

# REMOVED Manufactured/Mobile Homes Affidavit

Was your Mobile Home moved off of your property?  YES  NO

Date moved:  Where did it go?

Who moved it?

Do you have a receipt?  YES  NO (If yes please enclose a copy)

Was your Mobile Home destroyed?  YES  NO

Date destroyed:  How was it destroyed?  Fire  Demo  Other (Explain)

Did you sell the Mobile Home?  YES  NO

To Whom?

Buyer Address

City

State

Zip

Date sold:  Tax Affidavit #

Receipt  YES  NO (If yes please enclose a copy)

Please include all documentation with this form

Property ID

VIN of Mobile

Make & Model of Mobile

Address

City

State

Zip

I declare under penalties of perjury provided by the laws of the State of Washington that the foregoing statements are true and correct.

Signature

Date

Printed Name

Contact Phone No.

This form can be submitted a number of ways:

Email: [AssessorEmail@islandcountywa.gov](mailto:AssessorEmail@islandcountywa.gov)

Fax: (360) 240-5565

Delivered/Mailed to: Island County Assessor  
Suite 208  
1 NE 7th St  
Coupeville, WA 98239-5000

For assistance in completing this form, please contact the Assessor's @ (360) 679-7303.