



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 Harlan J. Brosa, Pauline Brosa; Street 1215 Evergreen Ct, Apt. 106; City Clarkston, State WA, Zip Code 99403

NEW REGISTERED OWNER: Name Loretta Hubbard; Street 2015 6th Ave, Sp. #314C; City Clarkston, State WA, Zip Code 99403

LOCATION OF MOBILE HOME: Name Sonary Crest Mobile Home Park; Street 2015 6th Ave; City Clarkston, State WA, Zip Code 99403

LEGAL OWNER: Name Loretta Hubbard; Street 2015 6th Ave, Sp. #314C; City Clarkston, State WA, Zip Code 99403

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-041-35-002-0002-3140 LIST ASSESSED VALUE(S): \$40,700.00

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: Fuqua, 1990, 25/49, 10977U

Date of Sale 01/18/2019; Taxable Sale Price \$45,500.00; Excise Tax: State \$582.40, Local \$113.75; Total Due \$701.15

AFFIDAVIT: I certify under penalty of perjury... Signature of Grantor/Agent Pauline Brosa; Name (print) Pauline Brosa; Date and Place of Signing: 01/18/19, Clarkston, WA

Signature of Grantee/Agent Loretta Hubbard; Name (print) Loretta Hubbard; Date & Place of Signing: 01/18/19, 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 1-18-19

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

REV 84 0003e (4/9/08) COUNTY TREASURER ASOTIN CASH 26455

PAID JAN 18 2019 ASOTIN COUNTY TREASURER

51897

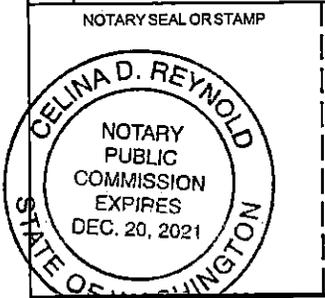


AFFIDAVIT OF LOSS RELEASE OF INTEREST

LICENSE/REGISTRATION NUMBER	YEAR	MAKE	SERIES AND BODY
I0977U	1990	Fuqua	25/49
VEHICLE IDENTIFICATION NUMBER (VIN) OR VESSEL HULL IDENTIFICATION NUMBER (HIN)			TITLE NUMBER
I0977U			0031402508

Any person who knowingly makes a false statement of a material fact shall be guilty of a felony. Upon conviction they shall be punished by a fine of up to \$5,000 and/or imprisonment for up to ten years. (RCW 46.12.210)

LOSS	By my signature I swear and say that the (CHECK THE APPLICABLE BOX)			
	<input checked="" type="checkbox"/> TITLE	<input type="checkbox"/> REGISTRATION	<input type="checkbox"/> TAB	<input type="checkbox"/> DECAL
	issued to me, is not now in my possession because it was (CHECK THE APPLICABLE BOX)			
	<input checked="" type="checkbox"/> LOST	<input type="checkbox"/> STOLEN	<input type="checkbox"/> DESTROYED	<input type="checkbox"/> MUTILATED
	<u>x Pauline Brosa</u>	Pauline Brosa	DOL Customer Account Number *	
	Signature	Printed Name (Position, if signing for business or organization)		



NOTARIZATION/CERTIFICATION	
State of Washington County of <u>Asotin</u>	Signed or attested before me on <u>January 18, 2019</u>
by <u>Pauline Brosa</u> Printed Name of Person Signing Document	Signature <u>[Signature]</u> Notary/Agent Signature
Notary's Name (PRINTED or STAMPED) <u>Celina D. Reynold</u>	
Title <u>NOTARY</u> Notary/Agent	Dealer No. OR AND: County / Office No. OR <u>122021</u> Notary Expiration Date

RELEASE	By my signature I release my interest as Legal Owner of the vehicle/vessel described above. (NOTE: This Release of Interest must be signed by ALL Legal Owner(s), with signatures notarized; use additional forms if necessary.)		
	<u>X</u>	Signature of person releasing interest	Printed Name (Position, if signing for business or organization)
	<u>X</u>	Signature of person releasing interest	Printed Name (Position, if signing for business or organization)
	NOTE: A Vehicle Odometer Disclosure (Form TD-420-006) is required when transferring a vehicle that is nine (9) years old or newer, unless otherwise exempt. The new owner MUST apply for title within 15 days. Failure to do so will result in monetary penalty assessment.		

GROSS WEIGHT LICENSE	
(AGENT: You must verify gross weight license. Your signature certifies that the information was verified.)	
I authorize this Gross Weight License to be transferred to the new owner and remain with the vehicle described above:	
<u>X</u>	Signature
	Printed Name (Position, if signing for business or organization)
	DOL Customer Account Number *

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

*The DOL CUSTOMER ACCOUNT NUMBER is found on the Washington Driver's License or Identification Card (12 digits)- or if the owner is a business or organization, is the UBI number found on the Master Business License or Business License and Registration Certificate (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.

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AFFIDAVIT OF LOSS RELEASE OF INTEREST

LICENSE/REGISTRATION NUMBER	YEAR 1990	MAKE Fuqua	SERIES AND BODY 25/49
VEHICLE IDENTIFICATION NUMBER (VIN) OR VESSEL HULL IDENTIFICATION NUMBER (HIN) I0977U			TITLE NUMBER 0031402508

Any person who knowingly makes a false statement of a material fact shall be guilty of a felony. Upon conviction they shall be punished by a fine of up to \$5,000 and/or imprisonment for up to ten years. (RCW 46.12.210)

L O S S	By my signature I swear and say that the (CHECK THE APPLICABLE BOX)			
	<input checked="" type="checkbox"/> TITLE	<input type="checkbox"/> REGISTRATION	<input type="checkbox"/> TAB	<input type="checkbox"/> DECAL
	issued to me, is not now in my possession because it was (CHECK THE APPLICABLE BOX)			
	<input checked="" type="checkbox"/> LOST	<input type="checkbox"/> STOLEN	<input type="checkbox"/> DESTROYED	<input type="checkbox"/> MUTILATED
	<i>Harlan J. Brosa by Pauline Brosa, Attorney</i> Signature: _____ Printed Name (Position, if signing for business or organization): Harlan J. Brosa by Pauline Brosa, A.I.F.			DOL Customer Account Number *

NOTARY SEAL OR STAMP 	NOTARIZATION/CERTIFICATION		
	State of Washington	Signed or attested	
	County of <u>Asotin</u>	before me on <u>JANUARY 18, 2019</u>	
	by <u>Pauline Brosa</u>	Signature _____	Notary/Agent Signature _____
	Notary's Name (PRINTED or STAMPED) <u>Celina D. Reynold</u>		
	Title <u>NOTARY</u>	Dealer No. OR	AND: County / Office No. OR <u>12-20-21</u>
	Notary/Agent	Notary Expiration Date	

R E L E A S E	By my signature I release my interest as Legal Owner of the vehicle/vessel described above. (NOTE: This Release of Interest must be signed by ALL Legal Owner(s), with signatures notarized; use additional forms if necessary.)		
	<u>X</u>	Signature of person releasing interest _____	Printed Name (Position, if signing for business or organization) _____ DOL Customer Account Number *
	<u>X</u>	Signature of person releasing interest _____	Printed Name (Position, if signing for business or organization) _____ DOL Customer Account Number *
	NOTE: A Vehicle Odometer Disclosure (Form TD-420-006) is required when transferring a vehicle that is nine (9) years old or newer, unless otherwise exempt. The new owner MUST apply for title within 15 days. Failure to do so will result in monetary penalty assessment.		

GROSS WEIGHT LICENSE		
(AGENT: You must verify gross weight license. Your signature certifies that the information was verified.)		
I authorize this Gross Weight License to be transferred to the new owner and remain with the vehicle described above:		
<u>X</u>	Signature _____	Printed Name (Position, if signing for business or organization) _____ DOL Customer Account Number *

NOTARY SEAL OR STAMP _____ _____ _____	NOTARIZATION/CERTIFICATION		
	State of Washington	Signed or attested	
	County of _____	before me on _____	
	by _____	Signature _____	Notary/Agent Signature _____
	Notary's Name (PRINTED or STAMPED) _____		
	Title _____	Dealer No. OR	AND: County / Office No. OR _____
	Notary/Agent	Notary Expiration Date _____	

*The DOL CUSTOMER ACCOUNT NUMBER is found on the Washington Driver's License or Identification Card (12 digits)- or if the owner is a business or organization, is the UBI number found on the Master Business License or Business License and Registration Certificate (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.

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DRIVES
Account Ownership: 00-013549823

Refresh 0201
Log Out

Search

Ownership: 00-013549823

[New Manager](#)

[Notifications](#) (17)

[View Support ID](#)

Title Purpose Only

Account: Ownership		Collaborator	Ownership
Balance	: 0.00	Account ID	: 00-013549823
Commence	: 09-Nov-2000	Legal Name	: HARLAN J BROSA
		Location	: 2015 6TH AVE CLARKSTON WA 99403-1556
		VIN	: 1G377U
Title Number	: 0031402500	Details	: 1990 FUQUA 25/49
Issued	: 09-Nov-2000	Color	: GRAY
Lien	: No Lien Exists		
Title	: Active		

Recent Notes [Add](#) [Hide](#) [Refresh](#) [View All](#) [Open Tasks](#)

ID Desc: Removed plate number 8007883 based on TPO Legacy plate type.

[Ownership](#) [Financial](#) [CRM](#) [Task](#) [Demographics](#) [AAMVA](#) [Images](#) [Other](#)
[Registration](#) [Titles](#) [Owners](#) [All Activities](#) [Shortage](#) [Vehicle Violations](#)

Account Registration History [Show History](#)

Type	Transaction	From	Expiration	Registration	Plate/Decal Type	Plate/Decal Number	Tab Type	Tab
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