



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

MOBILE HOME REAL ESTATE EXCISE TAX AFFIDAVIT

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: Peggy Johnson
 Street: 3108 1/2 6th St.
 City: Lewiston State: ID Zip Code: 83501

LOCATION OF MOBILE HOME

Name: Scenic Hills
 Street: 1505 E/m #14
 City: Clarkston State: WA Zip Code: 99403

NEW REGISTERED OWNER

BRIDGE STREET INN PROPERTIES LLC
 Name: Epic Spencer
 Street: 601 3rd St. #426
 City: Asotin State: wa Zip Code: 99403

LEGAL OWNER

Name: _____
 Street: _____
 City: _____ State: _____ Zip Code: _____

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 50043500200050141
 LIST ASSESSED VALUE(S): \$ 6,300.00

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

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.
<u>Newmo</u>	<u>1964</u>		<u>10x60</u>	<u>212622</u>	

Date of Sale: 11/1/16

Taxable Sale Price: \$ 4,000.00

Excise Tax: State \$ 51.20
 Local \$ 10.00

Delinquent Interest: State 0.20 \$ _____
 Local \$ _____

Delinquent Penalty \$ _____

Subtotal: 61.20 ~~51.30~~

State Technology Fee \$ 5.00

Affidavit Processing Fee \$ _____

Total Due: 66.20 ~~56.30~~

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

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

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: Peggy Johnson
 Name (print): Peggy Johnson
 Date and Place of Signing: 11/1/16 Asotin, wa.

Signature of Grantee/Agent: [Signature]
 Name (print): ERIC SPENCER
 Date & Place of Signing: 11/1/16

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).

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 2016
11/1/16 [Signature]
 Date County Treasurer or Deputy

THIS SPACE RESERVED FOR THE COUNTY TREASURER'S USE ONLY

PAID

NOV 01 2016

ASOTIN COUNTY
TREASURER

COUNTY TREASURER

49782

REV 84 0003 (12/27/06)

Peggy Johnson
ck # 1323 + 1324
[Signature]



STATE OF WASHINGTON

Vehicle Certificate of Ownership (Title)

Certificate Number

1032307204

License number @39891	Vehicle ID 212620	Registration (if any)	Year 1964	Make NEWMO	Model	Style	Series/trim 60M/10
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Date of sale 11/19/2010	County 0000000	City	State E	Street number	Equipment number	Fuel type
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License MOB	Scale weight 00000	Net weight	Vehicle class	Prior title state WA	Prior title number 9809002505
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Phone
1500-2010

Color

Sale price \$ _____

Date of sale _____

Legal owner: To release your interest, sign below, then give title to the registered owner/transferee or send it to the vehicle licensing office with the proper fee. You may be liable to the registered owner/transferee for penalties if you do not release interest within 10 days after proper demand.

Legal owner
JOHNSON, PEGGY JOANNE
3219 6TH ST
LEWISTON, ID 83501

Registered owner
SAME AS LEGAL OWNER

Signature of legal owner releases all interest in the vehicle described above

Date

Signature of registered owner releases all interest in the vehicle described above

Date

Signature of legal owner releases all interest in the vehicle described above

Date

Signature of registered owner releases all interest in the vehicle described above

Date

I hereby certify that the records of the Department of Licensing show the person's name(s) hereon as registered owners and legal interest of the vehicle described.

Elizabeth H. Huse
 Director, Department of Licensing

Assignment by registered owner	Federal regulation and state law requires you to state the mileage in connection with the transfer of ownership. Failure to complete this odometer 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: <input checked="" type="checkbox"/> _____ (in miles) Transfer date ____ / ____ / ____	
	This reading is (check one): <input type="checkbox"/> the actual mileage of the vehicle <input type="checkbox"/> in excess of its mechanic limits <input type="checkbox"/> 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	

49782