



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: JEFF GLOVER, Street: 2015 6TH AVE SPC 132A, City: CLARKSTON, State: WA, Zip code: 99403

NEW REGISTERED OWNER (Buyer) Name: James E. Eddys, Street: 2115 6th Ave #46, City: Clarkston, State: WA, Zip code: 99403, Phone number: (907) 315 7547

LOCATION OF MOBILE HOME Name: [Blank], Street: 2015 6TH AVE SPC 132A, City: CLARKSTON, State: WA, Zip code: 99403

LEGAL OWNER Name: [Blank], Street: [Blank], City: [Blank], State: [Blank], Zip code: [Blank]

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-041-35-002-002-1320 LIST ASSESSED VALUE(S): \$ 12,500.00

REAL PROPERTY PARCEL or ACCOUNT NO. [Blank] LIST ASSESSED VALUE(S): \$ [Blank]

Table with columns: MAKE, YEAR, MODEL, SIZE, SERIAL NO. or I.D., REVENUE TAX CODE NO. Row 1: [Blank], 1978, CONCORD, 14X70, 29875204302, [Blank]

Is this property predominantly used for timber... See ETA 3215 Date of Sale 9-10-21 Yes No

Taxable Sale Price \$ 9,000.00 Excise Tax: State \$ 99.00 Local \$ 22.50 Delinquent Interest: State \$ Local \$ Delinquent Penalty \$ Subtotal \$ 121.50 State Technology Fee \$ 5.00 Affidavit Processing Fee \$ Total Due \$ 126.50

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 9-10-21 [Signature] 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: Laura Tillea as POA Name (print): Laura Tillea Date and Place of Signing: 9-10-21 ASOTIN

Signature of Buyer/Agent: James E. Eddys Name (print): JAMES E EDDYS Date & Place of Signing: 9/10/21 ASOTIN

If, in selling (or otherwise transferring ownership of) a mobile home which possesses a tax lien, the seller does not inform the buyer... PAID

SEP 10 2021

ASOTIN COUNTY TREASURER

THIS SPACE - TREASURER'S USE ONLY

# Affidavit of Loss/Release of Interest

When completed, mail or take this form to any vehicle licensing office. If mailing, you must have your signature notarized.

License plate/Registration number <u>N/A</u>		Vehicle Identification Number (VIN) or Vessel Hull Identification Number (HIN) <u>298752D4302</u>	
Model year <u>2013</u>	Make <u>Concord</u>	Model <u>MFA</u>	Body style

### Affidavit of loss – Signature must be notarized or certified

Check all that apply

I do not have the following:

Title    Registration    Tab    Decal    Plates    Metal tag

It is not in my possession because it was:

Destroyed    Illegible    Lost    Stolen    Defaced and can no longer be used

*I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. If signing for a business, I have full authority to do so.*

Jeff Glover  
PRINT Name

PRINT Name

Position and company name, if signing for a business

Position and company name, if signing for a business

208-791-3198 WDL DGLT 664FB  
(Area code) Telephone   Washington driver license number

(Area code) Telephone   Washington driver license number

Email

Email

Clarkston, WA Asotin Co 9-8-2021  
Date and place (city or county) signed

Date and place (city or county) signed

[Signature]  
Signature

[Signature]  
Signature

### Release of interest – Signature must be notarized or certified

What are you releasing (check all that apply)

I am releasing interest in the following for the vehicle or vessel described above.

Ownership    Gross weight license    Personalized plate

*I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. If signing for a business, I have full authority to do so.*

Jeff Glover  
PRINT Name

PRINT Name

Position and company name, if signing for a business

Position and company name, if signing for a business

208-791-3198 WDL DGLT 664FB  
(Area code) Telephone   Washington driver license number

(Area code) Telephone   Washington driver license number

Email

Email

Clarkston WA, Asotin Co 9-8-2021  
Date and place (city or county) signed

Date and place (city or county) signed

[Signature]  
Signature

[Signature]  
Signature

**Notarization/Certification** – You don't need your signature notarized if you sign in front of a WA vehicle licensing agent, who can certify your signature.

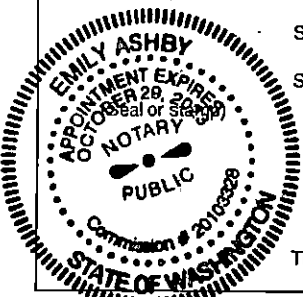
State of Washington County of Asotin

Signed or attested before me on 9-8-2021 by Jeffery L. Glover  
Name of person(s) signing this document

[Signature]  
Notary/Agent/Subagent signature

Emily Ashby  
Notary printed or stamped name

Title Notary Public and 10-29-2023  
Dealer or county/office number or notary expiration date



**Vehicle/Vessel Bill of Sale**

Use this form to gather necessary information when you sell your vehicle or vessel. **Completing this form does not transfer the title or act as a Report of Sale.** To complete the transaction, the buyer and seller have the following responsibilities:

**Seller**

Submit a completed Report of Sale **within 5 days** from the date of sale. The Report of Sale releases your liability from the vehicle or vessel. You can report the sale:

- In person at any vehicle licensing office
- Online (vehicle only) at [dol.wa.gov](http://dol.wa.gov)
- Mail a Vehicle Report of Sale or Vessel Report of Sale to any vehicle licensing office. Include required fee in a check or money order, made payable to Department of Licensing.

**Buyer**

To apply for a new title, take the Certificate of Title and this Bill of Sale to any vehicle licensing office and pay all fees and taxes. You must apply **within 15 days** of acquiring the vehicle/vessel or you will pay a late fee. Late transfer fees start at \$50 and increase to a maximum of \$125.

**NOTE:** Depending on your specific situation, other forms may be necessary. For more information, contact customer service at (360) 902-3770. Forms are available online at [dol.wa.gov](http://dol.wa.gov) or at any vehicle licensing office.

**Vehicle/Vessel information**

Sale of (choose one) <input type="checkbox"/> Vehicle <input type="checkbox"/> Vessel		License plate/Registration number N/A	Vehicle Identification number (VIN)/Hull Identification number (HIN) 298752D 4302		
Model year 1978	Make Concord	Model MF4	Date of sale	Sale price	

**Seller information**

Seller names Jeff Blower			
Seller address 2015 10th Ave Sp 132 A			
City Clarkston	State WA	ZIP code 99403	

**Buyer information**

Buyer names James & Evans			
Buyer address 2115 10th Ave Space # 46			
City Clarkston	State WA	ZIP code 99403	
Relationship Are you an immediate family member receiving this vehicle as a gift? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", what is your relationship to the seller? _____			

Buyer signature James & Evans

Buyer signature \_\_\_\_\_

Seller signature Jeffrey Blower by Laura Tiller

Seller signature POA

## WASHINGTON DURABLE POWER OF ATTORNEY

On the 8<sup>th</sup> day of September, 2021, Jeffery L Glover, the principal, of Clarkston, State of Washington, hereby designate Laura S Tillea, of Clarkston, State of Washington, my Agent (hereinafter my "Agent"), to act as initialed below, in my name, in my stead and for my benefit, hereby revoking any and all financial powers of attorney I may have executed in the past.

### EFFECTIVE DATE

(Choose the applicable paragraph by placing your initials in the preceding space)

JLG - A. I grant my Agent the powers set forth herein immediately upon the execution of this document. These powers shall not be affected by any subsequent disability or incapacity I may experience in the future.

or

\_\_\_\_\_ - B. I grant my Agent the powers set forth herein only when it has been determined in writing, by my attending physician, that I am unable to properly handle my financial affairs.

### POWERS OF AGENT

My Agent shall exercise powers in my best interests and for my welfare, as a fiduciary. My Agent shall have the following powers:

(Choose the applicable power(s) by placing your initials in the preceding space)

JLG **BANKING** - To receive and deposit funds in any financial institution, and to withdraw funds by check or otherwise to pay for goods, services, and any other personal and business expenses for my benefit. If necessary, to effect my Agent's powers, my Agent is authorized to execute any document required to be signed by such banking institution.

JLG **SAFE DEPOSIT BOX** - To have access at any time or times to any safe-deposit box rented by me or to which I may have access, wheresoever located, including drilling, if necessary, and to remove all or any part of the contents thereof, and to surrender or relinquish said safe-deposit box; and any institution in which any such safe-deposit box may be located shall not incur any liability to me or my estate as a result of permitting my Agent to exercise this power.

N/A **LENDING OR BORROWING** - To make loans in my name; to borrow money in my name, individually or jointly with others; to give promissory notes or other obligations therefor; and to deposit or mortgage as collateral or for security for the payment thereof any or all of my securities, real estate, personal property, or other

property of whatever nature and wherever situated, held by me personally or in trust for my benefit.

J [initials] **GOVERNMENT BENEFITS** - To apply for and receive any government benefits for which I may be eligible or become eligible, including but not limited to, Social Security, Medicare and Medicaid.

[initials] **RETIREMENT PLAN** - To contribute to, select payment option of, roll-over, and receive benefits of any retirement plan or IRA I may own, except my Agent shall not have power to change the beneficiary of any of my retirement plans or IRAs.

[initials] **TAXES** - To complete and sign any local, state and federal tax returns on my behalf, pay any taxes and assessments due and receive credits and refunds owed to me and to sign any tax agency documents necessary to effectuate these powers.

[initials] **INSURANCE** - To purchase, pay premiums and make claims on life, health, automobile and homeowners' insurance on my behalf, except my Agent shall not have the power to cash in or change the beneficiary of any life insurance policy.

J [initials] **REAL ESTATE** - To acquire, purchase, exchange, lease, grant options to sell, and sell and convey real property, or any interests therein, on such terms and conditions, including credit arrangements, as my Agent shall deem proper; to execute, acknowledge and deliver, under seal or otherwise, any and all assignments, transfers, deeds, papers, documents or instruments which my Agent shall deem necessary in connection therewith.

[initials] **PERSONAL PROPERTY** - To acquire, purchase, exchange, lease, grant options to sell, and sell and convey personal property, or any interests therein, on such terms and conditions, including credit arrangements, as my Agent shall deem proper; to execute, acknowledge and deliver, under seal or otherwise, any and all assignments, transfers, titles, papers, documents or instruments which my Agent shall deem necessary in connection therewith; to purchase, sell or otherwise dispose of, assign, transfer and convey shares of stock, bonds, securities and other personal property now or hereafter belonging to me, whether standing in my name or otherwise, and wherever situated.

[initials] **POWER TO MANAGE PROPERTY** - To maintain, repair, improve, invest, manage, insure, rent, lease, encumber, and in any manner deal with any real or personal property, tangible or intangible, or any interests therein, that I now own or may hereafter acquire, in my name and for my benefit, upon such terms and conditions as my Agent shall deem proper.

[initials] **GIFTS** - To make gifts, grants, or other transfers (including the forgiveness of indebtedness and the completion of any charitable pledges I may have made) without consideration, either outright or in trust to such person(s) (including my Agent hereunder) or organizations as my Agent shall select, including, without limitation, the following actions: (a) transfer by gift in advancement of a bequest or devise to beneficiaries under my will or in the absence of a will to my spouse and descendants in

whatever degree; and (b) release of any life interest, or waiver, renunciation, disclaimer, or declination of any gift to me by will, deed, or trust

✓ **LEGAL ADVICE AND PROCEEDINGS** - To obtain and pay for legal advice, to initiate or defend legal and administrative proceedings on my behalf, including actions against third parties who refuse, without cause, to honor this instrument.

**SPECIAL INSTRUCTIONS:** On the following lines are any special instructions limiting or extending the powers I give to my Agent (Write "None" if no additional instructions are given):

N/A

**AUTHORITY OF AGENT:** Any party dealing with my Agent hereunder may rely absolutely on the authority granted herein and need not look to the application of any proceeds nor the authority of my Agent as to any action taken hereunder. In this regard, no person who may in good faith act in reliance upon the representations of my Agent or the authority granted hereunder shall incur any liability to me or my estate as a result of such act. I hereby ratify and confirm whatever my Agent shall lawfully do under this instrument. My Agent is authorized as he or she deems necessary to bring an action in court so that this instrument shall be given the full power and effect that I intend on by executing it.

**LIABILITY OF AGENT:** My Agent shall not incur any liability to me under this power except for a breach of fiduciary duty.

**REIMBURSEMENT OF AGENT:** My Agent is entitled to reimbursement for reasonable expenses incurred in exercising powers hereunder, and to reasonable compensation for services provided as Agent.

**AMENDMENT AND REVOCATION:** I can amend or revoke this power of attorney through a writing delivered to my Agent. Any amendment or revocation is ineffective as to a third party until such third party has notice of such revocation or amendment.

**STATE LAW:** This Power of Attorney is governed by the laws of the State of Washington.

**PHOTOCOPIES:** Photocopies of this document can be relied upon as though they were originals.

IN WITNESS WHEREOF, I have on this 8<sup>th</sup> day of September, 2021, executed this Financial Power of Attorney.

[Signature]  
Principal's Signature

54931

**NOTICE: THE PRINCIPAL'S SIGNATURE MUST EITHER BE SIGNED WITH TWO (2) WITNESSES PRESENT OR ACKNOWLEDGED BY A NOTARY PUBLIC.**

We, the witnesses, each do hereby declare in the presence of the principal that the principal signed and executed this instrument in the presence of each of us, that the principal signed it willingly, that each of us hereby signs this Power of Attorney as witness at the request of the principal and in the principal's presence, and that, to the best of our knowledge, the principal is eighteen years of age or over, of sound mind, and under no constraint or undue influence.

N/A

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Address

N/A

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Address

STATE OF Washington

Asotin County, ss.

On this 8<sup>th</sup> day of September, 2021, before me appeared Jeffery L. Eiber, as Principal of this Power of Attorney who proved to me through government issued photo identification to be the above-named person, in my presence executed foregoing instrument and acknowledged that (s)he executed the same as his/her free act and deed.

Emily Ashby  
\_\_\_\_\_  
Notary Public

My commission expires: 10-29-2023

Copy

AGENT'S CERTIFICATION AS TO THE VALIDITY OF POWER OF ATTORNEY AND AGENT'S AUTHORITY

State of Washington

[County] of Asotin

I, (Name of Agent), [certify] under penalty of perjury that Laura S. Tillea (Name of Principal) granted me authority as an agent or successor agent in a power of attorney dated 8th, September, 2021.

I further [certify] that to my knowledge:

- (1) I am acting in good faith pursuant to the authority given under the power of attorney;
- (2) The principal is alive and has not terminated, revoked, limited, or modified the power of attorney or my authority to act under the power of attorney; nor has the power of attorney or my authority to act under the power of attorney been terminated, revoked, limited, or modified by any other circumstances;
- (3) When the power of attorney was signed, the principal was competent to execute it and was not under undue influence to sign;
- (4) All events necessary to making the power of attorney effective have occurred;
- (5) If I was married or a registered domestic partner of the principal when the power of attorney was executed, there has been no subsequent dissolution, annulment, or legal separation, and no action is pending for the dissolution of the marriage or domestic partnership or for legal separation;
- (6) If the power of attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred;
- (7) If I was named as a successor agent, the prior agent is no longer able or willing to serve, or the conditions stated in the power of attorney that cause me to become the acting agent have occurred; and
- (8) ✓ N/A

\_\_\_\_\_ (Insert other relevant statements)

SIGNATURE AND ACKNOWLEDGMENT

Laura S Tillea  
Agent's Signature

9-8-21  
Date

Laura S Tillea  
Agent's Name Printed

2115 6<sup>th</sup> Ave #92 Clarkston, WA 99403  
Agent's Address

208-791-3198  
Agent's Telephone Number

54531

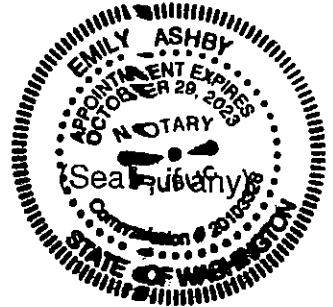




This document was acknowledged before me on September 8<sup>th</sup>, 20 21.

by Laura S. Tillea (Name of Agent)

Emily Ashley  
Signature of Notary



My commission expires: 10-29, 20 21

[This document prepared by: \_\_\_\_\_]