

**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
Jenny Morton

Estate of Vernon Morton, deceased

Street
5603 Aspen Drive

City State Zip code
West Richland WA 99353

Phone number

LOCATION OF
MOBILE HOME

Name
Sunset Heights Mobile Home Park

Street
2115 6th Avenue

City State Zip code
Clarkston WA 99403

PERSONAL PROPERTY
PARCEL or ACCOUNT NO. **5-041-35-003-0001-0010**
LIST ASSESSED VALUE(S): \$ **80,400.00**

NEW REGISTERED
OWNER (Buyer)

Name
Terry Swigart

Terri M. Swigart

Street
2115 6th Ave, #1

City State Zip code
Clarkston WA 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	1994		52/28	H008483AB	

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 **08/31/2023**

Taxable Sale Price\$ **124,000.00**

Excise Tax: State.....\$ **1,364.00**

County Local.....\$ **310.00**

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

0.0025 Local.....\$ **0.00**

Delinquent Penalty\$

Subtotal\$ **1,674.00**

State Technology Fee\$ **5.00**

Affidavit Processing Fee.....\$ **0.00**

Total Due.....\$ **1,679.00**

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**
County on the mobile home described hereon have been paid to and
including the year **2023**

9-1-23 _____
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 _____

Name (print) **Jenny Morton**

Date and Place of Signing: **08/30/2023, W. Richland, WA**

Signature of
Buyer/Agent **Terry Swigart**

Name (print) **Terry Swigart**

Date & Place of Signing: **08/31/2023, 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
9A.060, RCW 9A.56.010 (4d), and RCW 9A.56.020).

SEP - 1 2023

**ASOTIN COUNTY
TREASURER**

THIS SPACE - TREASURER'S USE ONLY

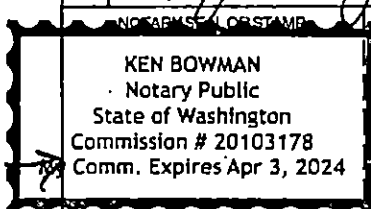


AFFIDAVIT OF LOSS RELEASE OF INTEREST

LICENSE/REGISTRATION NUMBER	YEAR 1994	MAKE MARLE	SERIES AND BODY 52/28
VEHICLE IDENTIFICATION NUMBER (VIN) OR VESSEL HULL IDENTIFICATION NUMBER (HIN) H008483AB			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
		Jenny Morton	WOL38N95313B	
	Signature	Printed Name (Position, if signing for business or organization)	DOL Customer Account Number *	



NOTARIZATION / CERTIFICATION	
State of Washington County of <u>Benton</u>	Signed or attested before me on <u>August 30, 2023</u>
by <u>Jenny Morton</u> Printed Name of Person Signing Document	 Signature Notary / Agent Signature
Notary's Name (PRINTED or STAMPED) <u>KEN BOWMAN</u>	
Title <u>Notary</u> Notary / Agent	Dealer No. OR AND: County / Office No. OR <u>4/3/2024</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.)		
	<u>X</u>	Signature of person releasing interest	Printed Name (Position, if signing for business or organization)
	<u>X</u>	Signature of person releasing interest	Printed Name (Position, if signing for business or organization)
	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 <u>MUST</u> 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:		
<u>X</u>	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) _____	
	Title _____ Notary / Agent	Dealer No. OR AND: County / Office No. OR _____ 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).

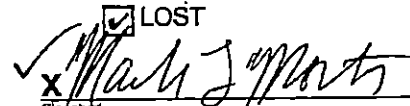
The Department of Licensing has a policy of providing equal access to its services.
If you need special accommodation, please call (360) 902-3600 or TTY (360) 664-8885.



AFFIDAVIT OF LOSS RELEASE OF INTEREST

LICENSE/REGISTRATION NUMBER	YEAR	MAKE	SERIES AND BODY
	1994	MARLE	52/28
VEHICLE IDENTIFICATION NUMBER (VIN) OR VESSEL HULL IDENTIFICATION NUMBER (HIN)			TITLE NUMBER
H008483AB			

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
		Mark Morton, PR Estate of Vernon Morton		
	Signature	Printed Name (Position, if signing for business or organization)		DOL Customer Account Number *

	NOTARIZATION / CERTIFICATION				
	State of Texas	Signed or attested	before me on August 30, 2023		
	County of Tarrant	by Mark Morton, PR	Signature 	Notary/Agent Signature	
		Printed Name of Person Signing Document	Notary's Name (PRINTED or STAMPED) Jaycie Sherlock		
	Title Notary	AND: Dealer No. OR	County / Office No. OR 416/2026	Notary Expiration Date	
	Notary/Agent				

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.)			
	X	Signature of person releasing interest	Printed Name (Position, if signing for business or organization)	DOL Customer Account Number *
	X	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.			

G R O S S W E I G H T L I C E N S E	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:			
	X	Signature	Printed Name (Position, if signing for business or organization)	DOL Customer Account Number *

N O T A R I Z A T I O N / C E R T I F I C A T I O N	NOTARIZATION / CERTIFICATION				
	State of Washington	Signed or attested	before me on		
	County of	by	Signature	Notary/Agent Signature	
		Printed Name of Person Signing Document	Notary's Name (PRINTED or STAMPED)		
	Title Notary/Agent	AND: Dealer No. OR	County / Office No. OR	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.

All Purpose Acknowledgement

State of: Texas

County of: Tarrant

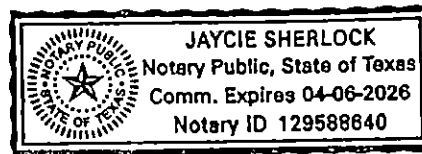
On this 30 day of August, 2023, before me

Jaycie Sherlock, a Notary Public, personally appeared

Mark Morton, Personal Representative

personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

Witness my hand and seal:



(Seal)

A handwritten signature of Jaycie Sherlock in black ink.

Printed Name:

My commission expires:

Jaycie Sherlock
4/6/2026

DESCRIPTION OF ATTACHED DOCUMENT:

Title or Type of Document: Power of Attorney

Document Date: _____ Number of Pages: _____

Signers other than named above: _____

56318

1 STATE OF WASHINGTON)
2 : ss.
3 County of Asotin)

4 I, McKenzie A. Kelley, County Clerk of the County of Asotin, State of Washington,
5 and ex-officio Clerk of the Superior Court of the State of Washington for Asotin County, do
6 hereby certify that the within and foregoing is a full, true, and correct copy of the Letters of
7 Administration as the same appear on file and of record in my office, and that said Letters are
8 now in full force and effect and have never been revoked.

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10
11 IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said
12 Superior Court this " day of , 2019.

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Clerk

By Deputy

LETTERS OF ADMINISTRATION
WITH NONINTERVENTION POWERS 2

Gittins & Dukes, PLLC
843 Seventh Street
Clarkston, WA 99403
(509)758-2501
Facsimile: (509) 758-3576

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