



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.

FOR USE WHEN TRANSFERRING TITLE TO MOBILE HOME ONLY

PLEASE TYPE OR PRINT INCOMPLETE AFFIDAVITS WILL NOT BE ACCEPTED

REGISTERED OWNER: Name Janice M. Dumbauld, Street 950 Vineland #76, City Clarkston WA 99403. LOCATION OF MOBILE HOME: Name Sunset Heights Mobile Home Park, Street 2115 6th Avenue, City Clarkston WA 99403.

NEW REGISTERED OWNER: Name Robert Leckie, Susan Leckie, Street 2115 6th Avenue, #52, City Clarkston WA 99403. LEGAL OWNER: Name Robert Leckie, Susan Leckie, Street 2115 6th Avenue, #52, City Clarkston WA 99403.

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-041-35-003-0001-0520 LIST ASSESSED VALUE(S): \$ 49,100

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

Table with columns: MAKE, YEAR, MODEL, SIZE, SERIAL NO. or I.D., REVENUE TAX CODE NO. Row 1: MADIS, 1995, 28x60, 115452.

Date of Sale 09/02/2015. Taxable Sale Price \$40,000.00. Excise Tax: State \$512.00, Local \$100.00. Delinquent Interest: State \$0.0025, Local \$200. Delinquent Penalty \$612.00. Subtotal \$612.00. State Technology Fee \$5.00. Affidavit Processing Fee. Total Due \$617.00.

AFFIDAVIT. I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. Signature of Grantor/Agent Janice M. Dumbauld, Name (print) Janice M. Dumbauld, Date and Place of Signing: 09/01/15, Clarkston, WA. Signature of Grantee/Agent Robert Leckie, Name (print) Robert Leckie, Date & Place of Signing: 9/4/15 Clarkston.

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 2015. Date 10/9/15, County Treasurer or Deputy V. Allen.

THIS SPACE - TREASURER'S USE ONLY

PAID

OCT 09 2015 ASOTIN COUNTY TREASURER

REV 84 0003e (4/9/08) COUNTY TREASURER

ATEC CK# 13283 Va

48811MH 48811MH

STATE OF WASHINGTON  
**VEHICLE CERTIFICATE OF TITLE**

400/21

40314784

TITLE NUMBER  
**9530302519**

LICENSE NUMBER	DATE OF APPLICATION	MODEL YEAR	MAKE	POWER USE	SERIES & BODY STYLE
&061660	10/30/95	1995	MADIS	MOB	28X60
VEHICLE IDENTIFICATION NUMBER (VIN)	FLEET EQUIP NUMBER	SCALE WT	MILEAGE	ODOMETER CODE	
115452			0000000	EXEMPT ODOMETER DISCLOSURE	
SPECIAL COMMENTS	PRIOR TITLE STATE		PRIOR TITLE NUMBER		
53830 95					
TITLE BRANDS					

**REGISTERED OWNER**  
 DUMBAULD, JANICE M  
 2115 6TH AVE #52  
 CLARKSTON WA 99403

SIGNATURE(S) OF REGISTERED OWNER(S) BELOW HEREBY RELEASES ALL INTEREST IN VEHICLE DESCRIBED ABOVE.

BY \_\_\_\_\_  
 REGISTERED OWNER SIGNATURE DATE OF SALE

BY \_\_\_\_\_  
 REGISTERED OWNER SIGNATURE DATE OF SALE

**LEGAL OWNER**  
 GREEN TREE FINANCIAL SERVICES  
 PO BOX 4326  
 MISSOULA MT 59806-4326

SALE PRICE \_\_\_\_\_  
 SIGNATURE(S) OF LEGAL OWNER(S) BELOW, HEREBY RELEASES ALL INTEREST IN VEHICLE DESCRIBED ABOVE.

BY *[Signature]* *[Signature]* *10/31/95*  
 FIRST LEGAL OWNER'S SIGNATURE & TITLE DATE RELEASED

BY \_\_\_\_\_  
 SECOND LEGAL OWNER'S SIGNATURE & TITLE DATE RELEASED

*Green Tree Financial Servicing Corporation*



10/95 0012899 ZN  
 0012899 ZN **KEEP IN A SAFE PLACE**

**ANY ALTERATION OR ERASURE VOIDS THIS TITLE**

Buyer Please DETACH HERE STATE OF WASHINGTON - DEPARTMENT OF LICENSING Seller Please DETACH HERE

**VEHICLE SELLER'S REPORT OF SALE**  
 PLEASE PRINT OR TYPE - SEE IMPORTANT INSTRUCTIONS ON REVERSE SIDE.

LICENSE NUMBER	MODEL YEAR	MAKE	VEHICLE IDENTIFICATION NUMBER (VIN)	POWER USE	SERIES AND BODY STYLE	TITLE NUMBER
&061660	1995	MADIS	115452	MOB	28X60	9530302519

**SELLER**

**PURCHASER**

DEPARTMENT USE: SELLER: I, the undersigned, hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a duly licensed motor vehicle dealer in the State of Washington. I agree to indemnify and hold the Department of Licensing harmless from and against all claims, damages, costs and expenses, including reasonable attorney's fees, which may be asserted against or incurred by the Department of Licensing as a result of my negligence or willful or wanton misconduct. I agree to provide a copy of this report to the Department of Licensing within 5 days of the date of sale. **COMPLETELY**  
 State of Washington  
 Department of Licensing  
 Exceptions Section  
 PO BOX 9038  
 OLYMPIA WA 98507-9038

X

48811mH



735 5th Street, Clarkston, WA 99403 ph. 509.758.2549 fx. 509.758.4849 www.alliancetitle.com

**AFFIDAVIT AS TO LATE Excise RECORDING**

This excise tax check was held in escrow for more than 30 days as we had to wait for the Original Mobile Home title to come in from the payoff lender before we could process.

Thank you,

A handwritten signature in black ink, appearing to read 'Celina D. Reynolds', is written over the typed name and title.

Celina D. Reynolds  
Escrow Officer II/LHO  
Alliance Title & Escrow Corp.  
735 5<sup>th</sup> Street  
Clarkston, WA 99403

48811MH