



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: Geralene Oleson (formerly Geralene Webb)
Street: 1215 Evergreen Court
City: Clarkston, State: WA, Zip code: 99403

LOCATION OF MOBILE HOME
Name: Sunset Heights MH Park
Street: 2115 6th Avenue
City: Clarkston, State: WA, Zip code: 99403

NEW REGISTERED OWNER (Buyer)
Name: Kathleen Mary Wass
Street: 2115 6th Ave. #12
City: Clarkston, State: WA, Zip code: 99403

LEGAL OWNER
Name: Potlatch No. 1 Financial Credit Union
Street: PO Box 897
City: Lewiston, State: ID, Zip code: 83501

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-041-35-003-0001-0120
LIST ASSESSED VALUE(S): \$ 47,500.00

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

Table with 6 columns: MAKE, YEAR, MODEL, SIZE, SERIAL NO. or I.D., REVENUE TAX CODE NO.
Row 1: Liberty, 1995, 28/44, 09L29364XU

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 [X] No

Date of Sale 03/30/2023

Taxable Sale Price \$ 129,900.00

Excise Tax: State \$ 1,428.90

County Local \$ 324.75

Delinquent Interest: State \$ 0.00

0.0025 Local \$ 0.00

Delinquent Penalty \$

Subtotal \$ 1,753.65

State Technology Fee \$ 5.00

Affidavit Processing Fee \$ 0.00

Total Due \$ 1,758.65

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.

TREASURER'S CERTIFICATE

I hereby certify that property taxes due Astoria County on the mobile home described hereon have been paid to and including the year 2023

3/30/23 Date Astoria 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 [Signature]
Name (print) Geralene Oleson

Date and Place of Signing: 03/24/2023, Clarkston, WA

Signature of Buyer/Agent [Signature]
Name (print) Kathleen Mary Wass

Date & Place of Signing: 03/29/2023, Clarkston, WA

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

MAR 30 2023

THIS SPACE - TREASURER'S USE ONLY

55947

**Vehicle/Vessel Owner  
Name Update Affidavit for Individual**

Use this form to change your name on your vehicle/vessel record or to state your name as "one and the same" as the owner of a vehicle or vessel. When completed, take or mail this form to any vehicle licensing office to process. NOTE: You may need to complete additional paperwork.

**Vehicle/Vessel information**

PRINT or TYPE Vehicle plate/tab/decals or vessel registration number		Vehicle Identification Number (VIN) or Hull Identification Number (HIN) 09L29364XU
Model year 1995	Make Liberty	Model

**Current name on record**

Current name on record (Last, First, Middle)  
Webb, Geralene

**Correct a misspelled name**

Correct name (Last, First, Middle)  
Oleson, Geralene

**Change your name**

Change name to (Last, First, Middle)  
Oleson, Geralene

Reason for change  
New name is my married name.

**One and the same person**

The following names are one and the same person:

Name (Last, First, Middle)  
Webb, Geralene

Name (Last, First, Middle)  
Oleson, Geralene

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct and I am not defrauding creditors by changing my name.

3/24/2023 Clarkston, WA  
Date and place (city or county) signed

WDLB44TD123B  
Washington driver license/ID card number

X Geralene Oleson  
Signature

**Notarization/Certification**--You don't need your signature notarized if you sign in front of a WA vehicle licensing agent, who can certify your signature.

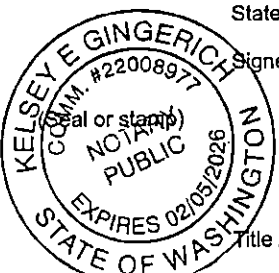
State of Washington County of Asotin

Signed or attested before me on 3/24/2023 by Geralene Oleson 19 Geralene Oleson  
Name of person(s) signing this document

Kelsey E. Gigerich  
Notary/Agent/Subagent signature

Kelsey E. Gigerich  
Notary printed or stamped name

Title Notary Public and 2/5/2026  
Dealer or county/office number or notary expiration date



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# AFFIDAVIT OF LOSS RELEASE OF INTEREST

LICENSE/REGISTRATION NUMBER	YEAR 19995	MAKE Liberty	SERIES AND BODY 28/44
VEHICLE IDENTIFICATION NUMBER (VIN) OR VESSEL HULL IDENTIFICATION NUMBER (HIN) 09L29364XU			TITLE NUMBER 1428956725

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
Signature: <u><i>Geralene Oleson</i></u> Printed Name (Position, if signing for business or organization): <u>Geralene Oleson (formerly Geralene Webb)</u> DOL Customer Account Number: *	

NOTARY SEAL OR STAMP	<b>NOTARIZATION/CERTIFICATION</b>	
	State of Washington	Signed or attested
	County of _____	before me on _____
	by _____	Signature _____
	Printed Name of Person Signing Document	Notary/Agent Signature
	Notary's Name (PRINTED or STAMPED) _____	
	Title _____	Dealer No. OR _____
	Notary/Agent	AND: County / Office No. OR _____
		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 _____ Signature of person releasing interest                      Printed Name (Position, if signing for business or organization)                      DOL Customer Account Number *
	X _____ Signature of person releasing interest                      Printed Name (Position, if signing for business or organization)                      DOL Customer Account Number *
	<b>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.</b>

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 _____ Signature                      Printed Name (Position, if signing for business or organization)                      DOL Customer Account Number *

NOTARY SEAL OR STAMP	<b>NOTARIZATION/CERTIFICATION</b>	
	State of Washington	Signed or attested
	County of <u>Isotin</u>	before me on <u>3/24/2023</u>
	by <u>Geralene Oleson</u>	Signature <u><i>Kelsey E. Gingerich</i></u>
	Printed Name of Person Signing Document	Notary/Agent Signature
	Notary's Name (PRINTED or STAMPED) <u>Kelsey E. Gingerich</u>	
	Title <u>Notary Public</u>	Dealer No. OR _____
	Notary/Agent	AND: County / Office No. OR <u>2/5/2026</u>
		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.

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# RELEASE OF INTEREST / POWER OF ATTORNEY

VEHICLE PLATE/VESSEL REG. NO.		VEHICLE OR HULL IDENTIFICATION NUMBER (VIN OR HIN)	
		09L29364XU	
YEAR	MAKE	SERIES/BODY TYPE	TITLE NUMBER
1995	Liberty	28/44	1428956725

RELEASE OF INTEREST

**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.

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.

Geralene Oleson (formerly Geralene Webb)	<i>Geralene Oleson</i>
TYPE OR PRINT NAME OF REGISTERED OWNER	SIGNATURE OF REGISTERED OWNER
TYPE OR PRINT NAME OF REGISTERED OWNER	SIGNATURE OF REGISTERED OWNER

	<b>NOTARIZATION / CERTIFICATION</b>	
	State of Washington County of <u>Asotin</u>	Signed or attested before me on <u>March 24, 2023</u>
	by <u>Geralene Oleson</u> Printed Name of Person Signing Document	Signature <u><i>Kelsey E. Gingerich</i></u> Notary / Agent Signature
	Title <u>Notary</u> Notary / Agent	Notary's Name (PRINTED or STAMPED) <u>Celina D. Reynolds Kelsey E. Gingerich</u> Dealer No. OR AND: County / Office No. OR <u>12/20/2025 - 2/5/2026</u> Notary Expiration Date

POWER OF ATTORNEY

**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 LLC 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.

Geralene Oleson	<i>Geralene Oleson</i>	
TYPE OR PRINT NAME OF PERSON GRANTING POWER OF ATTORNEY	SIGNATURE OF PERSON GRANTING POWER OF ATTORNEY	* DOL CUSTOMER ACCOUNT NUMBER
TYPE OR PRINT NAME OF PERSON GRANTING POWER OF ATTORNEY	SIGNATURE OF PERSON GRANTING POWER OF ATTORNEY	* DOL CUSTOMER ACCOUNT NUMBER

	<b>NOTARIZATION / CERTIFICATION</b>	
	State of Washington County of <u>Asotin</u>	Signed or attested before me on <u>March 24, 2023</u>
	by <u>Geralene Oleson</u> Printed Name of Person Signing Document	Signature <u><i>Kelsey E. Gingerich</i></u> Notary / Agent Signature
	Title <u>Notary</u> Notary / Agent	Notary's Name (PRINTED or STAMPED) <u>Celina D. Reynolds Kelsey E. Gingerich</u> Dealer No. OR AND: County / Office No. OR <u>12/20/2025 - 2/5/2026</u> Notary Expiration Date

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**RELEASE OF INTEREST / POWER OF ATTORNEY**

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		09L29364XU	
YEAR	MAKE	SERIES/BODY TYPE	TITLE NUMBER
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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**  
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TYPE OR PRINT NAME OF REGISTERED OWNER	SIGNATURE OF REGISTERED OWNER
TYPE OR PRINT NAME OF REGISTERED OWNER	SIGNATURE OF REGISTERED OWNER

NOTARY SEAL OR STAMP

**NOTARIZATION / CERTIFICATION**

State of Washington  
 County of Asotin Signed or attested before me on \_\_\_\_\_

by \_\_\_\_\_ Signature \_\_\_\_\_  
Printed Name of Person Signing Document Notary / Agent Signature

Notary's Name (PRINTED or STAMPED) \_\_\_\_\_

Title Notary AND: Dealer No. OR  
Notary / Agent County / Office No. OR  
 Notary Expiration Date \_\_\_\_\_

POWER OF ATTORNEY

**POWER OF ATTORNEY**

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TO: THE DEPARTMENT OF LICENSING  
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Kathleen Mary Wass	<i>Kathleen Mary Wass</i>	* DOL CUSTOMER ACCOUNT NUMBER
TYPE OR PRINT NAME OF PERSON GRANTING POWER OF ATTORNEY	SIGNATURE OF PERSON GRANTING POWER OF ATTORNEY	* DOL CUSTOMER ACCOUNT NUMBER
TYPE OR PRINT NAME OF PERSON GRANTING POWER OF ATTORNEY	SIGNATURE OF PERSON GRANTING POWER OF ATTORNEY	* DOL CUSTOMER ACCOUNT NUMBER

NOTARY SEAL OR STAMP

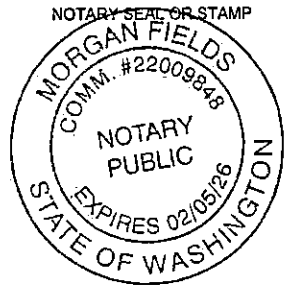
**NOTARIZATION / CERTIFICATION**

State of Washington  
 County of Asotin Signed or attested before me on March 29, 2023

by Kathleen Mary Wass Signature \_\_\_\_\_  
Printed Name of Person Signing Document Notary / Agent Signature

Notary's Name (PRINTED or STAMPED) Celina D. Reynolds Morgan Fields

Title Notary AND: Dealer No. OR  
Notary / Agent County / Office No. OR 12/20/2025 2/5/2026  
 Notary Expiration Date \_\_\_\_\_



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