MOBILE HOME Revenue evenue REAL ESTATE EXCISE TAX AFFIDAVIT Chapter 82,45 RCW This form is your receipt when stamped Submit to County Treasurer of the county Chapter 458-61A WAC by cashier. in which property is located. FOR USE WHEN TRANSFERRING TITLE TO MOBILE HOME ONLY PLEASE TYPE OR PRINT INCOMPLETE AFFIDAVITS WILL NOT BE ACCEPTED Name NEW REGISTERED OWNER J. Michael Rada Robert Larimer REGISTERED E Marjorie Larimer Street Street 2015 6th Avenue, #312C 2015 6th Avenue, #312C Zip Code State Zip Code 99403 City State City Clarkston WA 99403 WA Clarkston Name OWNER J. Michael Rada LOCATION OF MOBILE HOME Sonary Crest Mobile Home Park Street Street LEGAL 2015 6th Avenue, #312C 2015 6th Avenue State Zip Code State City Clarkston Zip Code City 99403 99403 WA Clarkston REAL PROPERTY PARCEL or ACCOUNT NO. PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-041-35-002-0002-3120 LIST ASSESSED VALUE(S): \$ LIST ASSESSED VALUE(S): \$ 60,900.00 REVENUE TAX SIZE SERIAL NO. or I.D. MODEL YEAR CODE NO. 56/27 AB7SC44070R 1988 Silco 06/03/2019 Date of Sale AFFIDAVIT 51,500.00 I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. Taxable Sale Price 659.20 Excise Tax: State 128.75 Asotir County Grantor/Agent 5 Delinquent Interest: State Name (print) Robert Larimer 0.0025 Date and Place of Signing: 06/03/19, Clarkston, WA **Delinquent Penalty** 787.95 5.00 State Technology Fee Signature of Affidavit Processing Fee. Grantee/Agent 792.95 Name (print) J. Michael Rada If exemption claimed, WAC number & title: Date & Place of Signing: 05/31/19 WAC No. (Sec/Sub) WAC Title A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX. TREASURER'S CERTIFICATE If, in selling (or otherwise transferring ownership of) a mobile home which possesses a tax lien, the seller does not inform the buyer (new I hereby certify that property taxes due County on the mobile home described hereon have been paid to and including the year 2011 owner) of such a lien, the seller is guilty of deliberate deception as it including the year 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). County Treasurer or Deputy Date THIS SPACE - TREASURERS USE ONLY

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

ATEC CR #279964

JUN - 3 2019

ASOTIN COUNTY
TREASURER

052227



LICENSE/REGISTRATION NUMBER YEAR

MAKE

AFFIDAVIT OF LOSS RELEASE OF INTEREST

SERIES AND BODY

	1988 Silco				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										
une	they shall be punished by a fine of up to \$5,000 and/or imprisonment for up to ten years. (RCW 46.12.210)									
	1 <u> </u>	ny signature I swear and say that the (CHECK THE APPLICABLE BO ☑ TITLE ☐ REGISTRATION ☐ TAB				CAL				
L	<u> </u>	now in my possession because it was (CHECK THE APPLICABLE BOX)								
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\vdash	NOTARY SEAL OR STAMP			RIZATION/CER		·· ·				
	State of Washington Ask True Signed or attested (1997)									
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	10 / OSS. / / /	1	Notary's Name (PRI	Dealer No.	OR 1770	21				
\	TE OF WASHIE	Title Notary/A	NOTARY gent	AND: County / O Notary Exp		<u> </u>				
	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	X Signature of person releasing in	Printed Name (Position,	If signing for business or or	ganization) DOL Customer Ad	count Number 🛣					
E	<u> </u>									
<u>L</u>	Signature of person releasing in		•	Printed Name (Position, if signing for business or organization) DOL Customer Account Number						
E	NOTE: A Vehicle Odometer Disclosure (Form TD-420-006) is required when transferring a vehicle									
S	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 mu	(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 de										
X Signature Printed Name (Position, if signing for business or organization) OOL Customer Account Number										
-	NOTARY SEAL OR STAMP	7	NOTA	RIZATION/CE	RTIFICATION					
State of Washington				•	Signed or attested					
County of before me on										
		by District No.	by Signature Notary/Agent Signature							
Notary's Name (PRINTED or STAMPED)										
Dealer No. OR										
Title AND: County / Office No. OR Notary/Agent Notary Expiration Date										
	Notary/Agent Notary Expiration Date									

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.

^{*}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).



LICENSE/REGISTRATION NUMBER YEAR

MAKE

AFFIDAVIT OF LOSS RELEASE OF INTEREST

SERIES AND BODY

	19	988	Silco			56/27				
VEHICLE IDENTIFICATION NUMBER (VIN) OR VESSEL HULL IDENTIFICATION NUMBER (HIN) TITLE NUMBER										
	AB7SC44070R									
An the	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		□RE(SISTRATION	TAB	DEC	ÄL			
L	issued to me, is not no	ot now in my possession because it was (CHECK THE APPLICABLE BOX)								
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S	- Old		· ,	Robert Larime	- r					
	Signature Printed Name (Position, if signing for business or organization) DOL Customer Account Number *									
NOTARIZATION/CERTIFICATION										
ļ	State of Washington County of Property AVIMER Signature Signature Signature Signature									
1	MOTARY DISTRICT									
	PUBLIC COMMISSION	~.	d Name of Person Sign	ing Document	Signature	Notary/Agent Signor See	D 11			
	ω\ EXPIRES /	ŧ)	N	otary's Name (PRI		-	Keyhold_			
	DEC. 20, 2021	{/ { Title	NATA	WV	Dealer No. AND: County / C	<i>V, , ,</i> , .	2/			
	FWASHIN		ary/Agent	···		iration Date				
	By my signature I release my interest as Legal Owner of the vehicle/vessel described above.									
ļ	(NOTE: This Release of Interest must be signed by ALL Legal Owner(s), with signatures notarized; use						ized; use			
]	additional forms if necessary.)									
 	X Signature of person releasing Inte	araet		Printed Name (Position.	if signing for business cros	ganization) DOL Customer Ac	count Number *			
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L	Signature of person releasing interest			Printed Name (Position, if signing for business or organization) DOL Customer Account Number *						
E	NOTE: A Vehicle Odometer Disclosure (Form TD-420-006) is required when transferring a vehicle									
S	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.									
E	GROSS WEIGHT LICENSE									
	(AGENT: You mus	(AGENT: You must verify gross weight license. Your signature certifies that the information was verified.)								
	l authorize this Gros	ss Weigl	it License to b	e transferred to	he new owner a	nd remain with the vehic	e described above:			
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Title AND: County / Office No. OR										
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^{*}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).



RELEASE OF INTEREST / POWER OF ATTORNEY

]	VEHICLE PLATE/VE	SSEL REG. NO.	VEHICLE OR AB7SC	ULL IDENTIFICATION NUMBER (VIN OR HIN) 14070R				
		YEAR 1988	MAKE Silco		SERIES/BODY TYPE 56/27		TITLE NUMBER		
2	MUSTBEA	CCOMPANIED I	EASE OF INTER BY CERTIFICATE OF st in the above de	TITLE OR C	OMPLETED, NOTAE	RIZATION/C	CERTIFICATION, UN FIED AFFIDAVIT OF LO	NLESS A BUSINE DSS OF TITLE, FOR	SS ENTITY M TD-420-040.
3		IT LIENHOLDER NAM	E / BUSINESS / COMPANY		SIGNATURE OF	PERSON RELEAS	SING INTEREST	TITLE FOR BUSINESS	3 / COMPANY
A I	TYPE OR PRIN	TYPE OR PRINT LIENHOLDER NAME / BUSINESS / COMPANY SIGNATURE OF PERSON RELEASING INTEREST TITLE FOR BUSINESS / COMPANY							
	REGISTERED OWNER'S RELEASE OF INTEREST I (We) release all interest in the above described vehicle/vessel.								ON
ol	Robert L	arimer		_		Seput	Jarumir		
	TYPE OR PRIN	NT NAME OF REGIST	EREO OWNER		sic	GNATURE OF RE	GISTERED OWNER		
	•	: Larimer				maya	u Dunie		
	TYPE OR PRIN	NT NAME OF REGIST	ERED OWNER				GISTERED OWNER	<u> </u>	
KI	**	SEAL OR STAMP					RTIFICATION		\ \
_		=	State of Washin	igton ity of Asot	in		or attested 06/03/28	19	
E E	~/ PII	BLIC I I	Robert &	z Marjori Person Signing	e Larimer	Signatur	Notal Zagant signature	radid	
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	o√ DEC.	20, 2021	Title Notary		ANI	Dealer No. D: County / O	ffice No. OR 12/20	/21	_ 1
T	(Z)	150	Notary / Ager			Notary Exp	oiration Date		
	- \CF	WAS							
			POWER O		1EY	REQU	UIRES NOTARIZAT	ION/CERTIFICAT	ION
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E	Lannoint	Alliance Ti	tle & Escrow Co	orp	to act as n	ny attorney	-in-fact to sign all	papers and doo	uments that
5	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.							ribed above.	
	Lagree t	o guarantee a	and save the Sta	te of Wasl	hington, and the	Director of	f Licensing, from a	all responsibility	tor any legal
ra=	action w	hich might ar	ise from the issu	ance of a	Washington ce	ertificate of	title and/or registr	ation for this ve	nicie/vessel.
O F	Robert I	arimer		#	Dakert	Jan	,		
Г			GRANTING POWER OF A	TORNEY SIG	SNATURE OF PERSON GR	RANTING POWER	ROFATTORNEY *D	OL CUSTOMER ACCOUN	T NUMBER
		Morioria I grimer							
A		PE OR PRINT NAME OF PERSON GRANTING POWER OF ATTORNEY SIGNATURE OFFERSON GRANTING POWER OF ATTORNEY * DOL CUSTOMER ACCOUNT NUMBER							TNUMBER
T	NOTARIZATION / CERTIFICATION								
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R		O. REYNOLD OTABY	\ bv Robert &	z Mariori	e Larimer	Clanatur			
Ν			Printed Name o	Person Signing	Document	Signatur	Notary / Agent Signature		
E	ll f co:	MMSSION			y's Name (PRINTED	or STAMPE	D) Celina R. Re	y il qld	
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or if the owner is a business, it will be the UBI number found on the business Registration and License Document (9 digits).