



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: Phyllis I. Hollenbeck, Street: 357 Witterc Ct., City: Clarkston, WA, Zip Code: 99403

LOCATION OF MOBILE HOME Name: Sunset Heights MH Park, Street: 2115 6th Street, City: Clarkston, WA, Zip Code: 99403

NEW REGISTERED OWNER Name: William R. King, Muriel L. King, Street: 2115 6th Street, #29, City: Clarkston, WA, Zip Code: 99403

LEGAL OWNER Name: William R. King, Muriel L. King, Street: 2115 6th Street, #29, City: Lewiston, ID, Zip Code: 83501

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-041-35-003-0001-0290 LIST ASSESSED VALUE(S): \$ 63,300.00

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: MARL, 1997, 26x60, H0138878

Date of Sale: 11/09/2018, Taxable Sale Price: \$70,000.00, Excise Tax: State \$896.00, County Local \$175.00, Total Due: \$1,076.00

0200

Asotin

AFFIDAVIT

I certify under penalty of perjury... Signature of Grantor/Agent: James N. Hollenbeck, Name (print): Phyllis I. Hollenbeck by James N. Hollenbeck, Date and Place of Signing: 11/08/18, Clarkston, WA

Signature of Grantee/Agent: William R. King, Name (print): William R. King, Date & Place of Signing: 11/09/18, 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

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

THIS SPACE - TREASURER'S USE ONLY

PAID

NOV - 9 2018

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ASOTIN COUNTY TREASURER

STATE OF WASHINGTON VEHICLE CERTIFICATE OF TITLE

TITLE NUMBER
9710503040

LICENSE NUMBER	DATE OF APPLICATION	MODEL YEAR	MAKE	POWER/USE	SERIES & BODY STYLE
&086794	04/15/97	1997	MARL	MOB	DM
VEHICLE IDENTIFICATION NUMBER (VIN)		FLEET/EQUIP. NUMBER	SCALE WT.	MILEAGE	ODOMETER CODE
H0138878				0000000	EXEMPT ODOMETER DISCLOSURE
COMMENTS/ BRANDS				PRIOR TITLE STATE	PRIOR TITLE NUMBER
65391 97					

REGISTERED OWNER

SAME AS LEGAL OWNER BELOW

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

BY PHYLLIS I HOLLENBECK BY 11-09-97
REGISTERED OWNER SIGNATURE DATE OF SALE

James H. Holtenbeck ATTORNEY-IN-FACT 11-09-97
REGISTERED OWNER SIGNATURE DATE OF SALE

LEGAL OWNER

HOLLENBECK, PHYLLIS I
2115 6TH AVENUE #29
CLARKSTON WA 99403-1568

SALE PRICE 70,000
SIGNATURE(S) OF LEGAL OWNER(S) BELOW, HEREBY RELEASES ALL INTEREST IN VEHICLE DESCRIBED ABOVE.

BY PHYLLIS I HOLLENBECK BY 11-09-97
FIRST LEGAL OWNER SIGNATURE & TITLE DATE RELEASED

BY James H. Holtenbeck ATTORNEY-IN-FACT
SECOND LEGAL OWNER SIGNATURE & TITLE DATE RELEASED

LEGAL OWNER: When lien is satisfied, release interest, by signing above and transmit this document to County Auditor or Agent with proper fee. Failure to properly release and transmit the Title within 10 days after lien is satisfied may result in monetary penalty to the debtor, pursuant to RCW 46.12.170.
TRANSFEREE/BUYER MUST APPLY FOR TRANSFER OF TITLE WITHIN 10 DAYS FROM DATE OF DELIVERY TO AVOID PENALTY.
(SEE REVERSE FOR ADDITIONAL INFORMATION)



KEEP IN A SAFE PLACE

ANY ALTERATION OR ERASURE VOID. THIS TITLE

Seller: Please DETACH HERE

STATE OF WASHINGTON - DEPARTMENT OF LICENSING

Seller: Please DETACH HERE

VEHICLE SELLER'S REPORT OF SALE

REQUIRED WHENEVER OWNERSHIP CHANGES - INCLUDING DEALER TRADES

DOL USE ONLY

WARNING - THIS FORM DOES NOT TRANSFER TITLE

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
&086794	1997	MARL	H0138878	MOB	DM	9710503040

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 licensing agent, or mailed, and delivered, to the Department of Licensing, within 5 days from the date of delivery of the vehicle. The DOL mailing address is:

State of Washington
Department of Licensing
PO BOX 9038
OLYMPIA WA 98507-9038



<p>NAME OF SELLER/TRANSFEROR (CURRENT REGISTERED OWNER)</p> <p>COMPLETE ADDRESS OF SELLER/TRANSFEROR</p> <p>CITY STATE ZIP CODE</p>	<p>NAME OF PURCHASER/TRANSFEEE</p> <p>COMPLETE ADDRESS OF PURCHASER/TRANSFEEE</p> <p>CITY STATE ZIP CODE</p>		
DATE VEHICLE WAS SOLD	TODAY'S DATE	VEHICLE PURCHASE PRICE	SELLER'S/TRANSFEROR'S SIGNATURE
			X

4/97 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 TDD (360) 664-8885.

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DURABLE POWER OF ATTORNEY

OF

PHYLLIS HOLLENBECK

RECORDED 1-17-97 AT 9:40 A.M.
RECEIVED BY Broyles
CLERK OF SUPERIOR COURT, CLATSOP COUNTY, OREGON

June

PHYLLIS HOLLENBECK, as principal, domiciled and residing in Asotin County, Washington, as authorized by Chapter 11.94 of the Revised Code of Washington, as amended, designates and appoints JAMES N. HOLLENBECK, as her attorney-in-fact.

1. Designation. JAMES N. HOLLENBECK, if able and willing to serve, is designated as attorney-in-fact for the principal.

2. Powers. The attorney-in-fact as a 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, without limitation, the power and authority to:

a. Make transfers of the principal's property including but not limited to gifts to the principal's husband, for the purpose of qualifying the principal for governmental medical assistance to the full extent provided by law, including RCW 74.09.532, as amended, should there be a need for medical care.

b. Make gifts, whether outright or in trust, to the relatives of the principal, including the principal's husband, and the spouses of any such relatives.

c. Make deposits to and payments from any account in a financial institution in the name of the principal and to enter any safe deposit box to which the principal has a right of access and deposit or remove property therefrom.

d. Make, amend, alter or revoke any of the principal's wills, codicils, life insurance beneficiary designations, retirement plan beneficiary designations, trust agreements and community property agreements.

e. Make transfers of property to any trust (whether or not created by the principal).

f. Consent to medical and surgical care and non-treatment for the principal; consent to the withholding or withdrawal of life-sustaining treatment for the principal; consent to the admission of the principal to a medical, nursing, residential or similar facility; and to enter into agreements for the principal's care.

SCOTT C. BROYLES
901 SIXTH STREET
CLARKSTON, WA 99403
(509) 758-1636

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g. Sell, exchange, or otherwise transfer title to the principal's stocks, bonds or other securities.

h. Sell, convey, exchange or otherwise transfer or encumber any real or personal property of the principal.

i. Disclaim in whole or in part, any interest in property, whether outright, in trust, or otherwise, so long as in the sole discretion of the attorney-in-fact such disclaimer would not be detrimental to the best interests of the principal, and would be in the best interests of those interested in the estate of the principal and of those who take as a result of any such disclaimer.

j. Submit all federal and state income tax and gift tax returns on behalf of the principal and to pay all such taxes as may be due.

k. Represent the principal during audits, appeals, and lawsuits related to any income or gift tax return filed on behalf of the principal, and to pay any assessments for interest or penalties levied against the principal in connection with such tax returns.

3. Purposes. The attorney-in-fact shall have all powers as are necessary or desirable to provide for the support, maintenance, health, emergencies, and urgent necessities of the principal.

4. Effectiveness. This power of attorney shall become effective immediately upon the execution hereof by the principal and shall not be affected by the disability or incompetence of the principal. Disability or incompetence shall include, but shall not be limited to, the inability to manage her property and affairs effectively 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.

5. Duration. This durable power of attorney becomes effective as provided in Section 4 hereof and shall remain in effect for the period and to the extent permitted by Chapter 11.94 of the Revised Code of Washington, as amended, or until revoked or terminated under Section 6 or 7 hereof, notwithstanding any uncertainty as to whether the principal is dead or alive.

6. Revocation. This power of attorney may be revoked, suspended, or terminated in writing by the principal with written notice to the designated attorney-in-fact and when the written instrument of revocation is recorded in the office of the recorder or auditor of the above-referenced county.

7. Termination.

a. By Appointment of Guardian. The appointment of a guardian of the estate of the principal vests in the guardian, with court approval, the power to revoke, suspend, or terminate this power of attorney. The appointment of a guardian of the person only does not empower the guardian to revoke, suspend, or terminate this power of attorney.

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.



Notary Public in and for the State of
Washington, residing at Clarkston.
My Commission Expires: 6/20/99

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