

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: Shawn Rettkowski

Jennifer Rettkowski

Street: 1354 W. Sunset Highway Apt. B352

City: Airway Heights State: WA Zip code: 99001

Phone number: 509-254-3127

LOCATION OF MOBILE HOME

Name: Logan Mae Knight

Street: 1349 Libby Street

City: Clarkston State: WA Zip code: 99403

NEW REGISTERED OWNER (Buyer)

Name: Logan Mae Knight

Street: 635 8th Street

City: Clarkston State: WA Zip code: 99403

Phone number: 208-816-8210

LEGAL OWNER

Name: Freedom Northwest Credit Union

Street: PO Box

City: Kamiah State: ID Zip code: ID

PERSONAL PROPERTY
PARCEL or ACCOUNT NO. 5-004-25-002-0012-0000
LIST ASSESSED VALUE(S): \$ 500.00

REAL PROPERTY
PARCEL or ACCOUNT NO. 1-004-25-002-0012-0000
LIST ASSESSED VALUE(S): \$ 37,600.00

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.
CHAMP	1976		70/14	426713S0849	

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 05/12/2023

Taxable Sale Price	\$ 500.00
Excise Tax: State	\$ 5.50
County Local	\$ 1.25
Delinquent Interest: State	\$ 0.00
0.0025 Local	\$ 0.00
Delinquent Penalty	\$
Subtotal	\$ 6.75
State Technology Fee	\$ 5.00
Affidavit Processing Fee	\$ 0.00
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.

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 2022
5/19/23 G. Healy
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 [Signature]

Name (print) Shawn Rettowski

Date and Place of Signing: 05/11/2023, Clarkston, WA

Signature of Buyer/Agent [Signature]

Name (print) Logan Mae Knight

Date & Place of Signing: 05/11/2023, 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
MAY 19 2023

ASOTIN COUNTY
TREASURER

THIS SPACE - TREASURER'S USE ONLY



AFFIDAVIT OF LOSS RELEASE OF INTEREST

LICENSE/REGISTRATION NUMBER	YEAR 1976	MAKE CHAMP	SERIES AND BODY 70/14
VEHICLE IDENTIFICATION NUMBER (VIN) OR VESSEL HULL IDENTIFICATION NUMBER (HIN) 426713S0849			TITLE NUMBER

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)

TITLE REGISTRATION TAB DECAL

issued to me, is not now in my possession because it was (CHECK THE APPLICABLE BOX)

LOST STOLEN DESTROYED MUTILATED

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

NOTARIZATION/CERTIFICATION

NOTARY SEAL OR STAMP State of Washington Signed or attested
County of Spokane before me on 5-12-2023

Kurt D. Claussen by Shawn Rettkowski Signature [Signature]
Notary Public Printed Name of Person Signing Document Notary/Agent Signature

Commission Number 20100877 Notary's Name (PRINTED or STAMPED) Kurt D Claussen
My Commission Expires October 21, 2023 Dealer No. OR AND: County / Office No. OR 10-21-2023
Title Notary Public Notary/Agent 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 _____ Printed Name (Position, if signing for business or organization) DOL Customer Account Number *

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

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.

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

NOTARIZATION/CERTIFICATION

NOTARY SEAL OR STAMP 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) _____

Dealer No. OR AND: County / Office No. OR 56080
Title _____ Notary/Agent 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.



AFFIDAVIT OF LOSS RELEASE OF INTEREST

LICENSE/REGISTRATION NUMBER	YEAR 1976	MAKE CHAMP	SERIES AND BODY 70/14
VEHICLE IDENTIFICATION NUMBER (VIN) OR VESSEL HULL IDENTIFICATION NUMBER (HIN) 426713S0849			TITLE NUMBER

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)

By my signature I swear and say that the (CHECK THE APPLICABLE BOX)

TITLE REGISTRATION TAB DECAL

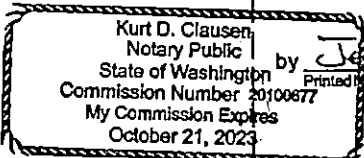
issued to me, is not now in my possession because it was (CHECK THE APPLICABLE BOX)

LOST STOLEN DESTROYED MUTILATED

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

NOTARY SEAL OR STAMP **NOTARIZATION/CERTIFICATION**

State of Washington Signed or attested
County of Spokane before me on 5-12-2023

→  by Jennifer Rettkowski Signature [Signature]
Printed Name of Person Signing Document Notary/Agent Signature

Notary's Name (PRINTED or STAMPED) Kurt D Clausen

Title Notary Public Dealer No. OR AND: County / Office No. OR 10-21-2023
Notary/Agent Notary Expiration Date

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.)

R E L E A S E

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 *

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.

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 **NOTARIZATION/CERTIFICATION**

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 AND: County / Office No. OR 56080
Notary/Agent 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.