

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: The Katalin Nyitrai Trust

Street: PO Box 554

City: Longview State: WA Zip code: 98032

Phone number: (509) 904-0193

LOCATION OF MOBILE HOME

Name: Golden Acres Mobile Home Park

Street: 1430 Chestnut St Space #6

City: Clarkston State: WA Zip code: 99403

NEW REGISTERED OWNER (Buyer)

Name: MARY ANN SHARP

Street: Richard L Sharp
1430 CHESTNUT ST. #6

City: CLARKSTON State: WA Zip code: 99403

Phone number: 530-510-5245

LEGAL OWNER

Name: _____

Street: _____

City: _____ State: _____ Zip code: _____

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-004-23-D11-0002-0060

LIST ASSESSED VALUE(S): \$ 9400.00

REAL PROPERTY PARCEL or ACCOUNT NO. _____

LIST ASSESSED VALUE(S): \$ _____

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.
<u>Hillcrest</u>	<u>1981</u>		<u>70X14</u>	<u>02960209P</u>	

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 JAN 28, 2021

Taxable Sale Price \$ 10,000.00

Excise Tax: State \$ 110.00 0.00

Local \$ 25.00 0.00

Delinquent Interest: State \$ 0.00

Local \$ 0.00

Delinquent Penalty \$ 0.00

Subtotal \$ 135.00 0.00

State Technology Fee \$ 5.00 -5.00

Affidavit Processing Fee \$ 5.00 -5.00

Total Due \$ 140.00 -10.00

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 ASOTIN COUNTY, including the year 2020 have been paid to and including the year 1/28/21

Date: 1/28/21 County Treasurer or Deputy: Charol Akhesh

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): Zita Nyitrai

Date and Place of Signing: _____

Signature of Buyer/Agent: [Signature]
Name (print): MARY ANN SHARP

Date & Place of Signing: JAN 28, 2021 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).



STATE OF WASHINGTON
Vehicle Certificate of Title

Title Number
1630125706

License Number **%21506** Vehicle Identification Number (VIN) **02960209P** Year **1981** Make **HILLC** Model Style Series/Body **70/14**

Date of Application **09/29/2016** Odometer Miles **0000000** Odometer Status **E** Fuel Type

Scale Weight **00000** Gross Vehicle Weight-Rating Code Vehicle Color Prior Title State **WA** Prior Title Number **1627349708**

Comments
12000-2016

Brands

Sale price \$ **10,000.00**

Date of sale **Jan 28 2021**

Legal Owner: To release interest, sign below and give this title to the registered owner/transferee or to a vehicle licensing office with the proper fee within 10 days of satisfaction of the security interest, or you may be liable to the owner/transferee for penalties.

Buyer: You must apply for title within 15 calendar days of acquiring the vehicle to avoid a penalty. Take this signed title to a vehicle/vessel licensing office with the appropriate fees.

Legal Owner
THE KATALIN NYITRAI TRUST
PO BOX 554
LONGVIEW, WA 98632

Registered Owner
SAME AS LEGAL OWNER

X *[Signature]* **Twislee** Date _____
Signature of first legal owner releases all interest in the vehicle described above. If signing for a business, include business name, signature, and title.

X *[Signature]* **Twislee** Date _____
Signature of registered owner releases all interest in the vehicle described above. If signing for a business, include business name, signature and title.

X Date _____
Signature of second legal owner releases all interest in the vehicle described above. If signing for a business, include business name, signature, and title.

X Date _____
Signature of registered owner releases all interest in the vehicle described above. If signing for a business, include business name, signature, and title.

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.

[Signature]
Director, Department of Licensing

Federal regulation and state law require you to state the mileage when transferring ownership if the vehicle is less than 10 years old, unless exempt. Failure to complete this 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.

Assignment by registered owner

Signature of transferee/buyer
X

PRINTED name of transferee/buyer

Address of transferee/buyer

Signature of transferor/seller
X

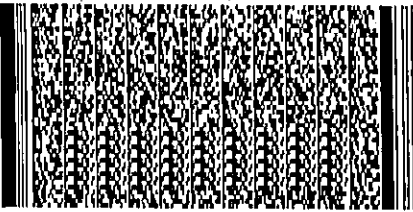
PRINTED name of transferor/seller

Address of transferor/seller

Keep in a safe place. Any alteration or erasure voids this title.

53880

SPACE C 1430



Vehicle Title Application/Registration Certificate

10/27/2016 1630127010419426 %21506

License plate %21506	Plate issue date	Tab no	Reg expiration 00/00/0000	Value code 12000	Year 2016	Mo reg	Mo gwt	Power	Use MOB
Model year 1981	Make HILLC	Series/Body 70/14	Model	BT	Vehicle identification (VIN)/Serial no 02960209P	Res.co 2	Prev plate %21506	Scale wt	
Seats	Gross weight	Freight Proj	Gwt start	Gwt exp	Fleet	Equipment number	Prev Title 1627349708	Prev st WA	
Brands:									
Comment: TITLE PURPOSE ONLY -17 - 18									

Mileage

E

Registered owner

Legal owner

THE KATALIN NYITRAI TRUST
 PO BOX 554
 LONGVIEW WA 98632

I certify that the information contained hereon is accurate and complete.

Katalin Nyitrai, Trustee
 Signature of registered owner(s)

 Signature of registered owner(s)

Subscribed and sworn to before

_____ this _____ day of _____

BATCH NO 0849

FILING
 SERVICE FEE
 LOCAL FEE
 LICENSE SRVC
 GWT/VWT FEE
 FREIGHT PROJ

QUICK TITLE
 TBD FEE 200
 RTA EXCISE
 USE TAX
 OTHER
 DONOR AWARENESS

STATE PARKS
 CHECK
 CASH
 TOTAL FEES

Validation code 09270104163011027160026041942

RE-ISSUE

RPT ID: ATITPR-4

This document is not proof of ownership.

VehicleTitlePage2 (R/5/16)E

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