

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 TRANSFERI	RING TITLE TO	MOBILE HOME ON	ILY					
	PLEASE TYPE OR PRINT INCOMPLETE AFFIDAVIT	IS WILL NOT BE	ACCEPTED		•				
	Name					Name			
	Estate of Billie K. Robertson					Betty L. Schumacher			
ED									
ER .	(Seller Seller S					Street			
ST	Street PO Box 2098 City Street 910 838104					845-16th Et	eet 1598 Sycan	rose et.	
[5]	E H PO Box 2098 City and soint & State & 83864					Street 845 16th Street City Clarkston WA			
2	3 Sandson	rt	elD_	83864	NEW REGISTERED OWNER (Buyer)	Clarkston	<u>W</u>	<u>/A 99403</u>	
	Phone number					Phone number			
į t.	Name Betty L. Schumacher					Name			
	~ <u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>								
· 6	<u>5 H</u>							_	
T.	NOTE Street Street Street City State Zip code					Street			
Ü	0 m 845 16th Street					0'.	Sta	ate Zip code	
7	City Clarkston		State WA	Zip code 99403	LEGAL	City	Sta	ne Zip code	
	DESCRIPTION OF THE PROPERTY			00100	•	EAL PROPERTY			
	PERSONAL PROPERTY PARCEL or ACCOUNT N	ю. <u>5004350</u>	1100020020		P.A	RCEL or ACCOU	NT NO. 10043501100020	0000	
_	LIST ASSESSED VALUE	E(S): S [0	100.00		LI	ST ASSESSED VA	LUE(S): \$		
	MAKE	YEAR	N	MODEL		SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.	
. -	RON	1965	TL MBLO HM			52/20	20548843	0200	
ļ.	11011		12 11.020 11		•				
Asotin Co	Delinquent Interest: State S				Sig Se Na Da Sig	Nashington that the foregoing is true and correct. Signature of Signature of Signature of Buyer/Agent Signature of Signing: 4/1/33 Clarkston Signature of Suyer/Agent Name (print) Betty L. Schumacher			
) /	Affidavit Processing Fee\$						igning: <u>6/1/23 C</u>	Day laton	
7	Total Due\$140.00					10 60 1 1000 01 0			
,	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 Asomotion on the mobile home described hereon have been paid to and					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 Fraudand/or Theft as defined in Title 9 and 9A RCW (RCW 9.41-66) 20W 2.56.010 (4d), and RCW 9A.56.020).			
i	including the year					ATIM CO	YTNU		
.]	6-5-23	<u></u>			AS	TREASUR	RER		
[]	Date	Cor	inty Treasurer or De	puty					

THIS SPACE - TREASURER'S USE ONLY



AFFIDAVIT OF LOSS RELEASE OF INTEREST

	LICENSE/REGISTRATION NUMBER YEAR MAKE				SERIES AND BODY					
A709505 1965 FRON					50/20					
VEHICLE IDENTIFICATION NUMBER (VIN) OR VESSEL HULL IDENTIFICATION NUMBER (HIN) 20548843										
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)									
١,	✓ TITLE		REGISTRATION	ТАВ		DECAL				
ō	issued to me, is not now in my possession because it was (CHECK THE APPLICABLE BOX)									
S	₽ LOST		STOLEN Rozanne Edv	DESTR	OYED [MUTILATED				
	Bozanne	roanization) DOLCu	istomer Account Number *							
	Printed Name (Position, if signing for business or organization) NOTARY SEAL OR STAMP NOTARY SEAL OR STAMP NOTARY SEAL OR STAMP									
Signed or attested Signed or attested										
X	between the on the second between the one of the second between the second betw									
1/0	Notary's Name (PRINTED or STAMPED) Kelsey E. Gingerich									
	7) RES 02/03/15]	011:	Dealer No.		lass.				
Title Notary Public AND: County / Office No. OR 2/5/2026 Notary Agent Notary Expiration Date										
RELEA	(NOTE: This Releas additional forms if I	erest cle Odon nine (9)	Estate of Bill Printed Name (Position Rozanne Edw Printed Name (Position netter Disclosure (Form Tile years old or newer, unles	ie K. Robertson in if signing for business or or vards, PR in, if signing for business or or 0-420-006) is recommended to the recommendation of the recom	ganization) DOLCUS ganization DOLCUS ganization DOLCUS quired when transempt. The new o	stomer Account Number * stomer Account Number * nsferring a vehicle pwner MUST apply				
S	for title	within	15 days. Failure to do	so will result i	n monetary per	nalty assessment.				
				IGHT 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:									
	X Signature		Printed Name (Positio	on, if signing for business or o	rganization) DOL Cur	stomer Account Number 🛧				
-	NOTARY SEAL OR STAMP	Ţ		ARIZATION/CE						
	JE GINGE	State o	f Washington County of AsoHin	_	or attested by the ore me on by the ore	2023				
County of #3017h before me on 1/1/2003 NOTARY PUBLIC OF Notary's Name (PRINTED or STAMPED) Kelsey E. Gingerich										
							\	Dealer No. OR		
	Title Wotary Public AND: County / Office No. OR 3/5/2026 Notary Expiration Date 56.118									
		<u> </u>								

^{*}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).