



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 David M. Carney, Street 2771 Byrnes Rd., City Touchet, State WA, Zip Code 99360

NEW REGISTERED OWNER: Name Colleen J. Ozard, Street 2380 Appleside Blvd., City Clarkston, State WA, Zip Code 99403

LOCATION OF MOBILE HOME: Name, Street 2380 Appleside Blvd., City Clarkston, State WA, Zip Code 99403

LEGAL OWNER: Name David M. Carney, Donna R. Anderson, Street 2771 Byrnes Rd., City Touchet, State WA, Zip Code 99360

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

REAL PROPERTY PARCEL or ACCOUNT NO. 1-041-23-006-0005-0000, LIST ASSESSED VALUE(S): \$ 76,400.00

Table with columns: MAKE, YEAR, MODEL, SIZE, SERIAL NO. or I.D., REVENUE TAX CODE NO. Row 1: Titan, 1964, 56/10, 1156102136, 23P

Date of Sale 07/20/2018, Taxable Sale Price \$4,500.00, Excise Tax: State \$57.60, Local \$11.25, Delinquent Interest: State \$0.0025, Local \$, Delinquent Penalty \$, Subtotal \$68.85, State Technology Fee \$5.00, Affidavit Processing Fee \$, Total Due \$73.85

Asotin 0200

AFFIDAVIT: I certify under penalty of perjury... Signature of Grantor/Agent David M. Carney, Date and Place of Signing: 7/20/2018 - Clarkston, WA; Signature of Grantee/Agent Colleen J. Ozard, Date & Place of Signing: 07/20/2018 - Clarkston, WA

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 2018. Date 7-20-18, County Treasurer or Deputy

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).

THIS SPACE - TREASURER'S USE ONLY

PAID

JUL 20 2018

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

ATEC CC #24279

ASOTIN COUNTY TREASURER

51415

STATE OF WASHINGTON VEHICLE CERTIFICATE OF OWNERSHIP

CERTIFICATE NUMBER
0404102503

LICENSE NUMBER: **V26394** DATE OF APPLICATION: **02/10/2004** MODEL YEAR: **1964** MAKE: **TITAN** POWER/USE: **MOB** SERIES & BODY STYLE: **56/10**

VEHICLE IDENTIFICATION NUMBER (VIN): **1156102136** FLEET/EQUIP. NUMBER: SCALE WT.: MILEAGE: **000000** ODOMETER CODE EXEMPTION

COMMENTS/ BRANDS: **2000-2004** PRIOR TITLE STATE: **WA** PRIOR TITLE NUMBER: **0209402908**

SAME AS LEGAL OWNER BELOW

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

REGISTERED OWNER

(Signature area for registered owner)

BY _____ REGISTERED OWNER SIGNATURE DATE OF SALE _____
BY _____ REGISTERED OWNER SIGNATURE DATE OF SALE _____

LEGAL OWNER
CARNEY, DAVID M
2380 APPLESIDE BLVD
CLARKSTON WA 99403-1344

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

BY _____ FIRST LEGAL OWNER SIGNATURE & TITLE DATE RELEASED _____
BY _____ SECOND LEGAL OWNER SIGNATURE & TITLE DATE RELEASED _____

I CERTIFY THAT THE SEVERALS OF THIS CERTIFICATE OF OWNERSHIP DO NOT SHOW PERSONS NAMED HEREON AS REGISTERED OWNERS AND LEGAL OWNERS OF THE VEHICLE DESCRIBED.

01/04 6825462 MB KEEP IN A SAFE PLACE



LEGAL OWNER: When completed, release interest by signing above and transmit this document to County Auditor for Ad Valorem property tax purposes. Failure to properly release and transmit this document within 10 business days may result in monetary penalty to purchaser. Applicant for RCW 46.02.010.
TRANSFER OF VEHICLE FROM STATE OF WASHINGTON TO ANOTHER STATE WITHIN 30 DAYS FROM DATE OF SALE TO AVOID PENALTY.
(SEE REGISTRATION FOR ADDITIONAL INFORMATION.)

ANY ALTERATION OR ERASURE VOIDS THIS TITLE

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

VEHICLE REPORT OF SALE

REQUIRED WHENEVER OWNERSHIP CHANGES - INCLUDING DEALER TRADES ONLY RETURN THIS PORTION

WARNING: THIS FORM DOES NOT TRANSFER OWNERSHIP

PLEASE PRINT OR TYPE - SEE IMPORTANT INSTRUCTIONS BELOW.

LICENSE NUMBER	VEHICLE IDENTIFICATION NUMBER (VIN)	MODEL YEAR	MAKE	SERIES/BODY	CERTIFICATE NUMBER
V26394	1156102136	1964	TITAN	56/10	0404102503

TRANSFEROR/SELLER: To be released from civil/criminal liability for the operation of the vehicle you must fill in this form COMPLETELY. The completed form MUST be delivered to your local Washington vehicle license office, within 5 days from the date of sale of the vehicle. A service fee will apply.

VISIT THE DOL WEBSITE AT:
www.dol.wa.gov

SELLER

NAME OF SELLER/TRANSFEROR (CURRENT REGISTERED OWNER) _____

COMPLETE ADDRESS OF SELLER/TRANSFEROR _____

CITY _____ STATE _____ ZIP CODE _____

PURCHASER

NAME OF PURCHASER/TRANSFEEE _____

COMPLETE ADDRESS OF PURCHASER/TRANSFEEE _____

CITY _____ STATE _____ ZIP CODE _____

DATE VEHICLE WAS SOLD	TODAY'S DATE	VEHICLE PURCHASE PRICE	SELLER'S/TRANSFEROR'S SIGNATURE X
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