

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

	E WHEN TRANSFERR	ING TITLE TO	MOBILE HOM	E ONLY						
	LEASE TYPE OR PRINT NCOMPLETE AFFIDAVIT	S WILL NOT BE	ACCEPTED							
	Name				1 [Name				
÷	Camille Marie Holley				e e	<u>Susan Hutcl</u>	nins			
REGISTERED WNER (Seller)	Viotorio Ann Barot				NEW REGISTERED OWNER (Buyer)					
ER (Se	Victoria Ann Parot					Street	. 10 1 110			
IST	40 100× 4					2115	(14 HUE., #19	94		
REGIS' OWNER	City Clarks Town State 99408				\(\) \(\	City Can K	State	Zip code		
A 2	Phone number					Phone number				
	(509) 552-9196					(208) 816-4744				
	Name					Name				
OF ME	Sunset Heights					Susan Hutchins				
_										
	Clamat					Street				
LOCATIOMOBILE	Street 2115 6th Avenue #94									
LOC, MOB]	City	1	State	Zip code	LEGAL	City	Stat	e Zip code		
	Clarkston		WA	<u>9</u> 9403	-					
	PERSONAL PROPERTY PARCEL or ACCOUNT N	₁₀ 5-041-35	5-003-0001-0	940		REAL PROPERTY ARCEL or ACCOUNT NO.				
	LIST ASSESSED VALUE	(S): \$ 33,800.0	0			ST ASSESSED VA				
	MAKE	YEAR		MODEL	-	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.		
GU		1995				28/44	GDB0ID16958589AB			
84.3 See Date	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 Date of Sale 11/27/2023 Taxable Sale Price \$ 159,000.00					AFFIDAVIT I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. Signature of				
	ise Tax: State					ller/Agent	amille Na	Ung_		
			\$		Name (print) Camille Marie Holley					
tin Cour	•									
h	Definquent interest.					Date and Place of Signing: 11/22/2023, Clarkston, WA				
0.0025						11-1				
	Subtotal					Signature of Buyer/Agent Susan Hutchins				
	State Technology Fee				Name (print) Susan Hutchins					
	idavit Processing Fee.									
	al Due				Da	Date & Place of Signing: 11/27/2023, Clarkston, WA				
	xemption claimed, WAC number & title:									
	C No. (Sec/Sub)				If.	, in selling (or otherwise transferring ownership of) a mobile home				
WA	C Title				wi	which possesses a tax lien, the seller does not inform the buyer (new				
	A MINIMUM OF	A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX.				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 (4d), and RCW 9A.56.020). PAID NOV 27 2023				
	TREASURER'S CERTIFICATE				9.4					
The	eby certify that property taxes due ASOTIAL									
Cot	inty on the mobile home described hereon have been paid to and									
<u>\ \</u>	Date County Treasurer or Deputy					ASOTIN COUNTY TREASURER				
L	Duit			TICODACE TDI						

Keep in a safe place. Any alteration or erasure voids this title.



STATE OF WASHINGTON

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	Vehicle Certifi	cate of Title		p.
Vehicle Identification Number (V) GDB0ID16958589AB	Title Nu 17959 N) Year 1995		Body style	
21-Oct-2020 0		cempt hicle Color Prior Tit		2004
Comments 50000/2016, JTWROS Brands		Sale price \$	59,000.00	
Buyer: You must apply for title w	th the appropriate fees	Z.	trought of parameters	ř
Legal Owner: To release interest with the proper fee within 10 days Seller. You must complete a Refile at dol.wa.gov or at any vehicle at Owner VICTORIA ANN PAROT	of satisfaction of the security into	erest; or you may be liable t epartment of Licensing wit	o the owner/transferee for	penalties.
CAMILLE MARIE HOLLEY 2115 6TH AVE CLARKSTON CLARKSTON WA 99403	WA 994031570 TRLR 94			
Signature of first legal owner releases all the vehicle described above it signing for include business name, signature and little Signature of second legal owner releases	a business,	Signature of registered owner rethe vehicle described above. It is include thus iness name, signature of registered owner retained.	gning for a business, and title.	102723 22-23
the vehicle described above. If signing for include business name, signature, and lift certify that the records of the Departmental harmed hereon as registered owners and	a business it of Licensing show the persons legal owners of the vehicle described.	the vehicle described above if si include business name, signaturi Turua Durm tom Director, Department of Licensin	oning for a businees, a, and little	
	mplete this statement or providir edge, the odometer reading is a ne actual mileage of the vehicle.	ng a false statement may re in the complete reading in miles. in excess of its mechanic	esult in fines and/or impris	onment.
Signature of transferee/buyer RRINTED name of transferee/bûyer		Signature of transferor/seller X PRINTED name of transferor/se	aller Maria	
Address of transferee/buyer		Address of transferor/seller	56	485
				<i>}</i>