



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

LOCATION OF MOBILE HOME Name: Scenic Hills, Street: 1505 Elm # 8, City: Clarkston, WA 99403

NEW REGISTERED OWNER Name: Eric Spencer, Street: 601 3rd St #426, City: Clarkston WA 99403

LEGAL OWNER Name: , Street: , City: State: Zip Code:

PERSONAL PROPERTY PARCEL or ACCOUNT NO.: 50043500200050081 LIST ASSESSED VALUE(S): \$ 5,300.00

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: Champion, 1999, TL, 14x52, 16911251335

Date of Sale: 11/1/16, Taxable Sale Price: \$ 17,000.00, Excise Tax: State \$ 89.00, Local \$ 17.50, Delinquent Interest: State \$, Local \$, Delinquent Penalty: \$ 92.00, Subtotal: \$ 109.10, State Technology Fee: \$ 5.00, Affidavit Processing Fee: \$ 112.10, Total Due: \$ 112.10

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 Astoria, Wa. Signature of Grantee/Agent: Eric Spencer, Name (print): ERIC SPENCER, Date & Place of Signing: 11/1/16

TREASURER'S CERTIFICATE I hereby certify that property taxes due Astoria County on the mobile home described hereon have been paid to and including the year 2016. Date: 11/1/16, County Treasurer or Deputy: [Signature]

THIS SPACE - TREASURER'S USE ONLY P. Johnson 1323 +1324 REV 84 0003 (12/27/06) ASOTIN CO. TREASURER NOV 01 2016 49785 COUNTY TREASURER

CERTIFICATE OF TITLE

FD-3511 (REV. 8-04)
Cat. # 01-879529-8

| | | | | | | |
|---|---------------------------------|-----------------------------------|---------------------|----------------------|--------------------|-------------------------------|
| VEHICLE IDENTIFICATION NUMBER 16911251335 | | YEAR 1979 | MAKE CHAM | BODY HS | MODEL TL | DESCRIPTION MFRD HM |
| 2ND VEHICLE IDENTIFICATION NUMBER | | ODOMETER READING EXEMPT | | DATE | | |
| TITLE NUMBER C992001856 | PRINT DATE 09/17/2007 | WEIGHT | LENGTH 52 | WIDTH 14 | HULL | HORSEPOWER |
| OWNER'S NAME AND ADDRESS | | | | OTHER PERTINENT DATA | | |

**JOHNSON, PEGGY J
3219 6TH ST
LEWISTON, ID 83501**



TAMARACK

Assignment of Title

Federal and state law requires that you state the mileage when transferring ownership of a motor vehicle. Failure to complete or providing a false statement may result in fines and/or imprisonment.

| | | |
|--|--|---|
| ODOMETER READING - Reading is actual unless indicated otherwise. (NO TENTHS): <input type="text"/> DATE: <input type="text"/> <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 | | 5 PURCHASER'S PRINTED NAME(S) A. B. |
| 2 DATE SOLD: SELLING PRICE: | 6 ADDRESS: | |
| 3 SELLER'S OR REPRESENTATIVE'S PRINTED NAME(S) | 7 CITY: | |
| 4 I certify, to the best of my knowledge, that the odometer reading reflects the actual mileage, unless otherwise indicated. I also hereby release my interest and transfer ownership to the named purchaser. I understand that I must file a release of liability statement within five days of delivering the vehicle to the purchaser. SELLER'S OR REPRESENTATIVE'S SIGNATURE: | 8 I am aware that I may be liable for the purchase price of the vehicle. PURCHASER'S SIGNATURE: A. B. | |
| Lienholder Section FIRST LIEN: NONE RECORDED 09/10/2007 | | |
| 9 SIGNATURE RELEASING LIEN DATE: | 11 NEARBY ADDRESS: | |
| | 12 ADDRESS: | |
| | 13 CITY: | |

08-04TW **\$2.00 Fee** **NOTICE OF RELEASE OF LIABILITY** **\$2.00 Fee**
PLEASE PRINT CLEARLY — ALL INFORMATION MUST BE COMPLETE — NOTIFICATION BY SELLER/TRANSFEROR IS MANDATORY

| | | | | |
|--|-------------------------|---|-------------------------|-----------------------------------|
| Vehicle or Hull Identification Number (VIN or HIN) 16911251335 | Year 1979 | Make CHAM | Body Style HS | Title Number C992001856 |
| Seller's/Transferor's Full Name: _____ | | Daytime Phone Number: _____ | | |
| Address: _____ | | City: _____ | State: _____ | Zip: _____ |
| Odometer: _____ | Selling Price: \$ _____ | Date Delivered to Purchaser/Transferee: _____ | | |
| Purchaser's/Transferee's Full Name: _____ | | State: _____ Zip: _____ | | |

I/we hereby request that the Idaho Transportation Department mark its records to indicate that the vehicle or vessel described above has been transferred. However, I/we understand that the title record will remain in my/our name(s) until a new Idaho Certificate of Title is applied for and issued, recording the name(s) of the new owner(s).

X _____
Signature of Seller(s)/Transferor(s)

— SEE REVERSE SIDE FOR MAILING/PAYMENT INSTRUCTIONS —

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