



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: Callie M. Harrison; Street: 211 Elm St.; City: Clarkston; State: WA; Zip Code: 99403

LOCATION OF MOBILE HOME

Name: Town & Country Mobile Home Park; Street: 1265 Elm Street; City: Clarkston; State: WA; Zip Code: 99403

NEW REGISTERED OWNER

Name: Calandra K. Del; Street: 1265 Elm Street, Sp 21; City: Clarkston; State: WA; Zip Code: 99403

LEGAL OWNER

Name: Calandra K. Del; Street: 1265 Elm Street, Sp 21; City: Clarkston; State: WA; Zip Code: 99403

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-004-018-003-0001-0210; LIST ASSESSED VALUE(S): \$500.00

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: VANDK, 1969, 61/21, 61V6012F2S6608

Date of Sale: 04/19/2019; Taxable Sale Price: \$4,000.00; Excise Tax: State \$51.20, Local \$10.00; Total Due: \$66.20

Asotin

0202

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: Callie Harrison

Name (print): Callie M. Harrison

Date and Place of Signing: 04/19/2019, Clarkston, WA

Signature of Grantee/Agent: Calandra K. Dell

Name (print): Calandra K. Dell

Date & Place of Signing: 04/19/2019, 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 2019. Date: 4-22-19. County Treasurer or Deputy: [Signature]

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

ATEC CLK# 273732

PAID

APR 22 2019

ASOTIN COUNTY TREASURER

052112

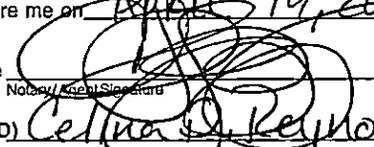


AFFIDAVIT OF LOSS RELEASE OF INTEREST

| | | | |
|---|---------------------|----------------------|---------------------------------|
| LICENSE/REGISTRATION NUMBER \$80148 | YEAR 1969 | MAKE VANDK | SERIES AND BODY 60/12 |
| VEHICLE IDENTIFICATION NUMBER (VIN) OR VESSEL HULL IDENTIFICATION NUMBER (HIN) 61V6012F2S6608 | | | TITLE NUMBER |

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 |
| |  Signature | | | Printed Name (Position, if signing for business or organization) Callie M. Harrison |
| | | | | DOL Customer Account Number * |

| | | | |
|--|---|---|--|
| NOTARY SEAL OR STAMP  | NOTARIZATION / CERTIFICATION | | |
| | State of Washington | Signed or attested | |
| | County of Asotin | before me on April 19, 2019 | |
| | by  Printed Name of Person Signing Document | Signature  Notary/Agent Signature | |
| | Notary's Name (PRINTED or STAMPED) Gelina D. Reynolds | | |
| Title Notary Notary/Agent | Dealer No. OR | AND: County / Office No. OR 12-20-21 | |
| | | 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.) | | |
| | <input checked="" type="checkbox"/> | Signature of person releasing interest | |
| | | Printed Name (Position, if signing for business or organization) | |
| | | DOL Customer Account Number * | |
| | <input checked="" type="checkbox"/> | 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. | | |

| | | | |
|----------------|---|-----------|--|
| RELEASE | 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: | | |
| | <input checked="" type="checkbox"/> | 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 _____ 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.

Vehicle Title Application/Registration Certificate

02/17/2015 1504802010155451 \$80148

| | | | | | | | | | |
|--|------------------|----------------------|------------------------------|--------------------|--|--------------------------|-----------------------|---------------|------------|
| License plate \$80148 | Plate issue date | Tab no | Reg expiration 00/00/0000 | Value code 4000 | Year 2015 | Mo reg | Mo gwt | Power | Use MOB |
| Model year 1969 | Make VANDK | Series/Body 60/12 | Model | BT | Vehicle identification (VIN)/Serial no 61V6012F2S6608 | Res co 2 | Prev plate \$80148 | Scale wt | |
| Seats | Gross weight | Gwt start | Gwt exp | Fleet | Equipment number | Prev Title 0702302904 | | Prev st WA | |
| Brands: | | | | | | | | | |
| Comment: TITLE PURPOSE ONLY -USE TAX WAIVED (H) | | | | | | | | | |

Mileage E
 Registered owner _____ Legal owner _____

HARRISON, CALLIE M
 1265 ELM ST TRLR 21
 CLARKSTON WA 99403

I certify that the information contained hereon is accurate and complete.

Callie M. Harrison
 Signature of registered owner(s)

X
 Signature of registered owner(s)

Subscribed and sworn to before

Marla Murray this 17 day of February, 2015.

| | | | | |
|--------------|---------|-----------------|------------|---------|
| FILING | \$4.00 | TBD FEE 202 | CHECK | \$46.00 |
| SERVICE FEE | \$12.00 | RTA EXCISE | CASH | |
| LOCAL FEE | | USE TAX | TOTAL FEES | \$46.00 |
| LICENSE SRVC | | OTHER | | \$30.00 |
| GWT/VWT FEE | | DONOR AWARENESS | | |
| QUICK TITLE | | STATE PARKS | | |

Validation code 10020101150480217150026015545 TRANSFER

RPT ID: ATITPR-4
 VehicleTitlePage2 (R/8/14)E

This document is not proof of ownership.

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