

REAL ESTATE EXCISE TAX AFFIDAVIT

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED

(See back of last page for instructions)

Check box if partial sale of property

If multiple owners, list percentage of ownership next to name

SELLER GRANTOR	1 Name <u>Arlene Johnson by Decker Johnson, AIF</u>	BUYER GRANTEE	2 Name <u>Leonard Ferrigno</u> <u>Deborah R. Ferrigno</u>
	Mailing Address <u>2036 2nd Ave</u>		Mailing Address <u>2387 Rolling Hills Dr</u>
	City/State/Zip <u>Clarkston WA 99403</u>		City/State/Zip <u>Clarkston WA 99403</u>
	Phone No. (including area code)		Phone No. (including area code)
3 Send all property tax correspondence to <input checked="" type="checkbox"/> Same as Buyer/Grantee		List all real and personal property tax parcel account numbers - check box if personal property	
Name <u>Leonard Ferrigno Deborah R. Ferrigno</u>		12080200200000000 <input type="checkbox"/>	
Mailing Address _____		_____ <input type="checkbox"/>	
City/State/Zip _____		_____ <input type="checkbox"/>	
Phone No. (including area code) _____		_____ <input type="checkbox"/>	
		List assessed value(s) 37,900.00	

4 Street address of property: 1126 Walden Lane, Clarkston, WA

This property is located in unincorporated Asotin County OR within city of Unincorp

Check box if any of the listed parcels are being segregated from another parcel, are part of a boundary line adjustment or parcels being merged.

Lot 1 in Block Two of T-Ranch Addition

5 Select Land Use Code(s):
09 Land with Mobile Home

enter any additional codes: _____

(See back of last page for instructions)

	YES	NO
Was the seller receiving a property tax exemption or deferral under chapters 84.36, 84.37, or 84.38 RCW (nonprofit organization, senior citizen, or disabled person, homeowner with limited income)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

6

	YES	NO
Is this property designated as forest land per chapter 84.33 RCW?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is this property receiving special valuation as historical property per chapter 84.26 RCW?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If any answers are yes, complete as instructed below.

(1) NOTICE OF CONTINUANCE (FOREST LAND OR CURRENT USE)
NEW OWNER(S): To continue the current designation as forest land or classification as current use (open space, farm and agriculture, or timber) land, you must sign on (3) below. The county assessor must then determine if the land transferred continues to qualify and will indicate by signing below. If the land no longer qualifies or you do not wish to continue the designation or classification, it will be removed and the compensating or additional taxes will be due and payable by the seller or transferor at the time of sale. (RCW 84.33.140 or RCW 84.34.108). Prior to signing (3) below, you may contact your local county assessor for more information.

This land does does not qualify for continuance.

DEPUTY ASSESSOR _____ DATE _____

(2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY)
NEW OWNER(S): To continue special valuation as historic property, sign (3) below. If the new owner(s) does not wish to continue, all additional tax calculated pursuant to chapter 84.26 RCW, shall be due and payable by the seller or transferor at the time of sale.

(3) OWNER(S) SIGNATURE _____

PRINT NAME _____

7 List all personal property (tangible and intangible) included in selling price.

If claiming an exemption, list WAC number and reason for exemption:

WAC No. (Section/Subsection) _____

Reason for exemption _____

Type of Document Statutory Warranty Deed (SWD) MH Transfer

Date of Document 09/03/15

Gross Selling Price \$	30,000.00
*Personal Property (deduct) \$	0.00
Exemption Claimed (deduct) \$	0.00
Taxable Selling Price \$	30,000.00
Excise Tax : State \$	384.00
Local \$	75.00
*Delinquent Interest: State \$	0.00
Local \$	0.00
*Delinquent Penalty \$	0.00
Subtotal \$	459.00
*State Technology Fee \$	5.00 5.00
*Affidavit Processing Fee \$	0.00
Total Due \$	464.00

A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX
*SEE INSTRUCTIONS

8 I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signature of Grantor or Grantor's Agent <u>[Signature]</u>	Signature of Grantee or Grantee's Agent <u>[Signature]</u>
Name (print) <u>Arlene Johnson by Decker Johnson, AIF</u>	Name (print) <u>Leonard Ferrigno</u>
Date & city of signing: <u>9.3.15, Clarkston, WA</u>	Date & city of signing: <u>9.3.15, Clarkston, WA</u>

Perjury: Perjury is a class C felony which is punishable by imprisonment in the state correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars (\$5,000.00), or by both imprisonment and fine (RCW 9A.20.020 (1C)).

ATEC CK#12832

PAID

SEP 04 2015

ASOTIN COUNTY TREASURER

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IDAHO

CERTIFICATE OF TITLE

TITLE NUMBER A622012		VEHICLE IDENTIFICATION NUMBER 8N3...		OTHER PERTINENT DATA 40308348	
PRINT DATE 04/21/1993		VEHICLE IDENTIFICATION NUMBER		153-4	
YEAR 1981	MAKE NASU	BODY TYPE HOUSE TRAILER	MODEL TL		
DESCRIPTION MBL HM		WEIGHT	LENGTH 66	WIDTH	
HULL		HORSEPOWER	PROBATION		
ODOMETER READING EXEMPT		REGISTRATION SECTION I FREE FINANCIAL CORP			
OWNER'S NAME AND ADDRESS JOHNSON, RICHARD N OR JOHNSON, ARLENE RR 2 BOX 51 LENORE, ID 83541		REGISTRATION SECTION I MISSOULA, MT 59806-4326			
		RECORDED 04/15/1993 14:47			
		SIGNATURE Free Financial Corp DATE 7/14/93 Reg. M			
		SECOND LIEN			
		SIGNATURE RELEASING LIEN DATE			

THE NEW PURCHASER MUST MAKE AN ODOMETER CERTIFICATION WITHIN 30 DAYS AFTER DELIVERY OR A PENALTY WILL APPLY. FEDERAL AND STATE LAWS REQUIRE THAT ODOMETER READINGS BE MADE IN THE PRESENCE OF A REGISTERED BUSINESS AND/OR IMPRISONMENT. FAILURE TO OBEY THESE LAWS IS A CRIME.

SECTION II

1	ODOMETER READING: [REDACTED] DATE: [REDACTED] Reading is actual unless indicated otherwise. NO TENTHS. <input type="checkbox"/> In Excess of Mechanical Limits <input type="checkbox"/> Exempt <input type="checkbox"/> Not Actual Warning Odometer Discrepancy <input type="checkbox"/> No Device	6	I am aware of the odometer certification made by the seller, and PURCHASER'S SIGNATURE: (or Representative's Printed Name)
2	SELLER'S / REPRESENTATIVE'S PRINTED NAME	6	X
3	ADDRESS	7	PURCHASER'S PRINTED NAME(S)
4	CITY STATE ZIP	8	ADDRESS
5	I certify that the odometer reading given is accurate to the best of my knowledge, and I also hereby release my interest and transfer ownership to the purchaser. SELLER'S / REPRESENTATIVE'S SIGNATURE: X X	9	CITY STATE ZIP
6	I am aware of the odometer certification made by the seller, and PURCHASER'S SIGNATURE: (or Representative's Printed Name) X	10	OWNER'S NAME
			ADDRESS
			CITY STATE ZIP

AUDIT NO. **01022311**

48717

Release Of Interest

Idaho Transportation Department



Vehicle or Hull Identification Number (VIN/HIN) BNX170143B2S24154		Title Number A622012
Year 1981	Make NASU	Model TL
Owner of Record Arlene Johnson or Richard Johnson		

I/We do hereby release all interest in the above-described vehicle.

Individual or Business Printed Name Arlene Johnson by Decker Johnson, Attorney-in-Fact		Address 2230 2 nd Ave.	
City CLARKSTON	State WA	Zip+4 99403	Daytime Phone Number (509) 758-7013
Authorized Signature * <i>[Signature]</i>	2 nd Authorized Signature (if necessary) X		Date 9-3-15

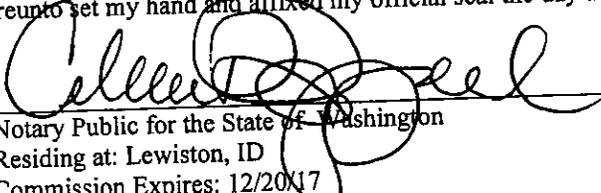
↑ Arlene Johnson by
[Signature] ATTORNEY-IN-FACT

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State of Washington} ss.
County of Asotin}

On this 3rd day of September, 2015, before me, Celina D. Reynold, a Notary Public in and for said state, personally appeared Decker Johnson known or identified to me to be the person(s) whose name(s) subscribed to the within instrument as Attorney-in-fact of Arlene Johnson, and acknowledged to me that he subscribed the name of Arlene Johnson as principal and his/her own name as Attorney-in-fact.
IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal the day and year first above written.





Notary Public for the State of Washington
Residing at: Lewiston, ID
Commission Expires: 12/20/17

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VEHICLE CERTIFICATE OF OWNERSHIP APPLICATION

Certificate of Fact for Address Verification

F E E S

PLATE OR TPO		COLOR #1 Top or Front Color	COLOR #2 Bottom or Rear Color	VEHICLE IDENTIFICATION (VIN) NUMBER BNX17043B2S24154		FILING
MOD YR	PWR USE	MAKE NASU	SERIES/BODY TYPE 66x14	MODEL ID	VALUE CODE	YEAR 1981
CYCLE ENGINE OR MOTOR HOME NUMBER		FLEET CODE	EQUIPMENT#	MO REG	REG EXP DATE	SCALE WEIGHT
DECLARED GWT		MONTH GWT	GWT EXP	MILEAGE	CODE	PREVIOUS TITLE # A622012
SPECIAL OPTIONS <input type="checkbox"/> DAV <input type="checkbox"/> Leased <input type="checkbox"/> No Title Issued <input type="checkbox"/> NRM <input type="checkbox"/> Bonded <input type="checkbox"/> NON-ROADWORTHY <input type="checkbox"/> Native American <input type="checkbox"/> Reg Only <input type="checkbox"/> Joint Tenants With Rights Of Survivorship			COUNTY OF RESIDENCE Asotin	PURCHASE PRICE 500.00	TAX JURISDICTION	TAX RATE
<p>Washington State primary residence street address or Washington State principal place of business street address is required on the vehicle record (WAC 308-56A-030). For exceptions to this rule, see form TD-420-004.</p> <p>For more than two Registered or Legal Owners, please attach additional applications.</p>						
NEW REGISTERED OWNER						
NAME Last		First		Middle Initial		
Ferrigno		Leonard		R.		
Washington State primary residence Street Address (IF AN INDIVIDUAL) OR Washington State principal place of business Street Address (IF A BUSINESS)						
1126 Walden Ln Clarkston WA 99403						
MAILING ADDRESS (IF DIFFERENT THAN RESIDENCE ADDRESS) OR EXCEPTION ADDRESS						
FIRST OWNER'S WASHINGTON DRIVERS LICENSE, ID CARD OR UBI NUMBER			SECOND OWNER'S WASHINGTON DRIVERS LICENSE, ID CARD OR UBI NUMBER			
NEW LEGAL OWNER						
NAME Last		First		Middle Initial		
Ferrigno		Leonard		R.		
ADDRESS						
2387 Rolling Hills DR Clarkston WA 99403						
FIRST OWNER'S WASHINGTON DRIVERS LICENSE, ID CARD OR UBI NUMBER			SECOND OWNER'S WASHINGTON DRIVERS LICENSE, ID CARD OR UBI NUMBER			
DEALER'S REPORT OF SALE I certify that this information is correct. The vehicle is clear of encumbrances except as shown. Any required sales tax has been collected.		WA DLR NO.	DEALER NAME	DATE OF SALE		
DATE OF DELIVERY		VEHICLE IS: (X) <input type="checkbox"/> NEW <input type="checkbox"/> USED <input type="checkbox"/> PREVIOUSLY TITLED		DEALER'S AUTHORIZED SIGNATURE		

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 declare under penalty of perjury under the laws of the State of Washington that the information I have provided on this form is true and correct.

Registered Owner Signature: [Signature] Date Signed: 09/03/2015 Place Signed (such as City or County): Clarkston, WA Position, if signing for a business: _____
 Registered Owner Signature: [Signature] Date Signed: 09/03/2015 Place Signed (such as City or County): Clarkston, WA Position, if signing for a business: _____

NOTARIZATION / CERTIFICATION

State of Washington County of Asotin Signed or attested before me on September 3, 2015

by Leonard & Deborah R. Ferrigno Signature
Printed Name of Person Signing Document

Notary's Name (PRINTED or STAMPED) Celina P. Reynolds Notary Agent Signature

Title Notary AND: Dealer No. OR County / Office No. OR Notary Expiration Date 12/20/17

