



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: Noel Lumper
Street: 601 3rd St. #353
City: Clarkston State: WA Zip Code: 99403

LOCATION OF MOBILE HOME
Name:
Street: 1447 Pound Lane
City: Clarkston State: WA Zip Code: 99403

NEW REGISTERED OWNER
Name: David C. Savone
Daniel C. Savone
Street: 2549 N Del Rey Ave
City: Sanger Cal State: 93657

LEGAL OWNER
Name: David C. Savone
Daniel C. Savone
Street: 2549 N Del Rey Ave
City: Sanger Cal State: 93657

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-041-13-002-0002-0010
LIST ASSESSED VALUE(S): \$ 500.00

REAL PROPERTY PARCEL or ACCOUNT NO. 1-041-13-002-0002-0000
LIST ASSESSED VALUE(S): \$ 75,000.00

Table with 6 columns: MAKE, YEAR, MODEL, SIZE, SERIAL NO. or I.D., REVENUE TAX CODE NO. Row 1: TRAVL, 1965, 60X12, 1184337, 23P

Date of Sale: 01/27/2020
Taxable Sale Price: \$ 500.00
Excise Tax: State \$ 5.50
County Local \$ 1.25
Delinquent Interest: State \$
Local \$ 0.0025
Delinquent Penalty \$
Subtotal \$ 6.75
State Technology Fee \$ 5.00
Affidavit Processing Fee \$
Total Due \$ 11.75
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.

ASOTIN 2020

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: Noel Lumper
Name (print): Noel Lumper
Date and Place of Signing: 1/27/2020 - Clarkston
Signature of Grantee/Agent: David C. Savone
Name (print): David C. Savone
Date & Place of Signing: Jan 27 2020 Sanger Cal

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
Date: 1-27-20
County Treasurer or Deputy: [Signature]

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

PAID

JAN 27 2020

ASOTIN COUNTY TREASURER

052892

12x60

1447

b2

STATE OF WASHINGTON CLE CERTIFICATE OF TITLE

TITLE NUMBER
9808902408

LICENSE NUMBER	DATE OF APPLICATION	MODEL YEAR	MAKE	POWER/USE	SERIES & BODY STYLE
&081866	03/30/1998	1965	TRAVL	MOB	60X12
VEHICLE IDENTIFICATION NUMBER (VIN)	FLEET/EQUIP. NUMBER	SCALE WT.	MILEAGE	ODOMETER CODE	
1184337			0000000	EXEMPT ODOMETER DISCLOSURE	
COMMENTS/ BRANDS	PRIOR TITLE STATE			PRIOR TITLE NUMBER	
1500 1997	WA			9703402611	

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

SALE PRICE _____
SIGNATURE(S) OF LEGAL OWNER(S) BELOW, HEREBY RELEASES ALL INTEREST IN VEHICLE DESCRIBED ABOVE.

LEGAL OWNER
**LUMPER, NOEL L
1441 POUND LANE
CLARKSTON WA 99403-2950**

BY _____
FIRST LEGAL OWNER-SIGNATURE & TITLE DATE RELEASED

BY _____
SECOND LEGAL OWNER-SIGNATURE & TITLE DATE RELEASED

LEGAL OWNER: When lien is satisfied, release interest, by signing above and transmit this document to County Auditor or Agent with proper fee. Failure to properly release and transmit the Title within 10 days after lien is satisfied may result in monetary penalty to the debtor, pursuant to RCW 46.12.170.

TRANSFEREE/BUYER MUST APPLY FOR TRANSFER OF TITLE WITHIN 15 DAYS FROM DATE OF DELIVERY TO AVOID PENALTY (SEE REVERSE FOR ADDITIONAL INFORMATION)

WARRANTY THAT THE RECORDS OF THE DEPARTMENT SPECIFICALLY SHOW PERSONS NAMED HEREON AS REGISTERED OWNERS ARE LEGAL OWNERS OF THE VEHICLE DESCRIBED



04/98
TD 420-002

0022474
0022474

KEEP IN A SAFE PLACE

ANY ALTERATION OR ERASURE VOIDS THIS TITLE

Seller: Please DETACH HERE

STATE OF WASHINGTON - DEPARTMENT OF LICENSING

Seller: Please DETACH HERE

VEHICLE SELLER'S REPORT OF SALE

REQUIRED WHENEVER OWNERSHIP CHANGES - INCLUDING DEALER TRADES

DOL USE ONLY

WARNING: THIS FORM DOES NOT TRANSFER TITLE

PLEASE PRINT OR TYPE - SEE IMPORTANT INSTRUCTIONS ON REVERSE SIDE

LICENSE NUMBER	MODEL YEAR	MAKE	VEHICLE IDENTIFICATION NUMBER (VIN)	POWER/USE	SERIES AND BODY STYLE	TITLE NUMBER
&081866	1965	TRAVL	1184337	MOB	60X12	9808902408

TRANSFEROR/SELLER: To be released from civil/criminal liability for the operation of the vehicle you must fill in this form COMPLETELY. The completed form MUST be delivered to your local licensing agent, or mailed, and delivered, to the Department of Licensing, within 5 days from the date of delivery of the vehicle. The DOL mailing address is:

State of Washington
Department of Licensing
PO BOX 9038
OLYMPIA WA 98507-9038



SELLER

NAME OF SELLER/TRANSFEROR (CURRENT REGISTERED OWNER) _____

COMPLETE ADDRESS OF SELLER/TRANSFEROR _____

CITY _____ STATE _____ ZIP CODE _____

PURCHASER

NAME OF PURCHASER/TRANSFEEE _____

COMPLETE ADDRESS OF PURCHASER/TRANSFEEE _____

CITY _____ STATE _____ ZIP CODE _____

DATE VEHICLE WAS SOLD _____ TODAY'S DATE _____ VEHICLE PURCHASE PRICE _____

SELLER'S/TRANSFEROR'S SIGNATURE
X

52892