Department of Revenue

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: Connie C. Silflow
Street: 2541 3rd Avenue
City: Clarkston State: WA Zip Code: 99403

NEW REGISTERED OWNER

Name: James M. Braden
Pamela A. Sharp-Braden
Street: 2515 Appleside Blvd Unit 1
City: Clarkston State: WA Zip Code: 99403

LOCATION OF MOBILE HOME

Name:
Street: 2515 Appleside Blvd Unit 1
City: Clarkston State: WA Zip Code: 99403

LEGAL OWNER

Name:
Street:
City: State: Zip Code:

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-041-31-001-0003-0013
LIST ASSESSED VALUE(S): $ 37,300.00

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

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.
Silvercrest	1994	TL	28'X48'	17708458	

Date of Sale: 08/16/2019
Taxable Sale Price: $ 67,000.00
Excise Tax: State: $ 857.60
Asotin County Local: $ 167.50
Delinquent Interest: State: $
0.0025 Local: $
Delinquent Penalty: $
Subtotal: $ 1,025.10
State Technology Fee: $ 5.00
Affidavit Processing Fee: $
Total Due: $ 1,030.10
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.

0200

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: Connie C. Silflow
Name (print): Connie C. Silflow
Date and Place of Signing: 8-16-19 Clarkston

Signature of Grantee/Agent: James M. Braden
Name (print): James M. Braden
Date & Place of Signing: 8-14-19 Clarkston

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.

8-21-19 [illegible]
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

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

ATEC CK#29195

PAID
AUG 21 2019
ASOTIN COUNTY TREASURER

052486

THE ATTACHED IDAHO CERTIFICATE OF TITLE IS THE LEGAL OWNERSHIP DOCUMENT FOR YOUR VEHICLE. DO NOT CARRY IT IN YOUR VEHICLE. KEEP IT IN A SECURE PLACE.

WASHINGTON MUTUAL SAVINGS

PO BOX 247
PULLMAN WA 99163

8648016

0007013426 DVS01182 1043

DETACH HERE

ITD-3517 04-94TW
01-875529-8

IDAHO
CERTIFICATE OF TITLE

VEHICLE IDENTIFICATION NUMBER	YEAR	MAKE	BODY	MODEL	DESCRIPTION
17708458	1994	SILC	HS	TL	MFRD HM

2ND VEHICLE IDENTIFICATION NUMBER	ODOMETER READING	DATE
	EXEMPT	

TITLE NUMBER	PRINT DATE	WEIGHT	LENGTH	WIDTH	HULL	HORSEPOWER	PROPULSION
A94206723	07/22/1997		48	28			

OWNER'S NAME AND ADDRESS

SILFLOW, CONNIE C
1835 HWY 3 # 3
JULIAETTA, ID 83535

OTHER PERTINENT DATA

Federal and state law requires that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

Assignment of Title

1 ODOMETER READING - Reading is actual unless indicated otherwise. (NO TENTHS): DATE:
☐ In Excess of Mechanical Limits ☐ Exempt
☐ Not Actual - Warning: Odometer Discrepancy ☐ No Device

2 DATE SOLD: SELLING PRICE:

3 SELLER'S/REPRESENTATIVE'S PRINTED NAME(S)

4 I certify, to the best of my knowledge, that the odometer reading reflects the actual mileage, unless otherwise indicated. I also hereby release my interest and transfer ownership to the named purchaser. SELLER'S/REPRESENTATIVE'S SIGNATURE:
A X Connie Silflow
B X

5 PURCHASER'S PRINTED NAME(S)
A
B

6 ADDRESS

7 CITY STATE ZIP

8 I am aware of the odometer certification made by the seller. PURCHASER'S/REPRESENTATIVE'S SIGNATURE:
A X
2nd PURCHASER'S/REPRESENTATIVE'S SIGNATURE (or representative's printed name):
B X

Lienholder Section

FIRST LIEN

WASHINGTON MUTUAL SAVINGS

PO BOX 247
PULLMAN, WA 99163
RECORDED 07/11/1997 11:08

9 SIGNATURE RELEASING LIEN DATE 7/22/02
X Pam Chunk AVP

SECOND LIEN

10 SIGNATURE RELEASING LIEN DATE
X

11 NEW LIENHOLDER'S NAME

12 ADDRESS

13 CITY STATE ZIP

Alterations May Void This Document

AUDIT NO. 03006072

52486