

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: Sharon Pena

Phyllis Cole

Street: 4836 Shelby Pl.

City: Mount Vernon State: WA Zip code: 98274

Phone number:

LOCATION OF MOBILE HOME

Name: Sonary Crest Mobile Home Park

Street: 2015 6th Avenue

1737 6th Avenue

City: Clarkston State: WA Zip code: 99403

NEW REGISTERED OWNER (Buyer)

Name: J. Thomas Kemp

Cynthia Kemp

Street: 2015 6th Avenue, #241B

City: Clarkston State: WA Zip code: 99403

Phone number:

LEGAL OWNER

Name: J. Thomas Kemp

Cynthia Kemp

Street: 2015 6th Avenue, #241B

City: Clarkston State: WA Zip code: 99403

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-041-35-002-0002-2410  
LIST ASSESSED VALUE(S): \$ 52,800.00

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

MAKE	YEAR	MODEL	SIZE	SERIAL NO. or I.D.	REVENUE TAX CODE NO.
Candl	1989		48/24	110574	

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 09/23/2022

Taxable Sale Price .....\$ 139,000.00  
Excise Tax: State.....\$ 1,529.00  
County Local.....\$ 347.50  
Delinquent Interest: State.....\$ 0.00  
0.0025 Local.....\$ 0.00  
Delinquent Penalty .....\$  
Subtotal .....\$ 1,876.50  
State Technology Fee .....\$ 5.00  
Affidavit Processing Fee.....\$ 0.00  
Total Due.....\$ 1,881.50

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 2022  
9/23/22 O. Harty  
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 Sharon Pena

Name (print) Sharon Pena

Date and Place of Signing: 09/20/2022, Clarkston, WA

Signature of Buyer/Agent J. Thomas Kemp

Name (print) J. Thomas Kemp

Date & Place of Signing: 09/23/2022, 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 9.45.068, RCW 9A.56.010 (4d), and RCW 9A.56.020).

PAID

SEP 23 2022

ASOTIN COUNTY  
TREASURER

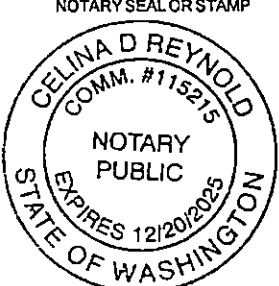
THIS SPACE - TREASURER'S USE ONLY

**AFFIDAVIT OF LOSS RELEASE OF INTEREST**

LICENSE/REGISTRATION NUMBER #109843	YEAR 1989	MAKE Candl	SERIES AND BODY 48/24
VEHICLE IDENTIFICATION NUMBER (VIN) OR VESSEL HULL IDENTIFICATION NUMBER (HIN) 110574			TITLE NUMBER

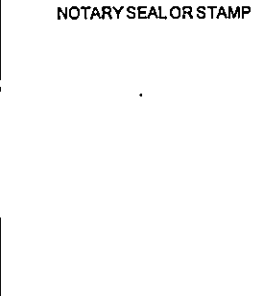
Any person who knowingly makes a false statement of a material fact shall be guilty of a felony. Upon conviction they shall be punished by a fine of up to \$5,000 and/or imprisonment for up to ten years. (RCW 46.12.210)

<b>L O S S</b>	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
	<u>X</u> <u>Sharon Pena</u> Signature	Sharon Pena Printed Name (Position, if signing for business or organization)	DOL Customer Account Number *	

	<b>NOTARIZATION/CERTIFICATION</b>		
	State of Washington County of <u>Asotin</u>	Signed or attested before me on <u>09.20.2022</u>	
	by <u>Sharon Pena</u> Printed Name of Person Signing Document	Signature <u>[Signature]</u> Notary/Agent Signature	
	Notary's Name (PRINTED or STAMPED) <u>Celina D. Reynold</u>		Dealer No. OR AND: County / Office No. OR <u>12.20.2025</u> Notary Expiration Date
Title <u>Notary</u> Notary/Agent			

<b>R E L E A S E</b>	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)	DOL Customer Account Number *
	<u>X</u> Signature of person releasing interest	Printed Name (Position, if signing for business or organization)	DOL Customer Account Number *
	<b>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.</b>		

<b>GROSS WEIGHT LICENSE</b>		
(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 *

	<b>NOTARIZATION/CERTIFICATION</b>		
	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) _____		Dealer No. OR AND: County / Office No. OR _____ Notary Expiration Date
Title _____ Notary/Agent			

\* 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 #109843	YEAR 1989	MAKE Candl	SERIES AND BODY 48/24
VEHICLE IDENTIFICATION NUMBER (VIN) OR VESSEL HULL IDENTIFICATION NUMBER (HIN) 110574			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)

By my signature I swear and say that the (CHECK THE APPLICABLE BOX)

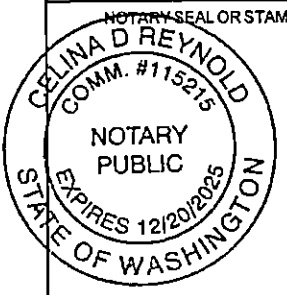
TITLE                       REGISTRATION                       TAB                       DECAL

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

LOST                       STOLEN                       DESTROYED                       MUTILATED

*Phyllis Cole by Sharon Pena*                      *Phyllis Cole by Sharon Pena, POA/AIF*

Signature                      Printed Name (Position, if signing for business or organization)                      DOL Customer Account Number \*



NOTARIZATION/CERTIFICATION

State of Washington                      Signed or attested  
County of Adm                      before me on 09.20.2023

by *Sharon Pena as Attorney in fact*                      Signature *[Signature]*  
Printed Name of Person Signing Document                      Notary/Agent Signature

*for Phyllis Cole*                      Notary's Name (PRINTED or STAMPED) Celina D. Reynolds

Title Notary                      Dealer No. OR                      AND: County / Office No. OR 122012025  
Notary/Agent                      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.)

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

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:

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 \_\_\_\_\_  
Printed Name of Person Signing Document                      Notary/Agent Signature

Notary's Name (PRINTED or STAMPED) \_\_\_\_\_

Title \_\_\_\_\_                      Dealer No. OR                      AND: County / Office No. OR \_\_\_\_\_  
Notary/Agent                      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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If you need special accommodation, please call (360) 902-3600 or TTY (360) 664-8885

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**RELEASE OF INTEREST / POWER OF ATTORNEY**

VEHICLE PLATE/VESSEL REG. NO. #109843		VEHICLE OR HULL IDENTIFICATION NUMBER (VIN OR HIN) 110574	
YEAR 1989	MAKE CANDL	SERIES/BODY TYPE 48/24	TITLE NUMBER

RELEASE OF INTEREST

**LIENHOLDER'S RELEASE OF INTEREST** **REQUIRES NOTARIZATION/CERTIFICATION, UNLESS A BUSINESS ENTITY**  
MUST BE ACCOMPANIED BY CERTIFICATE OF TITLE OR COMPLETED, NOTARIZED/CERTIFIED AFFIDAVIT OF LOSS OF TITLE, FORM TD-420-040.  
I (We) release all interest in the above described vehicle/vessel.

TYPE OR PRINT LIENHOLDER NAME / BUSINESS / COMPANY	SIGNATURE OF PERSON RELEASING INTEREST	TITLE FOR BUSINESS / COMPANY
TYPE OR PRINT LIENHOLDER NAME / BUSINESS / COMPANY	SIGNATURE OF PERSON RELEASING INTEREST	TITLE FOR BUSINESS / COMPANY

**. REGISTERED OWNER'S RELEASE OF INTEREST** **REQUIRES NOTARIZATION/CERTIFICATION**  
I (We) release all interest in the above described vehicle/vessel.

Sharon Pena  
TYPE OR PRINT NAME OF REGISTERED OWNER

*Sharon Pena*  
SIGNATURE OF REGISTERED OWNER

TYPE OR PRINT NAME OF REGISTERED OWNER

SIGNATURE OF REGISTERED OWNER

<p>NOTARY SEAL OR STAMP</p>	<b>NOTARIZATION / CERTIFICATION</b>	
	State of Washington County of <u>Asotin</u>	Signed or attested before me on <u>09.20.2025</u>
	by <u>Sharon Pena</u> Printed Name of Person Signing Document	Signature <u><i>Sharon Pena</i></u> Notary / Agent Signature
	Title <u>Notary</u> Notary / Agent	AND: County / Office No. OR <u>12.20.2025</u> Notary Expiration Date
	<p>Notary's Name (PRINTED or STAMPED) <u>Celina D Reynolds</u></p> <p>Dealer No. OR</p>	

POWER OF ATTORNEY

**POWER OF ATTORNEY** **REQUIRES NOTARIZATION/CERTIFICATION**  
TO: THE DEPARTMENT OF LICENSING  
Title & Registration Services  
Olympia, Washington  
And To Whom It May Concern:

I appoint \_\_\_\_\_ to act as my attorney-in-fact to sign all papers and documents that may be necessary in order to secure, or release, Washington title and/or registration for the vehicle/vessel described above. I agree to guarantee and save the State of Washington, and the Director of Licensing, from all responsibility for any legal action which might arise from the issuance of a Washington certificate of title and/or registration for this vehicle/vessel.

TYPE OR PRINT NAME OF PERSON GRANTING POWER OF ATTORNEY	SIGNATURE OF PERSON GRANTING POWER OF ATTORNEY	* DOL CUSTOMER ACCOUNT NUMBER
TYPE OR PRINT NAME OF PERSON GRANTING POWER OF ATTORNEY	SIGNATURE OF PERSON GRANTING POWER OF ATTORNEY	* DOL CUSTOMER ACCOUNT NUMBER

<p>NOTARY SEAL OR STAMP</p>	<b>NOTARIZATION / CERTIFICATION</b>	
	State of Washington County of <u>Asotin</u>	Signed or attested before me on _____
	by _____ Printed Name of Person Signing Document	Signature _____ Notary / Agent Signature
	Title <u>Notary</u> Notary / Agent	AND: County / Office No. OR _____ Notary Expiration Date
	<p>Notary's Name (PRINTED or STAMPED) _____</p> <p>Dealer No. OR</p>	

\* The DOL CUSTOMER ACCOUNT NUMBER is found on the Washington Driver's License or Identification Card (12 characters), or if the owner is a business, it will be the UBI number found on the business Registration and License Document (9 digits).

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**RELEASE OF INTEREST / POWER OF ATTORNEY**

VEHICLE PLATE/VESSEL REG. NO. #109843		VEHICLE OR HULL IDENTIFICATION NUMBER (VIN OR HIN) 110574	
YEAR 1989	MAKE CANDL	SERIES/BODY TYPE 48/24	TITLE NUMBER

RELEASE OF INTEREST

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MUST BE ACCOMPANIED BY CERTIFICATE OF TITLE OR COMPLETED, NOTARIZED/CERTIFIED AFFIDAVIT OF LOSS OF TITLE, FORM TD-420-040.  
I (We) release all interest in the above described vehicle/vessel.

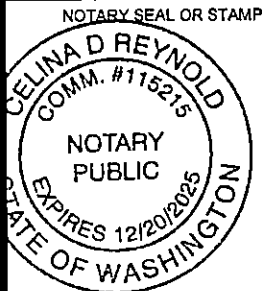
TYPE OR PRINT LIENHOLDER NAME / BUSINESS / COMPANY	SIGNATURE OF PERSON RELEASING INTEREST	TITLE FOR BUSINESS / COMPANY
TYPE OR PRINT LIENHOLDER NAME / BUSINESS / COMPANY	SIGNATURE OF PERSON RELEASING INTEREST	TITLE FOR BUSINESS / COMPANY

**REGISTERED OWNER'S RELEASE OF INTEREST** **REQUIRES NOTARIZATION/CERTIFICATION**  
I (We) release all interest in the above described vehicle/vessel.

Phyllis Cole by Sharon Pena, POA/AIF

*Phyllis Cole by Sharon Pena POA/AIF*  
SIGNATURE OF REGISTERED OWNER

TYPE OR PRINT NAME OF REGISTERED OWNER	SIGNATURE OF REGISTERED OWNER
TYPE OR PRINT NAME OF REGISTERED OWNER	SIGNATURE OF REGISTERED OWNER



**NOTARIZATION / CERTIFICATION**

State of Washington County of Asotin Signed or attested before me on 09.20.2022

by Sharon Pena as Attorney in fact for Phyllis Cole Signature *[Signature]*  
Printed Name of Person Signing Document Notary / Agent Signature

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

Title Notary AND: County / Office No. OR 12.20.2025  
Notary / Agent Notary Expiration Date

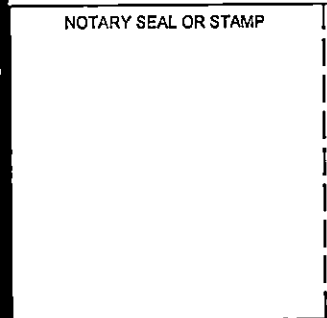
POWER OF ATTORNEY

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TO: THE DEPARTMENT OF LICENSING  
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Olympia, Washington  
And To Whom It May Concern:

I appoint \_\_\_\_\_ to act as my attorney-in-fact to sign all papers and documents that may be necessary in order to secure, or release, Washington title and/or registration for the vehicle/vessel described above. I agree to guarantee and save the State of Washington, and the Director of Licensing, from all responsibility for any legal action which might arise from the issuance of a Washington certificate of title and/or registration for this vehicle/vessel.

TYPE OR PRINT NAME OF PERSON GRANTING POWER OF ATTORNEY	SIGNATURE OF PERSON GRANTING POWER OF ATTORNEY	* DOL CUSTOMER ACCOUNT NUMBER
TYPE OR PRINT NAME OF PERSON GRANTING POWER OF ATTORNEY	SIGNATURE OF PERSON GRANTING POWER OF ATTORNEY	* DOL CUSTOMER ACCOUNT NUMBER



**NOTARIZATION / CERTIFICATION**

State of Washington County of Asotin Signed or attested before me on \_\_\_\_\_

by \_\_\_\_\_ Signature \_\_\_\_\_  
Printed Name of Person Signing Document Notary / Agent Signature

Notary's Name (PRINTED or STAMPED) \_\_\_\_\_

Title Notary AND: County / Office No. OR \_\_\_\_\_  
Notary / Agent Notary Expiration Date

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