



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 Helen Gasch, Street 4021 E. 57th Ave, City Spokane WA 99223. LOCATION OF MOBILE HOME: Name Golden Acres MH Park, Street 1430 Chestnut Street, City Clarkston WA 99403.

NEW REGISTERED OWNER: Name Teresia E. Gould, Street 1430 Chestnut Street, Unit 2, City Clarkston WA 99403. LEGAL OWNER: Name Twin River Bank, Street 3330 10th Street, City Lewiston ID 83501.

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-004-23-011-0002-0020 LIST ASSESSED VALUE(S): \$39,500

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

Table with 6 columns: MAKE, YEAR, MODEL, SIZE, SERIAL NO. or I.D., REVENUE TAX CODE NO. Row 1: Nashu, 1991, 26x40, NNID30735UX.

Date of Sale 11/01/2018. Taxable Sale Price \$36,500.00. Excise Tax: State \$467.20, Local \$91.25. Total Due \$563.45.

AFFIDAVIT. I certify under penalty of perjury... Signature of Grantor/Agent Helen Gasch by David Gasch, POA/AIF. Date and Place of Signing: 10/31/18, Clarkston, WA.

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 ASOTW County on the mobile home described hereon have been paid to and including the year 2018. Date 11-1-18, County Treasurer or Deputy.

THIS SPACE - TREASURER'S USE ONLY

PAID

NOV - 1 2018 ASOTIN COUNTY TREASURER

REV 84 0003e (4/9/08) COUNTY TREASURER ASOTW 25116

51704

DRIVES
dwilki0201

Log Off

Search

Ownership: ANY5706
Interaction R15652353
Ownership: C29545E
Interaction R15743946
Ownership: B01311U
Interaction R15539931

Ownership: 00-022487465
Title 9715402508

New Manager

Notifications
View Support ID

Title **Title 9715402508**

Title: Converted

Status : Issued
Indicator : Title Issued

Application : 03-Jun-1997
Issued : 03-Jun-1997
Created : 03-Jun-1997
Finalized : 03-Jun-1997
Printed : 03-Jun-1997

Mailing Name : WASHINGTON MUTUAL BANK
Mailing Address : PO BOX 247
PULLMAN WA 99163-0247

cnvmv 10-Dec-2016

1,010

STATE OF WASHINGTON
Vehicle Certificate of Title
Title Number 9715402508

Vehicle Identification Number (VIN)	Year	Make	Model	Style	Series / Body
NNID30735UX	1991	NASHU			

Date of Application	Odometer	Odometer Status	Fuel Type	Vehicle Color
03-Jun-1997		D, E		

Scale Weight	Gross Vehicle Weight	Rating Code	Prior Title State	Prior Title Number
0				

Comments

<p>Legal Owners WASHINGTON MUTUAL BANK PO BOX 247 PULLMAN WA 991630247</p>	<p>Registered Owners GASCH, HELEN J 1430 CHESTNUT ST TRLR 2 CLARKSTON WA 994032427</p>
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Owners

Registered:
HELEN J GASCH

Lienholders
WASHINGTON MUTUAL BANK
PO BOX 247 PULLMAN WA 99163-0247

51704



RELEASE OF INTEREST / POWER OF ATTORNEY

VEHICLE PLATE/VESSEL REG. NO.		VEHICLE OR HULL IDENTIFICATION NUMBER (VIN OR HIN)	
YEAR	MAKE	SERIES/BODY TYPE	TITLE NUMBER

LIENHOLDER'S RELEASE OF INTEREST **REQUIRES NOTARIZATION/CERTIFICATION, UNLESS A BUSINESS ENTITY**
 MUST BE ACCOMPANIED BY CERTIFICATE OF TITLE OR COMPLETED, NOTARIZED/CERTIFIED AFFIDAVIT OF LOSS OF TITLE, FORM TD-420-040.
 I (We) release all interest in the above described vehicle/vessel.

TYPE OR PRINT LIENHOLDER NAME / BUSINESS / COMPANY	SIGNATURE OF PERSON RELEASING INTEREST	TITLE FOR BUSINESS / COMPANY
TYPE OR PRINT LIENHOLDER NAME / BUSINESS / COMPANY	SIGNATURE OF PERSON RELEASING INTEREST	TITLE FOR BUSINESS / COMPANY

REGISTERED OWNER'S RELEASE OF INTEREST **REQUIRES NOTARIZATION/CERTIFICATION**
 I (We) release all interest in the above described vehicle/vessel.
 Helen Gasch by David Gasch, Attorney-in-Fact
 TYPE OR PRINT NAME OF REGISTERED OWNER

Helen Gasch by David M. Gasch
 SIGNATURE OF REGISTERED OWNER *Attorney in fact*

TYPE OR PRINT NAME OF REGISTERED OWNER	SIGNATURE OF REGISTERED OWNER
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NOTARIZATION / CERTIFICATION

NOTARY SEAL OR STAMP:

State of Washington
 County of Asotin
 Signed or attested before me on October 31, 2018
 by David Gasch Signature *[Signature]*
 Printed Name of Person Signing Document Notary / Agent Signature
 Notary's Name (PRINTED or STAMPED) Celina D. Reynold
 Dealer No. OR _____ AND: County / Office No. OR 12/20/21
 Title Notary Notary Expiration Date
 Notary / Agent

POWER OF ATTORNEY **REQUIRES NOTARIZATION/CERTIFICATION**
 TO: THE DEPARTMENT OF LICENSING
 Title & Registration Services
 Olympia, Washington
 And To Whom It May Concern:

I appoint _____ to act as my attorney-in-fact to sign all papers and documents that may be necessary in order to secure, or release, Washington title and/or registration for the vehicle/vessel described above. I agree to guarantee and save the State of Washington, and the Director of Licensing, from all responsibility for any legal action which might arise from the issuance of a Washington certificate of title and/or registration for this vehicle/vessel.

TYPE OR PRINT NAME OF PERSON GRANTING POWER OF ATTORNEY	SIGNATURE OF PERSON GRANTING POWER OF ATTORNEY	* DOL CUSTOMER ACCOUNT NUMBER
TYPE OR PRINT NAME OF PERSON GRANTING POWER OF ATTORNEY	SIGNATURE OF PERSON GRANTING POWER OF ATTORNEY	* DOL CUSTOMER ACCOUNT NUMBER

NOTARIZATION / CERTIFICATION

NOTARY SEAL OR STAMP: _____

State of Washington
 County of _____
 Signed or attested before me on _____
 by _____ Signature _____
 Printed Name of Person Signing Document Notary / Agent Signature
 Notary's Name (PRINTED or STAMPED) _____
 Dealer No. OR _____ AND: County / Office No. OR _____
 Title _____ Notary Expiration Date
 Notary / Agent

* The DOL CUSTOMER ACCOUNT NUMBER is found on the Washington Driver's License or Identification Card (12 characters), or if the owner is a business, it will be the UBI number found on the business Registration and License Document (9 digits).
 The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 902-3600 or TTY (360) 664-8885.

51704

INDIVIDUAL DURABLE POWER OF ATTORNEY

WHEREAS, HELEN J. GASCH, (hereinafter the Principal), has the utmost trust in DAVID N. GASCH, (hereinafter the attorney-in-fact), and is desirous of giving him authority over the Principal's property and person now and in the event the Principal becomes disabled or incompetent so that the attorney-in-fact may make the necessary decisions for the Principal, rather than have such decisions made by an unknown person, now therefore, DAVID N. GASCH, resident of Spokane WA, if living, willing and able to serve, is appointed as attorney-in-fact for the undersigned Principal.

1. Powers.

A. Regarding Property, Property Rights and Liabilities.

The attorney-in-fact, as fiduciary, shall have all powers of an absolute owner over the assets and liabilities of the Principal whether located within or without the State of Washington; including but not limited to the following:

- (i) Said attorney-in-fact shall have the authority to sell or otherwise dispose of my property; including the authority to sign the name of said Principal to any deed, conveyance, mortgage, lease or other encumbrance or to any instrument necessary to be executed by which the property conveyed or transferred shall be released from any claim as community property, and to execute the necessary conveyance or transfer of said real estate; or make any gifts of property which is owned by the Principal, and to make transfers of property to any trust;
- (ii) Said attorney-in-fact shall have the authority to endorse any checks payable to my order;
- (iii) Said attorney-in-fact shall have the authority to conduct business with any banking institution where my bank accounts may be located and to enter my safety deposit box;
- (iv) Said attorney-in-fact shall have the authority to sign my name to any document necessary to transfer or convey any interest I may have in stocks, bonds, or certificates of deposit, including the authority to create or add to living trusts;

The attorney-in-fact shall not have power to revoke or change any documents of a trust and/or of a testamentary nature executed by the Principal, and shall not have the authority to make, amend, alter or revoke any life insurance beneficiary designations or change of ownership of any life insurance policies.

The attorney-in-fact shall have all powers as are necessary for the orderly management of the Principal's assets and liabilities and all powers necessary or desirable to provide for the support, maintenance, health, emergencies, and urgent necessities of the Principal, and to hire professional help and consultants.

B. Regarding the Person of the Principal.

The attorney-in-fact shall have the authority regarding the person of the Principal to make all decisions that a court-appointed guardian of the person would have authority to make under the laws of the State of Washington, including, but not limited to the authority to consent to operations and other medical treatment, the choice of living accommodations for the Principal, if necessary, and to hire professional help and consultants and to pay all necessary and reasonable expenses incurred in relation to the broad authority herein given.

C. Regarding Health Care Decisions.

In addition to the powers designated above, the attorney-in-fact shall also have all powers as are necessary to make health care decisions on my behalf. The attorney-in-fact shall have the power to authorize surgery, medication or any other form of health treatment. These powers include access to all medical records, and the power to order the withholding or withdrawing of life-sustaining treatment consistent with any health care directive that has been duly signed and witnessed. In the absence of a health care directive, and in the event I have been diagnosed as terminally ill, I give my attorney-in-fact the power to order the withholding or withdrawing of life-sustaining treatment if my attorney-in-fact believes, in his or her own judgment, that it was what I would want if I could make the decision myself.

2. Effectiveness.

This Power of Attorney shall become effective immediately and continues throughout any disability or incompetence of the Principal. Disability shall include the inability to manage his/her property and personal affairs for reasons such as mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, confinement, detention by a foreign power or disappearance. Disability may be evidenced by a written statement of a qualified physician attending him/her and may be further evidenced by other qualified persons with knowledge of any of the conditions hereinabove set forth. Incompetence shall be established by a finding of a court having jurisdiction over the person of the Principal.

3. Duration.

This Durable Power of Attorney becomes effective as provided in Paragraph 2 hereof and shall remain in effect to the extent permitted by RCW 11.94.010 unless terminated as hereinbelow provided, notwithstanding any uncertainty as to whether the Principal is dead or alive.

4. Revocation.

This Power of Attorney may be revoked in writing by the Principal at any time unless the Principal is disabled or incompetent. The written notice shall be given to the designated attorney-in-fact as hereinabove set forth and by recording the written

instrument of revocation with the office of the recorder or auditor in counties where this document has been recorded.

5. Termination.

A. By Appointment of Guardian.

The appointment of a guardian of the property of the Principal terminates this Power of Attorney as to the property and appointment of a guardian of the person of the Principal terminates this Power of Attorney as to the person of the Principal.

B. By Death of Principal.

The death of the Principal shall be deemed to revoke the Power of Attorney upon proof of death being received by the attorney-in-fact.

6. Appointment of Guardian.

In the event that a guardian of the person or estate or both shall be required for the Principal, the Principal hereby nominates the attorney-in-fact as her guardian and encourages the court petitioned to refuse any appointment made by any other person, be he or she a member of the Principal's family or not in favor of the attorney-in-fact.

7. Accounting.

The attorney-in-fact shall keep accurate records of the Principal's financial affairs including documentation of all transactions in which the attorney-in-fact is involved. The attorney-in-fact shall be required to account to any subsequently appointed guardian of the estate of the Principal or to any subsequently appointed personal representative.

8. Expenses.

The Principal hereby authorizes and directs the attorney-in-fact to advance all reasonable and desirable expenses in the exercise of the responsibilities within this Power of Attorney and, further, to reimburse the attorney-in-fact for any reasonable and desirable expenses advanced by such attorney-in-fact. The attorney-in-fact is further authorized and encouraged when said attorney-in-fact deems it desirable or necessary to employ others to aid in the management of the Principal's assets and in matters concerning the Principal's person to include but not limited to lawyers, accountants, physicians, nurses and other medical and paramedical personnel.

9. Compensation.

The Principal further authorizes and directs that the attorney-in-fact shall be entitled to reasonable compensation for each hour spent by the attorney-in-fact in exercise of the responsibilities under this Power of Attorney. The attorney-in-fact shall, however, keep time records indicating the following information: date of involvement; nature of involvement and the time connected with each involvement. In the absence of any such records, no compensation shall be due the attorney-in-fact and only to the extent that time records shall be kept shall there be any compensation payable.

10. Reliance.

The designated and acting attorney-in-fact and all persons dealing with the attorney-in-fact shall be entitled to rely upon this Power of Attorney so long as neither the attorney-in-fact or person with whom he or she was dealing at the time of any act taken pursuant to this Power of Attorney had received actual knowledge or actual notice of the revocation or termination of the Power of Attorney by death or otherwise, and any action so taken unless otherwise invalid or unenforceable shall be binding on the heirs, devisees, legatees or personal representative of the Principal.

11. Hold Harmless.

The estate of the Principal shall hold harmless and indemnify the attorney-in-fact from any and all liability for acts done in good faith and not in fraud on behalf of the Principal.

12. Applicable Laws.

The law of the State of Washington shall govern this Power of Attorney. If any provision in this document, or any part thereof, is held invalid, the remaining parts shall not be affected.

13. Execution.

This Power of Attorney is signed at Clarkston WA on this 30 day of May, 2007, to become effective as provided in Article 2.

Helen J. Gasch
HELEN J. GASCH
1430 Chestnut
Golden Acres Mobile Home Park, #2
Clarkston WA 99403

STATE OF WASHINGTON)
) ss.
COUNTY OF SPOKANE)

On this day personally appeared before me HELEN J. GASCH, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that s/he signed the same as her/his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 30th day of May, 2007
2007.

SUSAN MARIE GASCH
NOTARY PUBLIC
STATE OF WASHINGTON
EXPIRES MAR. 1, 2008

Susan Marie Gasch
NOTARY PUBLIC in and for the State of
Washington, residing at Spokane.
My commission expires: 3-1-2008

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