



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.

FOR USE WHEN TRANSFERRING TITLE TO MOBILE HOME ONLY

PLEASE TYPE OR PRINT INCOMPLETE AFFIDAVITS WILL NOT BE ACCEPTED. REGISTRED OWNER: Robert Larimer, Marjorie Larimer. NEW REGISTRED OWNER: J. Michael Rada. LOCATION OF MOBILE HOME: Sonary Crest Mobile Home Park. PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-041-35-002-0002-3120. REAL PROPERTY PARCEL or ACCOUNT NO. LIST ASSESSED VALUE(S): \$60,900.00

Table with columns: MAKE, YEAR, MODEL, SIZE, SERIAL NO. or I.D., REVENUE TAX CODE NO. Row 1: Silco, 1988, 56/27, AB7SC44070R

Date of Sale 06/03/2019. Taxable Sale Price \$51,500.00. Excise Tax: State \$659.20, Local \$128.75. Delinquent Interest: State \$0.0025, Local \$. Delinquent Penalty \$. Subtotal \$787.95. State Technology Fee \$5.00. Affidavit Processing Fee \$. Total Due \$792.95. 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.

AFFIDAVIT. I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. Signature of Grantor/Agent: Robert Larimer. Name (print) Robert Larimer. Date and Place of Signing: 06/03/19, Clarkston, WA. Signature of Grantee/Agent: J. Michael Rada. Name (print) J. Michael Rada. Date & Place of Signing: 05/31/19, Vancouver, WA

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 2019. Date 6-3-19. County Treasurer or Deputy [Signature]

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).

THIS SPACE - TREASURER'S USE ONLY

PAID

REV 84 0003e (4/9/08) COUNTY TREASURER

A TEC CR #279964

JUN - 3 2019

ASOTIN COUNTY TREASURER

052227



AFFIDAVIT OF LOSS RELEASE OF INTEREST

LICENSE/REGISTRATION NUMBER	YEAR 1988	MAKE Silco	SERIES AND BODY 56/27
VEHICLE IDENTIFICATION NUMBER (VIN) OR VESSEL HULL IDENTIFICATION NUMBER (HIN) AB7SC44070R			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)

L O S S	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>X Marjorie Larimer</u> Marjorie Larimer <small>Printed Name (Position, if signing for business or organization) DOL Customer Account Number *</small>	

	NOTARIZATION / CERTIFICATION	
	State of Washington County of <u>Asotin</u>	Signed or attested before me on <u>June 3, 2019</u>
	by <u>Marjorie Larimer</u> <small>Printed Name of Person Signing Document</small>	Signature: <u>[Signature]</u> <small>Notary/Agent Signature</small>
	Title: <u>Notary</u> <small>Notary/Agent</small>	Notary's Name (PRINTED or STAMPED) <u>Celina D. Reynold</u> Dealer No. OR _____ AND: County / Office No. OR <u>127021</u> Notary Expiration Date _____

R E L E A S E	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.)
	<input checked="" type="checkbox"/> _____ <small>Signature of person releasing interest Printed Name (Position, if signing for business or organization) DOL Customer Account Number *</small>
	<input checked="" type="checkbox"/> _____ <small>Signature of person releasing interest Printed Name (Position, if signing for business or organization) DOL Customer Account Number *</small>
	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 <u>MUST</u> apply for title within 15 days. Failure to do so will result in monetary penalty assessment.

R E L E A S E	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:
	<input checked="" type="checkbox"/> _____ <small>Signature Printed Name (Position, if signing for business or organization) DOL Customer Account Number *</small>

NOTARY SEAL OR STAMP	NOTARIZATION / CERTIFICATION	
	State of Washington County of _____	Signed or attested before me on _____
	by _____ <small>Printed Name of Person Signing Document</small>	Signature _____ <small>Notary/Agent Signature</small>
	Title _____ <small>Notary/Agent</small>	Notary's Name (PRINTED or STAMPED) _____ Dealer No. OR _____ AND: County / Office No. OR _____ 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.

57227



AFFIDAVIT OF LOSS RELEASE OF INTEREST

LICENSE/REGISTRATION NUMBER	YEAR 1988	MAKE Silco	SERIES AND BODY 56/27
VEHICLE IDENTIFICATION NUMBER (VIN) OR VESSEL HULL IDENTIFICATION NUMBER (HIN) AB7SC44070R			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)

L O S S	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
	X <u>Robert Larimer</u> Signature	Robert Larimer Printed Name (Position, if signing for business or organization)	DOL Customer Account Number *	

NOTARY SEAL OR STAMP 	NOTARIZATION / CERTIFICATION			
	State of Washington County of <u>Proctor</u>	Signed or attested before me on <u>June 3, 2019</u>		
	by <u>Robert Larimer</u> Printed Name of Person Signing Document	Signature <u>[Signature]</u> Notary/Agent Signature		
	Notary's Name (PRINTED or STAMPED) <u>Celina D. Reynold</u>			
	Title <u>NOTARY</u> Notary/Agent	Dealer No. OR	AND: County / Office No. OR <u>12.20.21</u> Notary Expiration Date	

R E L E A S E	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 *
	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.		

G R O S S W E I G H T L I C E N S E	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 County of _____	Signed or attested before me on _____		
	by _____ Printed Name of Person Signing Document	Signature _____ Notary/Agent Signature		
	Notary's Name (PRINTED or STAMPED)			
	Title _____ Notary/Agent	Dealer No. OR	AND: County / Office No. OR Notary Expiration Date	

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RELEASE OF INTEREST / POWER OF ATTORNEY

VEHICLE PLATE/VESSEL REG. NO.		VEHICLE OR HULL IDENTIFICATION NUMBER (VIN OR HIN)	
		AB7SC44070R	
YEAR	MAKE	SERIES/BODY TYPE	TITLE NUMBER
1988	Silco	56/27	

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.

N/A

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.

Robert Larimer

Robert Larimer
SIGNATURE OF REGISTERED OWNER

TYPE OR PRINT NAME OF REGISTERED OWNER

Marjorie Larimer

Marjorie Larimer
SIGNATURE OF REGISTERED OWNER

TYPE OR PRINT NAME OF REGISTERED OWNER

NOTARIZATION / CERTIFICATION

<p>NOTARY SEAL OR STAMP</p>	<p>State of Washington County of <u>Asotin</u></p>		<p>Signed or attested before me on <u>06/03/2019</u></p>
	<p>by <u>Robert & Marjorie Larimer</u> Printed Name of Person Signing Document</p>		<p>Signature <i>[Signature]</i> Notary / Agent Signature</p>
	<p>Title <u>Notary</u> Notary / Agent</p>		<p>Notary's Name (PRINTED or STAMPED) <u>Celina D. Reynold</u></p>
			<p>Dealer No. OR AND: County / Office No. OR <u>12/20/21</u> Notary Expiration Date</p>

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 Corp. 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.

Robert Larimer

Robert Larimer
SIGNATURE OF PERSON GRANTING POWER OF ATTORNEY

TYPE OR PRINT NAME OF PERSON GRANTING POWER OF ATTORNEY

Marjorie Larimer

Marjorie Larimer
SIGNATURE OF PERSON GRANTING POWER OF ATTORNEY

TYPE OR PRINT NAME OF PERSON GRANTING POWER OF ATTORNEY

NOTARIZATION / CERTIFICATION

<p>NOTARY SEAL OR STAMP</p>	<p>State of Washington County of <u>Asotin</u></p>		<p>Signed or attested before me on <u>06/03/2019</u></p>
	<p>by <u>Robert & Marjorie Larimer</u> Printed Name of Person Signing Document</p>		<p>Signature <i>[Signature]</i> Notary / Agent Signature</p>
	<p>Title <u>Notary</u> Notary / Agent</p>		<p>Notary's Name (PRINTED or STAMPED) <u>Celina D. Reynold</u></p>
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