



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.

FOR USE WHEN TRANSFERRING TITLE TO MOBILE HOME ONLY

PLEASE TYPE OR PRINT INCOMPLETE AFFIDAVITS WILL NOT BE ACCEPTED

REGISTERED OWNER

Name: Mansel G. Pyles; Street: 1430 Chestnut ST SP 14; City: Clarkston ID 99403

LOCATION OF MOBILE HOME

Name: ; Street: ; City: State: Zip Code:

NEW REGISTERED OWNER

Name: DORIS GILES + Nancy L. Benson; Street: 1448 Chestnut + 1430 Chestnut, #14; City: Clarkston, WA 99403

LEGAL OWNER

Name: ; Street: P.O. Box 399; City: Clarkston, WA 99403

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 50042301100020140 LIST ASSESSED VALUE(S): \$ 33,300

REAL PROPERTY PARCEL or ACCOUNT NO. 5-004-23-011-0002-0140 LIST ASSESSED VALUE(S): \$ 33,300.00

Table with columns: MAKE, YEAR, MODEL, SIZE, SERIAL NO. or I.D., REVENUE TAX CODE NO. Row 1: Silvercrest, 1987, 28x50, ID006107

Date of Sale: 4-25-16; Taxable Sale Price: \$ 0; Excise Tax: State \$, Local \$; Delinquent Interest: State \$, Local \$; Delinquent Penalty \$; Subtotal \$; State Technology Fee \$ 5.00; Affidavit Processing Fee \$; Total Due \$ 10.00; WAC No. (Sec/Sub): 458-61A-202(1); WAC Title: Inheritance

AFFIDAVIT

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. Signature of Grantor/Agent: See attached

\* Signature of Grantee/Agent: Doris Giles + Nancy L. Benson; Name (print): DORIS G. GILES + Nancy L. Benson; Date & Place of Signing: 4-25-16 + 4-25-16 Asotin County

TREASURER'S CERTIFICATE

I hereby certify that property taxes due County on the mobile home described hereon have been paid to and including the year Date County Treasurer or Deputy

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 9.45.060, RCW 9A.56.010 (4d), and RCW 9A.56.020).

THIS SPACE - TREASURER'S USE ONLY

CASH 10.00 (Va)

PAID

ASOTIN COUNTY TREASURER

COUNTY TREASURER

43268

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-027187

DATE ISSUED: 10/06/2015

FEE NUMBER: 0000244052

GIVEN NAMES: MANSEL G  
LAST NAME: PYLES

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: OCTOBER 01, 2015  
HOUR OF DEATH: 03:45 A.M.  
SEX: MALE  
AGE: 97 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: DECEMBER 13, 1917  
BIRTHPLACE: ENTERPRISE, OREGON

MARITAL STATUS: WIDOWED  
SPOUSE:

OCCUPATION: FARMER  
INDUSTRY: FARMING  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? YES

INFORMANT: NANCY BONSON  
RELATIONSHIP: DAUGHTER  
ADDRESS: 4063 DUTHIE DR, LEWISTON ID, 83501

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: TRI-STATE MEMORIAL HOSPITAL, INC.  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 1430 CHESTNUT ST  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403  
INSIDE CITY LIMITS? NO  
COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 25 YEARS

FATHER: CLARENCE GEORGE PYLES  
MOTHER: BESSIE LENA MCCULLOUGH

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: VINELAND CEMETERY  
CITY, STATE: CLARKSTON, WA  
DISPOSITION DATE: OCTOBER 05, 2015

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES LLC  
ADDRESS: PO. BOX 107  
CITY, STATE, ZIP: CLARKSTON WA 99403  
FUNERAL DIRECTOR: RICHARD LASSITER

CAUSE OF DEATH:

- A. SEPTIC SHOCK  
INTERVAL: LESS THAN 24 HOURS
- B. GRAM NEGATIVE ROD BACTEREMIA  
INTERVAL: LESS THAN 24 HOURS
- C. ACUTE CYSTITIS  
INTERVAL: LESS THAN 24 HOURS
- D.  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
AGE

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK? NO  
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:  
NOT APPLICABLE

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: DAWIT GEBREKIDAN, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 1221 HIGHLAND AVE  
CITY, STATE, ZIP: CLARKSTON WA 99403  
DATE SIGNED: OCTOBER 02, 2015

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
SUNDIE HOFFMAN  
DATE RECEIVED: OCTOBER 05, 2015

49268

ITEM(S) AMENDED: NONE

NUMBER(S): NONE  
DATE(S): NONE

**CERTIFICATE OF TITLE**

VEHICLE IDENTIFICATION NUMBER

YEAR MAKE BODY MODEL DESCRIPTION

1D006107

1987 COTT HS TL MERD HM

2ND VEHICLE IDENTIFICATION NUMBER

ODOMETER READING

DATE

**EXEMPT**

TITLE NUMBER

PRINT DATE

WEIGHT

LENGTH WIDTH

HULL

HORSEPOWER

PROPULSION

A86162210

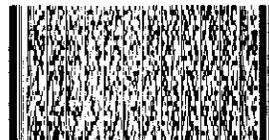
06/28/2012

48 28

OWNER'S NAME AND ADDRESS

OTHER PERTINENT DATA

PYLES, MANSEL G OR  
GILES, DORIS E OR  
BONSON, NANCY L  
1430 CHESTNUT ST #1  
CLARKSTON, WA 99403



\* DUPLICATE TITLE \*

**Assignment of Title**

Warning: It is a felony to enter a false selling price, name, or address, or to alter or forge this document. Federal and State laws require you to state the mileage when transferring motor vehicle ownership. Failure to complete this disclosure or providing false information may result in fines and/or imprisonment.

ODOMETER READING - Reading is actual, as indicated otherwise.

(BY TYPE) [ ] DATE: [ ]



In Excess of Mechanical Limits  Exempt  
 Not Actual - Warning: Odometer Discrepancy  No Device

DATE SOLD: \_\_\_\_\_ SELLING PRICE (see warning above): \_\_\_\_\_

SELLER'S OR REPRESENTATIVE'S PRINTED NAME(S)

I certify, to the best of my knowledge, that the odometer reading reflects the actual mileage, unless otherwise indicated. I also hereby release my interest and transfer ownership to the named purchaser. I understand that I must file a release of liability statement within 720 days of delivering this vehicle to the purchaser.

SELLER'S OR REPRESENTATIVE'S SIGNATURE:

A

B

FIRST LIEN  
NONE

RECORDED 06/15/2012

SIGNATURE RELEASING LIEN \_\_\_\_\_ DATE \_\_\_\_\_

9

10985821

5 1st PURCHASER'S PRINTED FULL LEGAL NAME / IDAHO DRIVER'S LICENSE # (OR CLASS), (USE EIN IF BUSINESS)

A

6 2nd PURCHASER'S PRINTED FULL LEGAL NAME / IDAHO DRIVER'S LICENSE # (OR CLASS), (USE EIN IF BUSINESS)

B

6 MAILING ADDRESS AND PHYSICAL ADDRESS (IF DIFFERENT)

7 CITY STATE ZIP

8 I am aware that if I apply for title in Idaho, I must do so within 30 days of purchase or a \$20.00 late filing penalty may be due. I am also aware of the odometer certification made by the seller.

1st PURCHASER'S SIGNATURE (OR REPRESENTATIVE'S SIGNATURE)

A

2nd PURCHASER'S SIGNATURE (OR REPRESENTATIVE'S PRINTED NAME)

B

**Lienholder Section**

SECOND LIEN

SIGNATURE RELEASING LIEN \_\_\_\_\_ DATE \_\_\_\_\_

10

11 NEW LIENHOLDER'S NAME

12 ADDRESS

13 CITY STATE ZIP

49268

CONFORMED COPY

FILED

2015 OCT 21 P 4 18

MARIE J. EGGART  
COUNTY CLERK  
ASOTIN COUNTY, WA

LAST WILL AND TESTAMENT

OF

MANSEL G. PYLES

15 - 4 - 00089 - 9

I, MANSEL G. PYLES, declare this to be my Last Will and Testament, and revoke all prior Wills I have made.

1

FAMILY

I was married to Dora May Pyles who predeceased me. My immediate family consists of our three daughters, LINDA BERRY, DORIS GILES and NANCY BONSON, hereinafter called "my children". My daughter, Linda Berry, has predeceased me. Linda is survived by three children, SANDY SARRETT, ROBERT EYLER and RYAN MARKS.

LAST WILL AND TESTAMENT --1 Initials: MGP Date: 6/6/12

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## DEBTS, EXPENSES AND TAXES

I direct that all my debts, probate expenses and all taxes, including income taxes be paid from the residue of my estate even if some property does not pass under my Will or is not part of the residue of my estate. These debts and liabilities are to be paid from the residue of my estate.

3

## BEQUEST AND DEVISE

I give, devise and bequeath all the rest of my property, of whatever nature and wherever located, in equal shares to my two living daughters, DORIS GILES and NANCY BONSON. And I specifically leave to them my interest in two accounts I have maintained at Zion Bank in Lewiston, Idaho, account numbers 413305269 and 413600693, and by this specific bequest I void/override any prior account designation which I have executed at said bank.

4

## PERSONAL REPRESENTATIVE

I hereby appoint my daughters, DORIS GILES and NANCY BONSON, Co-Personal Representatives of this my Last Will and Testament. In the event one or the other does not act, then the other shall act alone as my Personal Representative. Said Personal

LAST WILL AND TESTAMENT --2 Initials: MGPJ Date: 6/6/12

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