



**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 (Seller)

Name: Lawrence Ridge Trust
Tina Wershila
 Street: 1213 16th Avenue
 City: Clarkston Wa State: WA Zip code: 99403
 Phone number: 509-258-3013

NEW REGISTERED OWNER (Buyer)

Name: Tina Wershila
 Street: 1265 Elm #5
Elm St
 City: Clarkston Wa State: WA Zip code: 99403
 Phone number: 530-999-872

LOCATION OF MOBILE HOME

Name: _____
 Street: 1265 Elm #5
Clarkston, WA 99403
 City: _____ State: _____ Zip code: _____

LEGAL OWNER

Name: Tina Wershila
 Street: 1265 Elm #5
 City: Clarkston Wa State: WA Zip code: 99403

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-004-10-003-0001-0050
 LIST ASSESSED VALUE(S): \$ 500

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

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.
<u>Fleetwood</u>	<u>1977</u>		<u>14x64</u>	<u>51333</u>	

Date of Sale 7-10-19

Taxable Sale Price \$ 1000.00
 Excise Tax: State \$ 12.00
 Local \$ 2.50
 Delinquent Interest: State \$ _____
 Local \$ _____
 Delinquent Penalty \$ _____
 Subtotal \$ 19.30
 State Technology Fee \$ 5.00
 Affidavit Processing Fee \$ _____
 Total Due \$ 20.30

If exemption claimed, WAC number & title:
 WAC No. (Sec/Sub) _____
 WAC Title _____

A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX.

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 Seller/Agent: Lawrence Ridge Trust
 Name (print): Judy Ridge
 Date and Place of Signing: 7-10-19

Signature of Buyer/Agent: Tina Wershila
 Name (print): Tina Wershila
 Date & Place of Signing: July 10, 2019

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 2019
7-10-19 _____
 Date 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

CASH \$20.30

JUL 10 2019

ASOTIN COUNTY
TREASURER

052348

STATE OF WASHINGTON VEHICLE CERTIFICATE OF TITLE

TITLE NUMBER
9229501802

LICENSE NUMBER	DATE OF APPLICATION	MODEL YEAR	MAKE	POWER/USE	SERIES & BODY STYLE
@14844	10/21/92	1974	FLTWD	MOB	64/14C
VEHICLE IDENTIFICATION NUMBER (VIN)	FLEET/EQUIP. NUMBER	SCALE WT.	MILEAGE	ODOMETER CODE	
S1333			0000000	EXEMPT ODOMETER DISCLOSURE	
SPECIFIC COMMENTS:			PRIOR TITLE STATE	PRIOR TITLE NUMBER	
6375 74			WA	9126201801	
TITLE BRANDS:					

REGISTERED OWNER

SAME AS LEGAL OWNER BELOW

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

BY _____ REGISTERED OWNER SIGNATURE DATE OF SALE _____

BY _____ REGISTERED OWNER SIGNATURE DATE OF SALE _____

LEGAL OWNER

RIDGE, LAWRENCE L
RIDGE, JUDY R
1213 16TH AVE
CLARKSTON WA 99403-2812

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 RECORDS OF THE DEPARTMENT OF LICENSING SHOW PERSONS NAMED HEREON AS REGISTERED OWNERS AND LEGAL OWNERS OF THE VEHICLE DESCRIBED.

Mary Reuland
DIRECTOR DEPARTMENT OF LICENSING

TD-420-002 9/92 PR0033444



KEEP IN A SAFE PLACE **ANY ALTERATION OR ERASURE VOIDS THIS TITLE**

DETACH HERE STATE OF WASHINGTON - DEPARTMENT OF LICENSING DETACH HERE

VEHICLE SELLER'S REPORT OF SALE

PLEASE PRINT OR TYPE - SEE REVERSE SIDE.

LICENSE NUMBER	MODEL YEAR	MAKE	VEHICLE IDENTIFICATION NUMBER (VIN)	POWER/USE	SERIES AND BODY STYLE	TITLE NUMBER
@14844	1974	FLTWD	S1333	MOB	64/14C	9229501802

NAME OF SELLER/TRANSFEROR (CURRENT REGISTERED OWNER)			NAME OF PURCHASER/TRANSFeree		
COMPLETE ADDRESS OF SELLER/TRANSFEROR			COMPLETE ADDRESS OF PURCHASER/TRANSFeree		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DATE VEHICLE WAS SOLD		FOR DEPARTMENT USE ONLY		OFFICIAL USE ONLY	
Month	Day	Year		DATE STAMP	
DATE SIGNED			When you sell/release interest in your vehicle, complete this form and deliver within 5 days to: STATE OF WASHINGTON - DEPARTMENT OF LICENSING RECEIVING SECTION PO BOX 9041 OLYMPIA, WA 98507-9041		
SELLER'S/TRANSFEROR'S SIGNATURE					
X					

52348