



**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: Christopher Orr, Personal Representative

Estate of Claude W. Orr, deceased

Street: 249 TAYLOR WAY

City: OLD TOWN State: ID Zip code: 83822

Phone number:

NEW REGISTERED OWNER (Buyer)

Name: Ronda L. Jennings

Randy L. Knight

Street: 7041 Silcott Rd.

City: Clarkston State: WA Zip code: 99403

Phone number:

LOCATION OF MOBILE HOME

Name: Estate of Claude W. Orr, deceased

Street: 2202 10th Avenue

City: Clarkston State: WA Zip code: 99403

LEGAL OWNER

Name: Ronda L. Jennings

Randy L. Knight

Street: 7041 Silcott Rd.

City: Clarkston, WA State: WA Zip code: 99403

PERSONAL PROPERTY
PARCEL or ACCOUNT NO. _____
LIST ASSESSED VALUE(S): \$ 67,100.00

REAL PROPERTY
PARCEL or ACCOUNT NO. 1-122-01-001-0003-0000
LIST ASSESSED VALUE(S): \$ 97,900.00

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.
Brook	1992		26/66	IDFLN04A14538BF	

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 05/25/2021

Taxable Sale Price	\$	131,000.00
Excise Tax: State	\$	1,441.00
County Local	\$	327.50
Delinquent Interest: State	\$	0.00
Local	\$	0.00
Delinquent Penalty	\$	
Subtotal	\$	1,768.50
State Technology Fee	\$	5.00
Affidavit Processing Fee	\$	0.00
Total Due	\$	1,773.50

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 2021.

5-25-21 [Signature]
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] EXECUTOR

Name (print) Christopher Orr, Personal Representative

Date and Place of Signing: May 24, 2021, Clarkston, WA

Signature of Buyer/Agent [Signature]

Name (print) Ronda L. Jennings

Date & Place of Signing: May 24, 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 9A.45.060, RCW 9A.56.010, and RCW 9A.56.020).

PAID

MAY 25 2021

ASOTIN COUNTY
TREASURER

THIS SPACE - TREASURER'S USE ONLY

CERTIFIED COPY

FILED
KING COUNTY, WASHINGTON
MAR 31 2021
SUPERIOR COURT CLERK

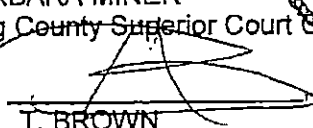
IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
FOR THE COUNTY OF KING

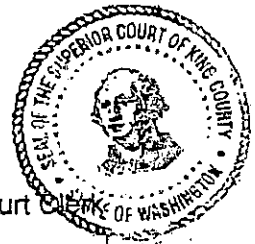
IN RE THE ESTATE OF CLAUDE W. ORR DECEASED	NO: 21-4-01927-1 SEA LETTERS TESTAMENTARY (LTRTS)
-----------------------------------------------------------------	-------------------------------------------------------------

The last will of the above named decedent was duly exhibited, proven and filed on March 31, 2021. It appears in and by said will that **CHRISTOPHER ORR** is/are named Executor(s) and by order of this court is/are authorized to execute said will according to law.

WITNESS my hand and seal of said Court: March 31, 2021.

BARBARA MINER
King County Superior Court Clerk

By:  Deputy Clerk
T. BROWN



• NOT OFFICIAL WITHOUT SEAL •

I BARBARA MINER, Clerk of the Superior Court of the State of Washington for King County, do hereby certify that this copy is a true and perfect transcript of said original as it appears on file and of record in my office and of the whole thereof. IN TESTIMONY WHEREOF, I have affixed this Seal of said Superior Court at my office at Seattle, Barbara Miner
By Deputy Clerk: N. Sparks



54199



AFFIDAVIT OF LOSS RELEASE OF INTEREST

LICENSE/REGISTRATION NUMBER	YEAR 1992	MAKE Brook	SERIES AND BODY 26/66
VEHICLE IDENTIFICATION NUMBER (VIN) OR VESSEL HULL IDENTIFICATION NUMBER (HIN) IDFLN04A14538BF			TITLE NUMBER 9901102608

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)

TITLE REGISTRATION TAB DECAL

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

LOST STOLEN DESTROYED MUTILATED

Christopher Orr Executor Christopher Orr, P.R. Estate of Claude Orr
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 Asotin before me on 5/24/2021

by Christopher Orr, Executor Signature Debbie C. Heagy
Printed Name of Person Signing Document Notary/Agent Signature

Notary's Name (PRINTED or STAMPED) Debbie C. Heagy

Title Notary Dealer No. OR AND: County / Office No. OR 8/26/2023
Notary/Agent 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.)

Christopher Orr Executor Christopher Orr, P.R. Estate of Claude Orr
Signature of person releasing interest Printed Name (Position, if signing for business or organization) DOL Customer Account Number *

 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:

 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 Asotin before me on 5/24/2021

by Christopher Orr, Executor Signature Debbie C. Heagy
Printed Name of Person Signing Document Notary/Agent Signature

Notary's Name (PRINTED or STAMPED) Debbie C. Heagy

Title Notary Dealer No. OR AND: County / Office No. OR 8/26/2023
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).

54199

5/12/2021

DRIVES - Ownership: 00-018962158

DRIVES

Account



Account Ownership: 00-018962158

Search

- Ownership: C08304J
- Interaction R39606983
- Ownership: AKW8752
- Interaction R39637573
- Ownership: 00-018962158**
- New Manager

Notifications
View Support ID

12

Title Purpose Only

Account: Ownership

Balance : 0.00 Account ID : 00-018962158
 Commence : 11-Jan-1999 Legal Name : JOSEPH PICAVET
 Location : 2202 10TH AVE
 CLARKSTON WA 99403-1618

VIN : IDFLN04A14S38BF
 Title Number : 9901102608
 Issued : 11-Jan-1999
 Lien : No Lien Exists
 Details : 1992 BROOK 26/68
 Title : Active

Recent Notes

10-Dec Removed plate number %044139 based on TPO Legacy plate type.

Financial CRM Task Demographics AAMVA Images Other

Registration Files Owners All Activities Storage Vehicle Violations

Account Registration History

Type	Transaction	From	Expiration	Registration	Plate/Decal Type
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84199