



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: SHARON BAKER, 1722 Lambert DR #1, CLARKSTON WA 99403, Phone number: 2084130043

LOCATION OF MOBILE HOME Name: 1722 Lambert DR #5, CLARKSTON WA 99403

NEW REGISTERED OWNER (Buyer) Name: BAKERS Light House PROLL, 1722 Lambert DR #1, CLARKSTON WA 99403, Phone number: 208413 0043

LEGAL OWNER Name: Street: City: State: Zip code:

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-024-14-008-0001-0050 LIST ASSESSED VALUE(S): \$ 300.00

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

Table with columns: MAKE, YEAR, MODEL, SIZE, SERIAL NO. or I.D., REVENUE TAX CODE NO. Row 1: CONCORD, 1975, 83340, 66x14, 83340

Is this property predominantly used for timber... Date of Sale: 9-22-20, Taxable Sale Price, Excise Tax, Delinquent Interest, Subtotal, State Technology Fee, Affidavit Processing Fee, Total Due: 10.00

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

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: Sharon Baker, Name (print): SHARON BAKER, Date and Place of Signing: 9-22-20 Asotin

If, in selling (or otherwise transferring ownership of) a mobile home which possesses a tax lien, the seller does not inform the buyer... PAID SEP 22 2020 ASOTIN COUNTY TREASURER 053498

0200

Sharon Baker c.i.#8118

THIS SPACE - TREASURER'S USE ONLY



STATE OF WASHINGTON

Vehicle Certificate of Ownership (Title)

Certificate Number

1105414502

#5

License number @56940	Vehicle identification number (VIN) S3340	Year 1975	Make CNCRD	Model	Style	Series/Body 56/14
Date issued 02/23/2011	Odometer miles 000000	Odometer status E	Fleet number	Equipment number	Fuel type	
Use class MOB	Scale weight 0000	Gross weight	Vehicle color	Prior title state WA	Prior title number 9828002312	

Comments
6300-2011

Brands

Sale price \$ _____

Date of sale _____

Legal owner: To release your interest, sign below, then give this title to the registered owner/transferee or send it to a vehicle licensing office with the proper fee. You may be liable to the registered owner/transferee for penalties if you do not release interest within 10 days after proper demand.

Legal owner
BAKER, SHARON
 1786 WOODSIDE RD
 WINCHESTER, ID 83555

Registered owner
SAME AS LEGAL OWNER

Signature of legal owner releases _____ Date _____
 all interest in the vehicle described above

Signature of registered owner releases _____ Date _____
 all interest in the vehicle described above

Signature of legal owner releases _____ Date _____
 all interest in the vehicle described above

Signature of registered owner releases _____ Date _____
 all interest in the vehicle described above

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.

Elizabeth A. Vance
 Director, Department of Licensing

Assignment by registered owner

Federal regulation and state law requires you to state the mileage in connection with the transfer of ownership. Failure to complete this odometer 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 ____/____/____
 Odometer reading in miles _____

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 _____

53498