



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: Donald E. Knight, Cheryl Knight; Street: 1512 Maple Street; City: Clarkston, State: WA, Zip Code: 99403

NEW REGISTERED OWNER Name: Sheryl S. Cobban, Pamela J. Hummell; Street: 1241 Armit Lane; City: Clarkston, State: WA, Zip Code: 99403

LOCATION OF MOBILE HOME Name: ; Street: 1504 Maple Street; City: Clarkston, State: WA, Zip Code: 99403

LEGAL OWNER Name: ; Street: ; City: , State: , Zip Code:

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-374-00-002-0000-0000 LIST ASSESSED VALUE(S): \$ 500.00

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: Marlette, 1971, H12155FL400268

Date of Sale: 10-16-19; Taxable Sale Price: \$500.00; Excise Tax: State \$6.40, Local \$1.25; Total Due: \$12.65

AFFIDAVIT I certify under penalty of perjury... Signature of Grantor/Agent: Donald E. Knight; Signature of Grantee/Agent: Sheryl S. Cobban

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

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

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

OCT 18 2019

052651

ATEC CK# 30011

ASOTIN COUNTY TREASURER

Vehicle Title Application

Vehicle - Please type or print plainly

For title purposes only

Vehicle identification no (VIN) H12155FL400268		Condition <input type="checkbox"/> New <input checked="" type="checkbox"/> Used		Vehicle type Mobile/Mfg home		Primary use type Mobile home		Fuel type	
Model year 1971	Make Marlette	Model		Trim	Body style		Motorcycle style		
GV Weight Rating	Scale wt	Gross weight	Mo GWT	Seats	Color #1	Color #2	Equip no	Purchase price \$500.00	
Wheels	Rental no	Fleet	Engine (MC)	Motor home/Cycle/WATV eng serial no	Length 60'	Width 12'	Quick title <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Discover pass <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Park donation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Registered owner - For additional owners, attach sheet with name, driver license/ID/TIN/EIN/UBI number, expiration date, and phone information. Washington primary residence street address or Washington principal place of business street address is required on the vehicle record. For exceptions, see **Primary Residence Address Exception**, form 420-004.

1 Owner type Individual	ID type Driver license	Driver license/ID/TIN/EIN/UBI no WDL2768B983B	Expiration date 3/8/20	Phone type Cell	(Area code) Phone no (509)780-1105
Registered owner name (Last, First, Middle, Suffix) or Business name Cobban, Sheryl S.					
Washington primary residence address (if an individual) or Washington principal place of business address (if a business) 1504 Maple Street, Clarkston, WA 994003					
Mailing address, if different than residence address (Street address or PO Box, City, State, ZIP code) or exception address 1241 Amity Lane, Clarkston, WA 99403					
One-time mailing address, if applicable					

Paperless renewal option
 Notify me by email when it's time to renew my vehicle

Email address

2 Owner type Individual	Joint tenants w/right of survivorship <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ID type Driver license	Driver license/ID/TIN/EIN/UBI no WDL5RN75C83B	Expiration date 3/20/25	Phone type Cell	(Area code) Phone no (509)981-4047
Registered owner name (Last, First, Middle, Suffix) or Business name Hummell, Pamela J.						

Legal owner/Lienholder - Fill out if different than registered owner. For additional legal owner/lienholders, attach sheet with name, driver license/ID/TIN/EIN/UBI number, expiration date, and address information.

Name of legal owner/lienholder (Last, First, Middle initial or Business name)

Legal owner/Lienholder type Business	ID type Tax ID no	Driver license/ID/TIN/EIN/UBI no	Expiration date	ELT participant <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing address (Street address or PO Box, City, State, ZIP code)				

Dealer

Dealer type	Dealer no	Dealer name	Sale date	Delivery date	Vehicle status <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Prev titled
I certify that this information is correct. The vehicle is clear of encumbrances except as shown. Any required sales tax has been collected.				Dealer authorized signature X	

Anyone who knowingly makes a false statement may be guilty of a felony under state law and upon conviction shall be punished by a fine, imprisonment, or both. I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

X Sheryl S. Cobban Signature of registered owner	Clarkston Title, if signing for business	X Pamela J. Hummell Signature of registered owner	Clarkston Title, if signing for business
10-15-19 Date and place signed		10-15-19 Date and place signed	

Notarization/Certification - You don't need your signature notarized if you sign in front of a vehicle licensing agent, who can certify your signature.

	State of <u>WA</u> County of <u>Asotin</u>
	Signed or attested before me on <u>10-15-19</u> by <u>Sheryl S. Cobban and Pamela J. Hummell</u>
	Name of person signing this document
	<u>Lacey D. Meredith</u> Notary/Agent/Subagent signature
	<u>Lacey D. Meredith</u> Notary printed or stamped name
Title <u>Notary</u> and <u>10-20-2021</u> Dealer or county/office number or notary expiration date	