



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: Syble Ann Beardslee; Street: 2115 6th Avenue, #19; City: Clarkston, State: WA, Zip Code: 99403

NEW REGISTERED OWNER

Name: Bernard A. Schneider; Street: 1308 Benjamin; City: Clarkston, State: WA, Zip Code: 99403

LOCATION OF MOBILE HOME

Name: Land Owner; Street: 1433 Highland Ave; City: Clarkston, State: WA, Zip Code: 99403

LEGAL OWNER

Name: Bernard A. Schneider; Street: 1308 Benjamin; City: Clarkston, State: WA, Zip Code: 99403

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-004-26-007-0001-0020 LIST ASSESSED VALUE(S): \$ 500.00

REAL PROPERTY PARCEL or ACCOUNT NO. 1004260070001; 1004260070009 LIST ASSESSED VALUE(S): \$ 333,600.00

Table with 6 columns: MAKE, YEAR, MODEL, SIZE, SERIAL NO. or I.D., REVENUE TAX CODE NO. Row 1: Marie, 1977, 67/14, H14270FKK70718

Date of Sale: 12/16/2019; Taxable Sale Price: \$500.00; Excise Tax: State \$6.40, Local \$1.25; Total Due: \$12.65

0200 ASOTIN

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: Syble Ann Beardslee; Name (print): Syble Ann Beardslee; Date and Place of Signing: 12/16/19, Clarkston, WA

Signature of Grantee/Agent: Bernard A. Schneider; Name (print): Bernard A. Schneider; Date & Place of Signing: 12/16/19, 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

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

DEC 16 2019

ASOTIN COUNTY TREASURER

052806



AFFIDAVIT OF LOSS RELEASE OF INTEREST

LICENSE/REGISTRATION NUMBER &147789	YEAR 1977	MAKE Marle	SERIES AND BODY 67x14
VEHICLE IDENTIFICATION NUMBER (VIN) OR VESSEL HULL IDENTIFICATION NUMBER (HIN) H14270FKK70718			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
	X: <u>Syble Ann Beardslee</u> Syble Ann Beardslee <small>Signature</small> <small>Printed Name (Position, if signing for business or organization)</small> <small>DOL Customer Account Number *</small>

NOTARY SEAL OR STAMP 	NOTARIZATION/CERTIFICATION	
	State of Washington Signed or attested County of <u>Asotin</u> before me on <u>December 16, 2019</u>	
	by <u>Syble Ann Beardslee</u> Signature <small>Printed Name of Person Signing Document</small> <small>Notary/Agent Signature</small>	
	Notary's Name (PRINTED or STAMPED) <u>Celina D. Reynold</u> Title <u>NOTARY</u> AND: Dealer No. OR <small>Notary/Agent</small> County / Office No. OR <u>12-20-21</u> <small>Notary/Agent</small> 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.)
	X _____ Printed Name (Position, if signing for business or organization) DOL Customer Account Number * <small>Signature of person releasing interest</small>
	X _____ Printed Name (Position, if signing for business or organization) DOL Customer Account Number * <small>Signature of person releasing interest</small>
	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.

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:
	X _____ Printed Name (Position, if signing for business or organization) DOL Customer Account Number * <small>Signature</small>

NOTARY SEAL OR STAMP 	NOTARIZATION/CERTIFICATION	
	State of Washington Signed or attested County of _____ before me on _____	
	by _____ Signature <small>Printed Name of Person Signing Document</small> <small>Notary/Agent Signature</small>	
	Notary's Name (PRINTED or STAMPED) _____ Title _____ AND: Dealer No. OR <small>Notary/Agent</small> County / Office No. OR _____ <small>Notary/Agent</small> 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.

52806



RELEASE OF INTEREST / POWER OF ATTORNEY

VEHICLE PLATE/VESSEL REG. NO. &147789		VEHICLE OR HULL IDENTIFICATION NUMBER (VIN OR HIN) H14270FKK70718	
YEAR 1977	MAKE Marle	SERIES/BODY TYPE 67x14	TITLE NUMBER

LIENHOLDER'S RELEASE OF INTEREST **REQUIRES NOTARIZATION/CERTIFICATION, UNLESS A BUSINESS ENTITY**
 MUST BE ACCOMPANIED BY CERTIFICATE OF TITLE OR COMPLETED, NOTARIZED/CERTIFIED AFFIDAVIT OF LOSS OF TITLE, FORM TD-420-040.
 I (We) release all interest in the above described vehicle/vessel.

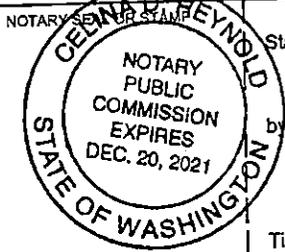
n/a

TYPE OR PRINT LIENHOLDER NAME / BUSINESS / COMPANY	SIGNATURE OF PERSON RELEASING INTEREST	TITLE FOR BUSINESS / COMPANY
TYPE OR PRINT LIENHOLDER NAME / BUSINESS / COMPANY	SIGNATURE OF PERSON RELEASING INTEREST	TITLE FOR BUSINESS / COMPANY

REGISTERED OWNER'S RELEASE OF INTEREST **REQUIRES NOTARIZATION/CERTIFICATION**
 I (We) release all interest in the above described vehicle/vessel.
 Syble Ann Beardslee
 TYPE OR PRINT NAME OF REGISTERED OWNER

x: *Syble Ann Beardslee*
 SIGNATURE OF REGISTERED OWNER

TYPE OR PRINT NAME OF REGISTERED OWNER



NOTARIZATION / CERTIFICATION

State of Washington County of Asotin Signed or attested before me on December 16, 2019

by Syble Ann Beardslee Signature
 Printed Name of Person Signing Document Notary / Agent Signature

Notary's Name (PRINTED or STAMPED) Celina D. Reynold

Title Notary Dealer No. OR AND: County / Office No. OR 12/20/21
 Notary / Agent Notary Expiration Date

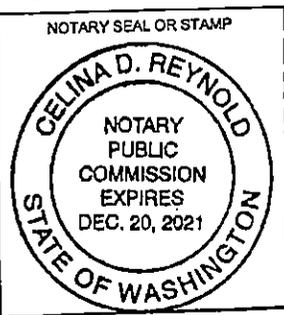
POWER OF ATTORNEY **REQUIRES NOTARIZATION/CERTIFICATION**
 TO: THE DEPARTMENT OF LICENSING
 Title & Registration Services
 Olympia, Washington
 And To Whom It May Concern:

I appoint Alliance Title & Escrow Corp. to act as my attorney-in-fact to sign all papers and documents that may be necessary in order to secure, or release, Washington title and/or registration for the vehicle/vessel described above. I agree to guarantee and save the State of Washington, and the Director of Licensing, from all responsibility for any legal action which might arise from the issuance of a Washington certificate of title and/or registration for this vehicle/vessel.

Syble Ann Beardslee
 TYPE OR PRINT NAME OF PERSON GRANTING POWER OF ATTORNEY

x: *Syble Ann Beardslee*
 SIGNATURE OF PERSON GRANTING POWER OF ATTORNEY

TYPE OR PRINT NAME OF PERSON GRANTING POWER OF ATTORNEY



NOTARIZATION / CERTIFICATION

State of Washington County of Asotin Signed or attested before me on December 16, 2019

by Syble Ann Beardslee Signature
 Printed Name of Person Signing Document Notary / Agent Signature

Notary's Name (PRINTED or STAMPED) Celina D. Reynold

Title Notary Dealer No. OR AND: County / Office No. OR 12/20/21
 Notary / Agent Notary Expiration Date

* The DOL CUSTOMER ACCOUNT NUMBER is found on the Washington Driver's License or Identification Card (12 characters), or if the owner is a business, it will be the UBI number found on the business Registration and License Document (9 digits).
 The Department of Licensing has a policy of providing equal access to its services.
 If you need special accomodation, please call (360) 902-3600 or TTY (360) 664-8885.

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