

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: Susan Strader  
Street: 1450 Poplar St.  
City: Clarkston WA State: WA Zip code: 99403  
Phone number: 509-295-3378

LOCATION OF MOBILE HOME

Name: \_\_\_\_\_  
Street: 2382 Valleyview Drive  
City: Clarkston WA State: WA Zip code: 99403

NEW REGISTERED OWNER (Buyer)

Name: NATHAN D GANIM  
Street: 1509 7th Ave  
City: Leviston ID State: ID Zip code: 83501  
Phone number: 202-427-1082

LEGAL OWNER

Name: SAME  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-041-02-007-0005-0010  
LIST ASSESSED VALUE(S): \$ 500.00

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

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.
<u>BROADMORE</u>	<u>1976</u>		<u>14x64</u>	<u>IDAST541BM</u>	

Date of Sale: 5-15-19

Taxable Sale Price: \$ 0

Excise Tax: State: \$ 0.00

Select Location Local: \$ 0.00

Delinquent Interest: State: \$ \_\_\_\_\_  
Local: \$ \_\_\_\_\_

Delinquent Penalty: \$ \_\_\_\_\_

Subtotal: \$ \_\_\_\_\_

State Technology Fee: \$ 5.00

Affidavit Processing Fee: \$ \_\_\_\_\_

Total Due: \$ 10.00

If exemption claimed, WAC number & title:  
WAC No. (Sec/Sub): 458-61A-201(B)(1)  
WAC Title: GIFT W/O CONSIDERATION  
A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX.

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  
10-22-19 \_\_\_\_\_  
Date County Treasurer or Deputy

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: Susan Strader  
Name (print): SUSAN STRADER  
Date and Place of Signing: 10-22-19 ASOTIN

Signature of Buyer/Agent: \_\_\_\_\_  
Name (print): NATHAN GANIM  
Date & Place of Signing: 10-22-19 ASOTIN

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 10<sup>00</sup> BF

PAID

OCT 22 2019

ASOTIN COUNTY  
TREASURER

052660

**REAL ESTATE EXCISE TAX  
SUPPLEMENTAL STATEMENT**  
(WAC 458-61A-304)

This form must be submitted with the Real Estate Excise Tax Affidavit (FORM REV 84 0001A for deeded transfers and Form REV 84 0001B for controlling interest transfers) for claims of tax exemption as provided below. Completion of this form is required for the types of real property transfers listed in numbers 1-3 below. Only the first page of this form needs original signatures.

**AUDIT:** Information you provide on this form is subject to audit by the Department of Revenue. **In the event of an audit, it is the taxpayers' responsibility to provide documentation to support the selling price or any exemption claimed.** This documentation must be maintained for a minimum of four years from date of sale. (RCW 82.45.100) Failure to provide supporting documentation when requested may result in the assessment of tax, penalties, and interest. Any filing that is determined to be fraudulent will carry a 50% evasion penalty in addition to any other accrued penalties or interest when the tax is assessed.

**PERJURY:** Perjury is a class C felony which is punishable by imprisonment in a state correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars (\$5,000.00), or by both imprisonment and fine. (RCW 9A.20.020 (1C)).

The persons signing below do hereby declare under penalty of perjury that the following is true (check appropriate statement):

1.  **DATE OF SALE:** (WAC 458-61A-306(2))

I, (print name) Susan Strader certify that the \_\_\_\_\_  
(type of instrument), dated \_\_\_\_\_, was delivered to me in escrow by \_\_\_\_\_  
(seller's name). **NOTE:** Agent named here must sign below and indicate name of firm. The payment of the tax is considered current if it is not more than 90 days beyond the date shown on the instrument. If it is past 90 days, interest and penalties apply to the date of the instrument.

Reasons held in escrow N/A NOT IN ESCROW

\_\_\_\_\_  
Signature Firm Name

2. **GIFTS:** (WAC 458-61A-201) The gift of equity is non-taxable; however, any consideration received is not a gift and is taxable. The value exchanged or paid for equity plus the amount of debt equals the taxable amount. One of the boxes below must be checked. Both Grantor (seller) and Grantee (buyer) must sign below.

Grantor (seller) gifts equity valued at \$ 0 to grantee (buyer).

**NOTE: Examples of different transfer types are provided on the back. This is to assist you with correctly completing this form and paying your tax.**

"Consideration" means money or anything of value, either tangible (boats, motor homes, etc) or intangible, paid or delivered, or contracted to be paid or delivered, including performance of services, in return for the transfer of real property. The term includes the amount of any lien, mortgage, contract indebtedness, or other encumbrance, given to secure the purchase price, or any part thereof, or remaining unpaid on the property at the time of sale. "Consideration" includes the assumption of an underlying debt on the property by the buyer at the time of transfer.

A. **Gifts with consideration**

1.  Grantor (seller) has made and will continue to make all payments after this transfer on the total debt of \$ \_\_\_\_\_ and has received from the grantee (buyer) \$ \_\_\_\_\_ (include in this figure the value of any items received in exchange for property). Any consideration received by grantor is taxable.

WSD 2.  Grantee (buyer) will make payments on \_\_\_\_\_% of total debt of \$ \_\_\_\_\_ for which grantor (seller) is liable and pay grantor (seller) \$ \_\_\_\_\_ (include in this figure the value of any items received in exchange for property). Any consideration received by grantor is taxable.

B. **Gifts without consideration**

- WSD 1.  There is no debt on the property; Grantor (seller) has not received any consideration towards equity. No tax is due.
2.  Grantor (seller) has made and will continue to make 100% of the payments on the total debt of \$ \_\_\_\_\_ and has not received any consideration towards equity. No tax is due.
3.  Grantee (buyer) has made and will continue to make 100% of the payments on total debt of \$ \_\_\_\_\_ and has not paid grantor (seller) any consideration towards equity. No tax is due.
4.  Grantor (seller) and grantee (buyer) have made and will continue to make payments from joint account on total debt before and after the transfer. Grantee (buyer) has not paid grantor (seller) any consideration towards equity. No tax is due.

Has there been or will there be a refinance of the debt?  YES  NO (If yes, please call (360) 534-1503 to see if this transfer is taxable). If grantor (seller) was on title as co-signor only, please see WAC 458-61A-215 for exemption requirements.

The undersigned acknowledge this transaction may be subject to audit and have read the above information regarding record-keeping requirements and evasion penalties.

Susan Strader 10-22-19  
Grantor's Signature Date

Susan Strader  
Grantor's Name (print)

Nathan GAWIM 10-20-19  
Grantee's Signature Date

NATHAN GAWIM  
Grantee's Name (print)

3.  **IRS "TAX DEFERRED" EXCHANGE** (WAC 458-61A-213)

I, (print name) \_\_\_\_\_, certify that I am acting as an Exchange Facilitator in transferring real property to \_\_\_\_\_ pursuant to IRC Section 1031, and in accordance with WAC 458-61A-213. **NOTE:** Exchange Facilitator must sign below.

\_\_\_\_\_  
Exchange Facilitator's Signature Date Exchange Facilitator's Name (print)

For tax assistance, contact your local County Treasurer/Recorder or visit <http://dor.wa.gov> or call 360-534-1503. To inquire about the availability of this document in an alternate format, please call 360-705-6705. Teletype (TTY) users may use the Washington Relay Service by calling 711.

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**Affidavit of Inheritance/Litigation**

Use this form if you have inherited a vehicle or vessel or were awarded one through litigation. To find out if you need additional documents, contact a vehicle licensing office or call (360) 902-3770, option 5.

License plate/Registration number <b>71755</b>	Year <b>19</b>	Make <b>Braum</b>	Series/Body style <b>1DAS7541BM MOP</b>
Vehicle Identification Number (VIN) or Vessel Hull Identification Number (HIN) <b>1DAS7541BM</b>			

**Inheritance**—This affidavit is used when no executor or administrator is appointed for the deceased.

Submit this form with the vehicle or vessel title and a copy of the death certificate. An Odometer Disclosure Statement or a Release of Interest may be required.

I certify that Clarence E. Emms, the registered owner of this vehicle/vessel, died on the 27 day of Nov., 2018.

The deceased left no estate necessitating administration, and no letters of administration or letters testamentary have been issued to any persons. The vehicle/vessel has not been bequeathed by will to anyone other than the person signing below who is Daughter of the deceased. No relative who would have prior right, except Susan Strader survives the deceased, and provision has been made for payment of debts of the deceased. Signature must be notarized or certified below.

Susan Strader Printed name      Susan Strader Signature      10-22-19 Date

**County clerk certificate for transfer of vehicle or vessel in litigation**

This certificate, properly completed, will serve instead of all other court papers.

Submit this form with a Title Application and an Odometer Disclosure Statement (if applicable).

I certify that in the superior court of the State of Washington for the County of \_\_\_\_\_:

1. For orders of the court transferring title (including divorce and probate):

An order transferring title to this vehicle/vessel to \_\_\_\_\_  
at \_\_\_\_\_ was duly entered in \_\_\_\_\_  
Transferee      Transferee's address      Title of case

Name of administrator (if in probate) \_\_\_\_\_ Docket number of case \_\_\_\_\_  
on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Day      Month      Year

2. For those cases in which the estate executor or administrator transfers title:

\_\_\_\_\_ was duly appointed under the nonintervention will of \_\_\_\_\_ and is qualified to act as such, and that a decree of solvency has been entered.

Name of executor/administrator \_\_\_\_\_  
Name of deceased \_\_\_\_\_

\_\_\_\_\_  
Executor/Administrator signature      Date

\_\_\_\_\_  
County Clerk signature      Date

**Notarization/Certification**

State of WA, County of Asotin

Signed or attested before me on 10/22/2019 by Susan Strader

Bailey Watson Signature

Bailey Watson Printed or stamped name

Notary Title      and      1/25/2023 Dealer or county/office number or notary expiration date

**Bailey Watson**  
Notary Public  
State of Washington  
Commission #205577  
Expires Jan. 25, 2023

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# STATE OF IDAHO

## CERTIFICATION OF VITAL RECORD

### STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

#### State of Idaho CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHALL BE USED AS PRIMARY EVIDENCE OF THE DEATH UNDER I.C. 16-10-10 AND I.C. 16-10-100.

Local Reg. No.

<b>DECEDENT</b>	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) <b>CLARENCE E EMMS</b>		2. SEX <b>MALE</b>	3. SOCIAL SECURITY NUMBER <b>██████████</b>
	4a. AGE-Last Birthday <b>84</b> (Years)	4b. UNDER 1 YEAR Months: _____ Days: _____	4c. UNDER 1 DAY Hours: _____ Minutes: _____	5. DATE OF BIRTH (Mo/Day/Yr) <b>10/██/██</b>
<b>MORTICIAN: Complete/Verify and File Within 5 Days of Death</b>	7a. RESIDENCE - STATE OR FOREIGN COUNTRY <b>WASHINGTON</b>		7b. COUNTY <b>ASOTIN</b>	
	7c. CITY OR TOWN <b>CLARKSTON</b>		7d. STREET AND NUMBER <b>2382 VALLEYVIEW DR.</b>	7e. APT. NO. <b>██</b>
<b>PARENTS</b>	11a. FATHER'S NAME (First, Middle, Last, Suffix) <b>CLARENCE E EMMS</b>		11b. BIRTHPLACE (State, Territory, or Foreign Country) <b>MISSOURI</b>	
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) <b>SYLVIA MAE KENDRICKS</b>		12b. BIRTHPLACE (State, Territory, or Foreign Country) <b>MISSOURI</b>	
<b>INFORMANT</b>	13a. INFORMANT'S NAME (Type of print) <b>DIANE EMMS HYATT</b>		13b. RELATIONSHIP TO DECEDENT <b>DAUGHTER</b>	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>8759 S 286 E SANDY, UT 84070</b>
	14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify) _____		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) <b>MOUNTAIN VIEW CREMATORY 3521 SEVENTH STREET LEWISTON, IDAHO 83501</b>	
<b>DISPOSITION</b>	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY <b>MERCHANT FUNERAL HOME 1000 SEVENTH STREET CLARKSTON, WASHINGTON 99403</b>		17a. LICENSE NUMBER (Of licensee) <b>M0771</b>	
	17b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <b>ELECTRONICALLY FILED: GERALD E. BARTLOW</b>		17c. WAS CORNER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>PLACE OF DEATH</b>	19a. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> Hospice facility <input checked="" type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify) _____			
	19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> Hospice facility <input checked="" type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify) _____			
<b>DATE OF DEATH</b>	20. FACILITY NAME (If not facility, give street and number) <b>LEWISTON TRANSITIONAL CARE OF CASCADIA</b>		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE <b>LEWISTON, ID 83501</b>	
	22. COUNTY OF DEATH <b>NEZ PERCE</b>		23. DATE OF DEATH (Mo/Day/Yr) (Spell month) <b>November 2016</b>	
<b>CAUSE OF DEATH</b>	24. TIME OF DEATH (24hr) <b>15:20</b>		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) <b>November 27, 2016</b>	
	26. TIME PRONOUNCED DEAD (24hr) <b>15:20</b>		27. CAUSE OF DEATH PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. <b>LUNG CANCER</b>	
<b>ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)</b>	28a. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		28b. IF FEMALE (Aged 10-54): <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year	
	29. DATE OF INJURY (Mo/Day/Yr) (Spell month) <b>██/██/██</b>		30. TIME OF INJURY (24hr) <b>██:██</b>	
<b>CERTIFIER</b>	31. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		32. DATE OF INJURY (Mo/Day/Yr) (Spell month) <b>██/██/██</b>	
	33. LOCATION OF INJURY: State: _____ City/Town or County: _____ Zip Code: _____ Street and Number or Location: _____ Apartment Number: _____		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, tavern, etc.) <b>██</b>	
<b>REGISTRAR</b>	35. DESCRIBE HOW INJURY OCCURRED, IF TRANSPORTATION (INJURY), STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable. <b>██</b>		36. WHAT SAFETY DEVICES DID DECEDENT USE/EMPLOY? <input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown	
	37. TRANSPORTATION INJURY ONLY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____		38. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____	
<b>CERTIFIER</b>	39a. CERTIFIER (Check only one, based on official capacity for this certificate) <input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated.		39b. LICENSE NUMBER <b>██-██-██-██</b>	
	39c. CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature and Title of Certifier: <b>CARSON D. SEEBER, M.D.</b>		39c. DATE SIGNED <b>12 / 3 / 2018</b> MM DD YYYY	
<b>REGISTRAR</b>	39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) <b>CARSON D. SEEBER, 1221 HIGHLAND AVE. CLARKSTON, WA 99403</b>		39d. DATE SIGNED <b>12 / 3 / 2018</b> MM DD YYYY	
	40a. REGISTRAR'S SIGNATURE <i>James B. Galtte</i>		40b. DATE SIGNED <b>12 / 3 / 2018</b> MM DD YYYY	

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: **DEC 04 2018**

This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

*James B. Galtte*  
**JAMES B. AYDELOTTE**  
STATE REGISTRAR

52660





\*000991476\*

STATE OF IDAHO      County of Lewiston

This copy of a death certificate was issued by the District Health Department on behalf of the the Bureau of Vital Records and Health Statistics.

*Pauline Durst*

Local Vital Statistics Registration Official

# STATE OF WASHINGTON VEHICLE CERTIFICATE OF TITLE

**TITLE NUMBER**  
**9331239802**

LICENSE NUMBER	DATE OF APPLICATION	MODEL YEAR	MAKE	POWER/USE	SERIES & BODY STYLE
@71755	03/12/90	1976	BROOM	MOB.	64/14
VEHICLE IDENTIFICATION NUMBER (VIN)	FLEET/EQUIP. NUMBER	SCALE WT.	MILEAGE	ODOMETER CODE	
IDAS7541BM			000000	EXEMPT ODOMETER DISCLOSURE	
SPECIFIC COMMENTS:			PRIOR TITLE STATE	PRIOR TITLE NUMBER	
			WA	9007101810	
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 Ed Emms \_\_\_\_\_  
REGISTERED OWNER SIGNATURE DATE OF SALE

BY \_\_\_\_\_  
REGISTERED OWNER SIGNATURE DATE OF SALE

SALE PRICE Ø

**LEGAL OWNER**  
EMMS, ED  
2382 VALLEYVIEW DR  
CLARKSTON WA 99403

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

**LEGAL OWNER:** When lien is satisfied, release interest above and transmit this document to County Auditor or Agent with proper fee. Failure to properly release and transmit the Title within 40 days after lien is satisfied may result in liability to the debtor for \$100 or more pursuant to RCW 46.12.170.

**PURCHASER:** Now Title must be applied for within 15 calendar days. Failure to do so will result in a monetary penalty assessment. Failure to transfer within 45 days is a misdemeanor.

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

*Kathy Davis Quinn*  
DIRECTOR DEPARTMENT OF LICENSING



TD-420-002 09/93 Z80038618

**KEEP IN A SAFE PLACE**

**ANY ALTERATION OR ERASURE VOIDS THIS TITLE**

02/05/90

52660

STATE OF WASHINGTON  
**VEHICLE CERTIFICATE OF TITLE**

TITLE NUMBER  
**9331239802**

LICENSE NUMBER	DATE OF APPLICATION	MODEL YEAR	MAKE	POWER/USE	SERIES & BODY STYLE
@71755	03/12/90	1976	BROAM	MOB	64/14
VEHICLE IDENTIFICATION NUMBER (VIN)	FLEET/EQUIP. NUMBER	SCALE WT.	MILEAGE	ODOMETER CODE	
IDAS7541BM			000000	EXEMPT ODOMETER DISCLOSURE	
SPECIFIC COMMENTS:	PRIOR TITLE STATE			PRIOR TITLE NUMBER	
	WA			9007101810	
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 Ed Emms  
 REGISTERED OWNER SIGNATURE DATE OF SALE

BY \_\_\_\_\_  
 REGISTERED OWNER SIGNATURE DATE OF SALE

SALE PRICE 0

LEGAL OWNER  
**EMMS, ED  
 2382 VALLEYVIEW DR  
 CLARKSTON WA 99403**

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

**LEGAL OWNER:** When lien is satisfied, release interest above and transmit this document to County Auditor or Agent with proper fee. Failure to properly release and transmit the Title within 40 days after lien is satisfied may result in liability to the debtor for \$100 or more pursuant to RCW 46.12.170.

**PURCHASER:** New Title must be applied for within 15 calendar days. Failure to do so will result in a monetary penalty assessment. Failure to transfer within 45 days is a misdemeanor.

I CERTIFY THAT THE RECORDS OF THE DEPARTMENT OF LICENSING SHOW PERSONS NAMED HEREON AS REGISTERED OWNERS AND LEGAL OWNERS OF THE VEHICLE DESCRIBED.  
 Kelly Reed Quinn  
 DIRECTOR DEPARTMENT OF LICENSING



TD-420-002 09/93 ZB0038618

**KEEP IN A SAFE PLACE**

**ANY ALTERATION OR ERASURE VOIDS THIS TITLE**

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