



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: Sabrena Star Knight (aka Sabrina), Ron & Cynthia Ann Bell, Street: 2450 easy st. Clk. Wa 99403, City: 208-790-0050, State: WA, Zip code: 99403

NEW REGISTERED OWNER (Buyer) Name: Kenneth Valeo Schultz, Trustee, of the KVSA Living Trust, dated 9/15/21, Street: PO Box 1195, City: Sister, State: OR, Zip code: 97759

LOCATION OF MOBILE HOME Name: Kenneth Valeo Schultz, Trustee, of the KVSA Living Trust, dated 9/15/21, Street: 833 15th Street, City: Clarkston, State: WA, Zip code: 99403

LEGAL OWNER Name: Kenneth Valeo Schultz, Trustee, of the KVSA Living Trust, dated 9/15/21, Street: PO Box 1195, City: Clarkston, State: WA, Zip code: 99403

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-004-23-016-0005-0010 LIST ASSESSED VALUE(S): \$ 4,200.00

REAL PROPERTY PARCEL or ACCOUNT NO. 1-004-23-016-0005-0000 LIST ASSESSED VALUE(S): \$ 59,600.00

Table with 6 columns: MAKE, YEAR, MODEL, SIZE, SERIAL NO. or I.D., REVENUE TAX CODE NO. Row 1: Bon Prix, 1970, 34/24, OWS1098BX

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 09/17/2021 Yes No

Taxable Sale Price \$ 5,000.00 Excise Tax: State \$ 55.00 County Local \$ 12.50 Delinquent Interest: State \$ 0.00 Local \$ 0.00 Delinquent Penalty \$ Subtotal \$ 67.50 State Technology Fee \$ 5.00 Affidavit Processing Fee \$ 0.00 Total Due \$ 72.50

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 2021 9-17-21 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 Sabrena Star Knight

Name (print) Sabrena Star Knight

Date and Place of Signing: 09/17/2021, Clarkston, WA

Signature of Buyer/Agent Kenneth Valeo Schultz, Trustee

Name (print) Kenneth Valeo Schultz, Trustee

Date & Place of Signing: 09/16/2021, 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.45.060, RCW 9A.56.010(4d), and RCW 9A.56.020).

PAID

SEP 17 2021

ASOTIN COUNTY TREASURER

THIS SPACE - TREASURER'S USE ONLY



AFFIDAVIT OF LOSS RELEASE OF INTEREST

LICENSE/REGISTRATION NUMBER	YEAR 1970	MAKE Bon Prix	SERIES AND BODY 34STT/24
VEHICLE IDENTIFICATION NUMBER (VIN) OR VESSEL HULL IDENTIFICATION NUMBER (HIN) OWSI098BX			TITLE NUMBER 0331002612

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)

TITLE REGISTRATION TAB DECAL

issued to me, is not now in my possession because it was (CHECK THE APPLICABLE BOX)

LOST STOLEN DESTROYED MUTILATED

X Dianna Kirkland Dianna R. Kirkland WDL 545ZB1438
Signature Printed Name (Position, if signing for business or organization) DOL Customer Account Number *

NOTARY SEAL OR STAMP

BRANDON SOMERS
Notary Public
State of Washington
Commission # 21006395
My Comm. Expires Feb 4, 2025

NOTARIZATION/CERTIFICATION

State of Washington
County of Asotin Signed or attested before me on 9-16-21

by Dianna R Kirkland Signature *[Signature]*
Printed Name of Person Signing Document Notary/Agent Signature

Notary's Name (PRINTED or STAMPED) Brandon Somers
Dealer No. OR AND: County / Office No. OR 02-04-25
Notary/Agent Title Notary Public Notary Expiration Date

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 Dianna Kirkland Dianna R. Kirkland WDL 545ZB1438
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.

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 *

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BRANDON SOMERS
Notary Public
State of Washington
Commission # 21006395
My Comm. Expires Feb 4, 2025

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State of Washington
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Notary's Name (PRINTED or STAMPED) Brandon Somers
Dealer No. OR AND: County / Office No. OR 02-04-25
Notary/Agent Title Notary Public 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.

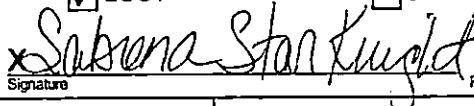
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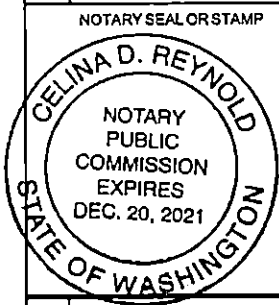


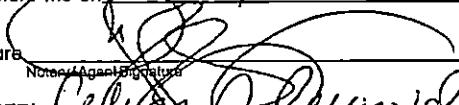
AFFIDAVIT OF LOSS RELEASE OF INTEREST

LICENSE/REGISTRATION NUMBER	YEAR 1970	MAKE Bon Prix	SERIES AND BODY 34STT/24
VEHICLE IDENTIFICATION NUMBER (VIN) OR VESSEL HULL IDENTIFICATION NUMBER (HIN) OWS1098BX			TITLE NUMBER 0331002612

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L O S S	By my signature I swear and say that the (CHECK THE APPLICABLE BOX)			
	<input checked="" type="checkbox"/> TITLE	<input type="checkbox"/> REGISTRATION	<input type="checkbox"/> TAB	<input type="checkbox"/> DECAL
	issued to me, is not now in my possession because it was (CHECK THE APPLICABLE BOX)			
	<input checked="" type="checkbox"/> LOST	<input type="checkbox"/> STOLEN	<input type="checkbox"/> DESTROYED	<input type="checkbox"/> MUTILATED
	 Signature			Sabrena Star Knight aka Sabrina Printed Name (Position, if signing for business or organization)
				DOL Customer Account Number *



NOTARIZATION/CERTIFICATION	
State of Washington County of <u>Adams</u>	Signed or attested <u>9.17.21</u> before me on
by <u>Sabrena Star Knight</u> Printed Name of Person Signing Document	Signature  Notary/Agent Signature
Notary's Name (PRINTED or STAMPED) <u>Celina D. Reynold</u>	
Title <u>Notary</u> Notary/Agent	Dealer No. OR AND: County / Office No. OR <u>12.20.2021</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.)		
	<input checked="" type="checkbox"/>	Signature of person releasing interest	Printed Name (Position, if signing for business or organization)
	<input checked="" type="checkbox"/>	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 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:		
<input checked="" type="checkbox"/>	Signature	Printed Name (Position, if signing for business or organization)
		DOL Customer Account Number *

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).

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AFFIDAVIT OF LOSS RELEASE OF INTEREST

LICENSE/REGISTRATION NUMBER	YEAR	MAKE	SERIES AND BODY
	1970	Bon Prix	34STT/24
VEHICLE IDENTIFICATION NUMBER (VIN) OR VESSEL HULL IDENTIFICATION NUMBER (HIN)			TITLE NUMBER
OWS1098BX			0331002612

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

X Cynthia Ann Bell Cynthia Ann Bell _____
 Signature Printed Name (Position, if signing for business or organization) DOL Customer Account Number *

NOTARY SEAL OR STAMP NOTARIZATION/CERTIFICATION

State of Washington Signed or attested 9.17.21
 County of Proctor before me on _____

by Cynthia Ann Bell Signature _____
 Printed Name of Person Signing Document Notary/Agent Signature

Notary's Name (PRINTED or STAMPED) Celina D. Reynolds

Title Notary/Agent Dealer No. OR _____
 AND: County / Office No. OR 2.20.21
 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.)

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.

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 *

NOTARY SEAL OR STAMP NOTARIZATION/CERTIFICATION

State of Washington Signed or attested
 County of _____ before me on _____

by _____ Signature _____
 Printed Name of Person Signing Document Notary/Agent Signature

Notary's Name (PRINTED or STAMPED) _____

Title _____ Dealer No. OR _____
 Notary/Agent AND: County / Office No. OR _____
 Notary Expiration Date _____

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AFFIDAVIT OF LOSS RELEASE OF INTEREST

LICENSE/REGISTRATION NUMBER	YEAR	MAKE	SERIES AND BODY
	1970	Bon Prix	34STT/24
VEHICLE IDENTIFICATION NUMBER (VIN) OR VESSEL HULL IDENTIFICATION NUMBER (HIN)			TITLE NUMBER
OWS1098BX			0331002612

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LOSS

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

X Ron Bell Signature Ron Bell Printed Name (Position, if signing for business or organization) _____ DOL Customer Account Number *

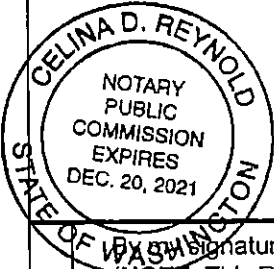
NOTARIZATION/CERTIFICATION

State of Washington Signed or attested
 County of Asotin before me on 4.17.21

by Ron Bell Signature _____ Notary/Agent Signature

Notary's Name (PRINTED or STAMPED) Celina D. Reynolds

Title Notary Dealer No. OR
 AND: County / Office No. OR 12.20.21
 Notary/Agent Notary Expiration Date



RELEASE

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.

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 *

NOTARIZATION/CERTIFICATION

State of Washington Signed or attested
 County of _____ before me on _____

by _____ Signature _____ Notary/Agent Signature

Notary's Name (PRINTED or STAMPED) _____

Title _____ Dealer No. OR
 AND: County / Office No. OR _____
 Notary/Agent Notary Expiration Date

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