

**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
Charlotte A. Wade

Street
4125 East Desoto St

City
Hobbs State
NM Zip code
88240

Phone number

LOCATION OF MOBILE HOME

Name
Sunset Heights Mobile Home Park

Street
2115 6th Avenue

City
Clarkston State
WA Zip code
99403

PERSONAL PROPERTY
PARCEL or ACCOUNT NO. 5-041-35-003-0001-0090
LIST ASSESSED VALUE(S): \$ 50,000.00

NEW REGISTERED OWNER (Buyer)

Name
Jennie K. Kimble

Street
2115 6th Ave, #9

City
Clarkston State
WA Zip code
99403

Phone number

LEGAL OWNER

Name

Street

City State Zip code

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

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.
MARLE	1995		28x42	H013355	

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 05/26/2023

Taxable Sale Price\$ 65,000.00

Excise Tax: State.....\$ 715.00

County Local.....\$ 162.50

Delinquent Interest: State.....\$ 0.00

0.0025 Local.....\$ 0.00

Delinquent Penalty\$

Subtotal\$ 877.50

State Technology Fee\$ 5.00

Affidavit Processing Fee.....\$ 0.00

Total Due.....\$ 882.50

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 2023

5/26/23 A. Henry
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 Charlotte A. Wade

Name (print) Charlotte A. Wade

Date and Place of Signing: 05/24/2023, Clarkston, WA

Signature of
Buyer/Agent Jennie K. Kimble

Name (print) Jennie K. Kimble

Date & Place of Signing: 05/25/2023, 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 and RCW 9A.56.020).

MAY 26 2023

**ASOTIN COUNTY
TREASURER**

THIS SPACE - TREASURER'S USE ONLY



AFFIDAVIT OF LOSS RELEASE OF INTEREST

LICENSE/REGISTRATION NUMBER &060518	YEAR 1995	MAKE MARLE	SERIES AND BODY 28x42
VEHICLE IDENTIFICATION NUMBER (VIN) OR VESSEL HULL IDENTIFICATION NUMBER (HIN) H011335			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)			
	☒ TITLE	☐ REGISTRATION	☐ TAB	☐ DECAL
	issued to me, is not now in my possession because it was (CHECK THE APPLICABLE BOX)			
	☒ LOST	☐ STOLEN	☐ DESTROYED	☐ MUTILATED
	Signature <u>X Charlotte A. Wade</u>		Printed Name (Position, if signing for business or organization) <u>Charlotte A. Wade</u> DOL Customer Account Number *	

	NOTARIZATION / CERTIFICATION	
	State of Washington County of <u>Asotin</u>	Signed or attested before me on <u>May 24, 2023</u>
	by <u>Charlotte A. Wade</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>	Dealer No. OR AND: County / Office No. OR <u>1220-2025</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.)		
	☒	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 *

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) _____	Dealer No. OR AND: County / Office No. OR <u>56092</u> 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.