed under the nonintervention

Name of executor/administrator

will of _____ and is qualified to act as such,

Name of deceased

and that a decree of solvency has been entered.

X

Executor/Administrator signature

Date

X

County Clerk signature

Date

TIME RECEIVED
April 18, 2024 at 8:46:02 AM PDT

REMOTE CSID
+15097693888

DURATION
155

PAGES
2

STATUS
Received

2024-04-18 09:43 NDT -

+15097693888

PAGE 1/2

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-058206

DATE ISSUED: 04/15/2024
FEE NUMBER:

FIRST AND MIDDLE NAME(S): MELBA INEZ
LAST NAME(S): MULLINS

COUNTY OF DEATH: ASOTIN

DATE OF DEATH: NOVEMBER 14, 2023

HOUR OF DEATH: 08:00 PM

SEX: FEMALE

AGE: 83 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: JANUARY 31, 1940

BIRTH PLACE: UNKNOWN, KY

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: TERRY WILLENBERG

OCCUPATION: WAITRESS

INDUSTRY: FOOD SERVICE

EDUCATION: 8TH GRADE OR LESS

US ARMED FORCES: YES

INFORMANT: DAVID COOLEY

RELATIONSHIP: SON

ADDRESS: 7895 TURNEY AVE, MONROE, MI 48161

CAUSE OF DEATH:

A: ADULT FAILURE TO THRIVE

INTERVAL: MONTHS

B: MALNUTRITION

INTERVAL: MONTHS

C: HYPERTENSION

INTERVAL: YEARS

D: DYSPHAGIA

INTERVAL: YEARS

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: 1242 11TH ST

CITY, STATE, ZIP: CLARKSTON, WA 99403

INSIDE CITY LIMITS: YES

COUNTY: ASOTIN

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 1 YEAR

FATHER: UNKNOWN MULLINS

MOTHER: REBA STAPLETON

METHOD OF DISPOSITION: REMOVAL FROM STATE

PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

CITY, STATE: LEWISTON, IDAHO

DISPOSITION DATE: NOVEMBER 29, 2023

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES
LLC

ADDRESS: PO BOX 107

CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

FUNERAL DIRECTOR: RICHARD LASSITER

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: CONNIE SPEARS, ARNP

TITLE: ARNP

CERTIFIER ADDRESS: 17121 E 8TH AVE

CITY, STATE, ZIP: SPOKANE VALLEY, WASHINGTON 99016

DATE SIGNED: NOVEMBER 20, 2023

CASE REFERRED TO ME/CORONER: NO

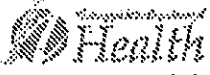
FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: CONNIE SPEARS, ARNP

LOCAL DEPUTY REGISTRAR: MAURINE L. NICHOLSON

DATE RECEIVED: NOVEMBER 30, 2023

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		<h2 style="margin: 0;">Affidavit for Correction</h2>		M&E to: Center for Health Statistics P.O. Box 47814 Olympia, WA 98504-7814 360-236-4300	
This is a legal document. Complete in ink and do not alter.					
STATE OFFICE USE ONLY					
State File Number		Fee Number		Initials	Date
Required information must match current information on record.					
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)					
1. Name on Record:		2. Date of Event:		3. Place of Event:	
First Middle Last		MM/DD/YYYY		City or County	
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		
First Middle Last Maiden			First Middle Last Maiden		
6. Name of Person Requesting Correction:			Relationship to Person on Record:		
			<input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)		
7. Return Mailing 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 foregoing 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					
Requested 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 Number Report • Certificate of Naturalization • Hospital/medical record • Copy of Passport / Enhanced ID • Green/Permanent Resident card (I-251)					
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. This 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 may 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 422-133).					
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 Acknowledgment 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); hereafter, 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, executor/administrator, 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 (not 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.					

 Bob Lutz, M.D., MPH
 Health Officer

APR 15 2024

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06183619



STATE OF WASHINGTON
Vehicle Certificate of Title

023440 VH

Title Number
1884235955



Vehicle Identification Number (VIN)
G8574A18SN9751AB

Year
1985

Make
GOLD

Model
48/26

Body style

Title Issue Date
12-Apr-2024



Odometer Miles
0

Odometer Status
Exempt

Fuel Type

Scale Weight
0

Gross Vehicle Weight Rating Code

Vehicle Color
WHI

Prior Title State

Prior Title Number

Comments

47000/2007, JTWROS, Duplicate

Brands

Sale price \$

Date of sale

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

Registered Owner

**TERRANCE J WILLENBORG
MELVA I MULLINS
2015 6TH AVE TRLR 14
CLARKSTON WA 99403**

Same as Legal Owner

☒ 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

☒ Signature of registered owner releases all interest in the vehicle described above. If signing for a business, include business name, signature, and title.

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.

Date

☒ 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.

M. Mullins
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 ☒ (no tenths) Transfer date **4/12/24**

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

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Assignment by registered owner