



**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. Oedewald 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 Andreasen Drive

City State Zip code
Clarkston WA 99403

LEGAL OWNER

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

Street
P. O. Box 464

City State Zip code
Medical Lake WA 99022

PERSONAL PROPERTY
PARCEL or ACCOUNT NO. 5 058 00 012 0000 0020
LIST ASSESSED VALUE(S): \$ 2,400.00

REAL PROPERTY
PARCEL or ACCOUNT NO. 5 058 00 12 0000 0020
LIST ASSESSED VALUE(S): \$ 2,400.00

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.
Hillcrest	1971		20X40	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
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 Tal [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 ^{May} ~~April~~ 1, 2020

Signature of Buyer/Agent Grace C. Dyson

Name (print) Grace C. Dyson

Date & Place of Signing: Medical Lake, WA ^{May} ~~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

THIS SPACE - TREASURER'S USE ONLY

053151



STATE OF WASHINGTON

Vehicle Certificate of Title

VH 611369

Title Number

1785384635



Vehicle Identification Number (VIN)

H045396B

Year

1971

Make

HILM

Model

44/20

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 or at any vehicle licensing office or county auditor.

Legal Owner

**VIOLA OEDEWALDT
2029 VALLEYVIEW DR
CLARKSTON WA 99403-1352**

Registered Owner

Same as Legal Owner

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 _____

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

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 _____

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 Bortson
Director, Department of Licensing

Assignment by registered owner

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

Signature of transferor/seller

PRINTED name of transferee/buyer

PRINTED name of transferor/seller

Address of transferee/buyer

Address of transferor/seller