



Submit to County Treasurer of the county in which property is located.

**MOBILE HOME
REAL ESTATE EXCISE TAX AFFIDAVIT**

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: SHARON BAKER
Street: 1722 Lambert Dr #1
City: CLARKSTON WA 99403
State: WA Zip code: 99403
City: 208-413-0043
Phone number:

NEW REGISTERED OWNER (Buyer)

Name: BAKERS Light House PRO. LLC
Street: 1722 Lambert Dr #14
City: CLARKSTON WA 99403
State: WA Zip code: 99403
City: 208-413-0043
Phone number:

LOCATION OF MOBILE HOME

Name:
Street: 1722 Lambert Dr #14
City: CLARKSTON WA 99403
State: WA Zip code: 99403
City:
Phone number:

LEGAL OWNER

Name: BAKERS LightHouse PRO LLC
Street: 1722 Lambert DR #14
City: CLARKSTON WA 99403
State: WA Zip code: 99403
City:
Phone number:

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-004-44-008-0001-0140
LIST ASSESSED VALUE(S): \$ 12,400

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

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.
ME-DA	1994	NOBLE	70X14	50041400800010-100	NR

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: 9-22-20

Taxable Sale Price: \$ _____

Excise Tax: State: \$ 0.00

Select Location Local: \$ 0.00

Delinquent Interest: State: \$ 0.00
Local: \$ 0.00

Delinquent Penalty: \$ 0.00

Subtotal: \$ 0.00

State Technology Fee: \$ 5.00

Affidavit Processing Fee: \$ 5.00

Total Due: \$ 10.00

If exemption claimed, WAC number & title:
WAC No. (Sec/Sub) 458-61A-2U(5)
WAC Title MORE CHANGE-LLC

A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX.

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: Sharon Baker
Name (print): SHARON BAKER
Date and Place of Signing: 9-22-20 Asotin

Signature of Buyer/Agent: Sharon Baker
Name (print): SHARON BAKER
Date & Place of Signing: 9-22-20 Asotin

0202

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 2020
9-22-20 [Signature] ASOTIN COUNTY TREASURER
Date County Treasurer or Deputy

PAID
SEP 22 2020
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 relates 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).

Sharon Baker #8718

THIS SPACE - TREASURER'S USE ONLY

053501

STATE OF WASHINGTON
VEHICLE CERTIFICATE OF OWNERSHIP (TITLE)

CERTIFICATE NUMBER

0812602402

LICENSE NUMBER
 +521371

VEHICLE IDENTIFICATION NUMBER (VIN)
 4206M

YEAR
 1994

MAKE
 MEDA

MODEL

STYLE

SERIES BODY
 70/14

DATE ISSUED
 05/05/2008

ODOMETER MILES
 000000

ODOMETER STATUS
 EXEMPT

FLEET NUMBER

EQUIP NUMBER

FUEL TYPE
 UNPOWERED

USE CLASS
 MOB

SCALE WEIGHT
 00000

GROSS WEIGHT
 000000

VEHICLE COLOR
 WH

PRIOR TITLE STATE ID

PRIOR TITLE NUMBER

COMMENTS
 9000-2008

BRANDS

SALE PRICE \$

DATE OF SALE

LEGAL OWNER: When ten is satisfied, release interest by signing below and transmit this document to County Auditor or Agent with proper fee. Failure to properly release and transmit the document within 10 days after ten is satisfied may result in monetary penalty to the debtor, pursuant to RCW 46.124.070. **TRANSFeree/BUYER MUST APPLY FOR TRANSFER OF OWNERSHIP WITHIN 15 DAYS FROM DATE OF DELIVERY TO AVOID PENALTY.**

LEGAL OWNER

BAKER, SHARRON
 1018 ALDER AVE
 LEWISTON ID 83501-5414

REGISTERED OWNER

SAME AS LEGAL OWNER

SIGNATURE OF LEGAL OWNER HEREBY RELEASES ALL INTEREST IN VEHICLE AS DESCRIBED ABOVE

DATE

SIGNATURE OF REGISTERED OWNER HEREBY RELEASES ALL INTEREST IN VEHICLE DESCRIBED ABOVE

DATE

SIGNATURE OF LEGAL OWNER HEREBY RELEASES ALL INTEREST IN VEHICLE AS DESCRIBED ABOVE

DATE

SIGNATURE OF REGISTERED OWNER HEREBY RELEASES ALL INTEREST IN VEHICLE DESCRIBED ABOVE

DATE

I CERTIFY THAT THE RECORDS OF THE DEPARTMENT OF LICENSING SHOW PERSONS NAMED HEREON AS REGISTERED OWNERS AND LEGAL OWNERS OF THE VEHICLE DESCRIBED.

Elizabeth A. Linn

DIRECTOR DEPARTMENT OF LICENSING 05/08

6031937101 AB
 0031937101 AB

I certify, to the best of my knowledge, that the ODOMETER READING, as shown below, (CHECK ONE)



NO TENTHS

- (1) is the ACTUAL MILEAGE of the vehicle
- (2) is in EXCESS OF ITS MECHANICAL LIMITS
- (3) is NOT THE ACTUAL MILEAGE

ODOMETER READING (in miles)

TRANSFeree / BUYER, unless licensed dealer, must transfer title within 15 days of sale. I/we warrant this title and certify that the vehicle described herein has been sold to the following:

Date of Transfer
 5/11/08

SIGNATURE OF TRANSFeree / BUYER

SIGNATURE OF TRANSFEROR / SELLER

HANDPRINTED NAME OF TRANSFeree / BUYER

HANDPRINTED NAME OF TRANSFEROR / SELLER

ADDRESS OF TRANSFeree / BUYER

ADDRESS OF TRANSFEROR / SELLER



FEDERAL REGULATION AND STATE LAW REQUIRE THAT YOU STATE THE MILEAGE IN CONNECTION WITH THE TRANSFER OF OWNERSHIP. FAILURE TO COMPLETE ODOMETER STATEMENT OR PROVIDING A FALSE STATEMENT MAY RESULT IN FINES AND/OR IMPRISONMENT.

KEEP IN A SAFE PLACE

ANY ALTERATION OR ERASURE VOIDS THIS TITLE