



**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.

Used for sales on or after Jan. 1, 2020

FOR USE WHEN TRANSFERRING TITLE TO MOBILE HOME ONLY

PLEASE TYPE OR PRINT  
INCOMPLETE AFFIDAVITS WILL NOT BE ACCEPTED

**REGISTERED OWNER (Seller)**

Name  
Trustee of the Viola L. Oedewaldt 1992

Revocable Living Trust

Street  
2041 Valleyview Drive

City State Zip code  
Clarkston WA 99403

Phone number

**NEW REGISTERED OWNER (Buyer)**

Name  
Grace C. Dyson, as her sole and separate property

Street  
P. O. Box 464

City State Zip code  
Medical Lake WA 99022

Phone number  
(509) 842-6170

**LOCATION OF MOBILE HOME**

Name

Street  
~~2032 1/2 Andreassen Drive~~ **2029 VALLEYVIEW DR**

City State Zip code  
Clarkston WA 99403

**LEGAL OWNER**

Name  
Grace C. Dyson, as her sole and separate property

Street  
P. O. Box 465

City State Zip code  
Medical Lake WA 99022

PERSONAL PROPERTY  
PARCEL or ACCOUNT NO. 5 058 00 012 0000 0010  
LIST ASSESSED VALUE(S): \$ 500.00

REAL PROPERTY  
PARCEL or ACCOUNT NO. 5 058 00 12 0000 0010  
LIST ASSESSED VALUE(S): \$ 500.00

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.
Marlette	1968		12X65	502500	

Is this property predominantly used for timber (as classified under RCW 84.34 and 84.33) or agriculture (as classified under RCW 84.34.020)?  
See ETA 3215  Yes  No

Date of Sale \_\_\_\_\_

Taxable Sale Price	\$	0.00
Excise Tax: State	\$	0.00
Location Local	\$	0.00
Delinquent Interest: State	\$	0.00
<input type="checkbox"/> Local	\$	0.00
Delinquent Penalty	\$	0.00
Subtotal	\$	0.00
State Technology Fee	\$	5.00
Affidavit Processing Fee	\$	5.00
Total Due	\$	10.00

If exemption claimed, WAC number & title:  
WAC No. (Sec/Sub) 458-61A-202(6)(f)  
WAC Title Inheritance  
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 2020  
5-12-20 . [Signature]  
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 Grace C. Dyson

Name (print) Grace C. Dyson, PR

Date and Place of Signing: Medical Lake, WA <sup>May</sup> ~~April~~ 1, 2020

Signature of Buyer/Agent Grace C. Dyson

Name (print) Grace C. Dyson

Date & Place of Signing: Medical Lake, WA <sup>May</sup> ~~April~~ 1, 2020

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).

**PAID**

MAY 22 2020

ASOTIN COUNTY  
TREASURER

THIS SPACE - TREASURER'S USE ONLY

053150



# STATE OF WASHINGTON Vehicle Certificate of Title

VH 611368

Title Number  
1785380440

Vehicle Identification Number (VIN) **H12265FL10192** Year **1971** Make **MARO** Model **65/12** Body style

Title Issue Date **14-May-2020** Odometer Miles **0** Odometer Status **Exempt** Fuel Type

Scale Weight **0** Gross Vehicle Weight Rating Code Vehicle Color Prior Title State Prior Title Number

Comments  
**0/0, Duplicate**

Brands

Sale price \$ \_\_\_\_\_

Date of sale \_\_\_\_\_

**Buyer:** You must apply for title within 15 calendar days of acquiring the vehicle to avoid a penalty. Take this signed title to a vehicle/vessel licensing office with the appropriate fees.

**Legal Owner:** To release interest, sign below and give this title to the registered owner/transferee or to a vehicle licensing office with the proper fee within 10 days of satisfaction of the security interest, or you may be liable to the owner/transferee for penalties.

**Seller:** You must complete a Report of Sale and file it with the Department of Licensing within 5 business days of the sale. File at [dol.wa.gov](http://dol.wa.gov) or at any vehicle licensing office or county auditor.

Legal Owner	Registered Owner
<b>VIOLA OEDEWALDT</b> 2029 VALLEYVIEW DR CLARKSTON WA 99403-1352	<b>Same as Legal Owner</b>

**X** \_\_\_\_\_  
Signature of first legal owner releases all interest in the vehicle described above. If signing for a business, include business name, signature, and title. Date

**X** \_\_\_\_\_  
Signature of registered owner releases all interest in the vehicle described above. If signing for a business, include business name, signature and title. Date

**X** \_\_\_\_\_  
Signature of second legal owner releases all interest in the vehicle described above. If signing for a business, include business name, signature, and title. Date

**X** \_\_\_\_\_  
Signature of registered owner releases all interest in the vehicle described above. If signing for a business, include business name, signature, and title. Date

I certify that the records of the Department of Licensing show the persons named hereon as registered owners and legal owners of the vehicle described.  
*Teresa Brinton*  
Director, Department of Licensing

Federal regulation and state law require you to state the mileage when transferring ownership if the vehicle is less than 10 years old, unless exempt. Failure to complete this statement or providing a false statement may result in fines and/or imprisonment.

I certify, to the best of my knowledge, the odometer reading is: (no tenths) Transfer date / /

This reading is (check one):  the actual mileage of the vehicle  in excess of its mechanic limits  not the actual mileage.

Signature of transferee/buyer  
**X**

Signature of transferor/seller  
**X**

PRINTED name of transferee/buyer

PRINTED name of transferor/seller

Address of transferee/buyer

Address of transferor/seller

Assignment by: registered owner

Keep in a safe place. Any alteration or erasure voids this title.