



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 Vivian I Byers, Street 617 Asotin Creek Rd, City Asotin, State WA, Zip Code 99402

NEW REGISTERED OWNER: Name Kenneth or Teresa Bonner, Street 1906 Burrell Avenue, City Lewiston, State ID, Zip Code 83501

LOCATION OF MOBILE HOME: Name VIVIAN I Byers, Street 617 Asotin Creek Rd, City Asotin, State WA, Zip Code 99402

LEGAL OWNER: Name Kenneth or Teresa Bonner, Street, City, State, Zip Code

PERSONAL PROPERTY PARCEL or ACCOUNT NO. 5-052-00-001-0002-0100 LIST ASSESSED VALUE(S): \$ 58,600

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

Table with columns: MAKE (1997 Fleetwood), YEAR (1997), MODEL (Mobile Home), SIZE (26/57), SERIAL NO. or I.D. (WAFLT31A14588W213), REVENUE TAX CODE NO.

Date of Sale 5/06/2016, Taxable Sale Price \$25,000.00, Excise Tax: State \$320.00, Local \$62.50, Delinquent Interest: State \$, Local \$, Delinquent Penalty \$, Subtotal \$, State Technology Fec \$5.00, Affidavit Processing Fee \$, Total Due \$387.50

AFFIDAVIT: I certify under penalty of perjury... Signature of Grantor/Agent Susan M Gehrke PR, Name (print) Susan M Gehrke, Date and Place of Signing: 5/13/16 Treasurer's off Asotin County

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 2016, Date 5/13/16, Vicki Allen 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).

PAID

THIS SPACE - TREASURER'S USE ONLY

MAY 13 2016

ASOTIN COUNTY TREASURER

49307

COUNTY TREASURER

REV 84 0003 (12/27/06)

Ok # 4570 Teresa Bonner

Handwritten initials Va

1 **CERTIFIED**

2 FILED

3 2016 MAR 25 10:50 AM

4 **SUPERIOR COURT OF WASHINGTON**  
5 **IN AND FOR COUNTY OF ASOTIN**

6  
7  
8 **Estate of:**

No. **16-4-00027-7**

9 **VIVIAN IVY BYERS,**

**LETTERS TESTAMENTARY**

(RCW 11.28.090)

10  
11 **Deceased.**

12  
13 On 3/25/16, the last Will of the above named Decedent was duly exhibited,  
14 proven and filed in the foregoing Superior Court.

15 In the Will, Decedent named Susan M. Gehrke to act as her Executor, who, by Order of  
16 this Court, is authorized to execute the Will according to law.

17 Witness my hand and seal of this Court on March 25, 2016.

18  
19 **MARIE EGGART**

20 **CLERK OF THE SUPERIOR COURT**

21  
22 By: *Tina Jarris*  
23 Deputy Clerk

24  
25  
26 Todd S. Richardson  
27 Law Offices of Todd S. Richardson  
28 604 6<sup>th</sup> Street  
Clarkston, WA 99403  
(509) 758-3397 - phone  
(509) 758-3399 - fax

49307

STATE OF WASHINGTON )

: ss.

County of Asotin )

I, Marie Eggart, County Clerk of the County of Asotin, State of Washington, an ex-officio Clerk of the Superior Court of the State of Washington for Asotin County, do hereby certify that the within and foregoing is a full, true and correct copy of the Letters Testamentary and of the whole thereof, as the same are now on file and of record in the above-entitled cause in my office and custody. Said Letters have never been revoked and are still in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this Superior Court this 25<sup>th</sup> day of March, 2016.

County Clerk & Ex-officio  
Clerk of the Superior Court

By *Tici Jarris*

Deputy



49307

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-008454

DATE ISSUED: 03/02/2016

FEE NUMBER: 0000244392

GIVEN NAMES: VIVIAN IVY  
LAST NAME: BYERS

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: FEBRUARY 28, 2016  
HOUR OF DEATH: 04:51 A.M.  
SEX: FEMALE  
AGE: 79 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: SEPTEMBER 18, 1936  
BIRTHPLACE: PORTLAND, OREGON

MARITAL STATUS: DIVORCED  
SPOUSE:

OCCUPATION: BOOKKEEPER  
INDUSTRY: BOOKKEEPING  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? NO

INFORMANT: SUSAN GEHRKE  
RELATIONSHIP: DAUGHTER  
ADDRESS: 619 ASOTIN CREEK RD, ASOTIN WA, 99402

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

RESIDENCE STREET: 617 ASOTIN CREEK RD  
CITY, STATE, ZIP: ASOTIN, WASHINGTON 99402  
INSIDE CITY LIMITS? NO  
COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER/PARENT: FRANK EVANS  
MOTHER/PARENT: ELLEN UNKNOWN

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY  
CITY, STATE: LEWISTON, ID  
DISPOSITION DATE: MARCH 01, 2016

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 WITH MULTIORGAN SYSTEM FAILURE

INTERVAL: HOURS

B. UNKNOWN

INTERVAL: HOURS

C.

INTERVAL:

D.

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK?  
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL  
AUTOPSY: NO

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

CERTIFIER NAME: ANUPAM ARORA, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 1221 HIGHLAND AVE  
CITY, STATE, ZIP: CLARKSTON WA 99403  
DATE SIGNED: FEBRUARY 29, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

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

ITEM(S) AMENDED: NONE

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

LOCAL DEPUTY REGISTRAR:  
SUNDIE HOFFMAN  
DATE RECEIVED: MARCH 01, 2016

49307  
DOH 01-003 (1/14)



*Joel McCullough*  
Joel McCullough, M.D., MPH, MS  
Health Officer

MAR 09 2009

AA00244392

49307

# STATE OF WASHINGTON VEHICLE CERTIFICATE OF OWNERSHIP

CERTIFICATE NUMBER  
**0332902611**

LICENSE NUMBER <b>&amp;080244</b>	DATE OF APPLICATION <b>01/08/1997</b>	MODEL YEAR <b>1997</b>	MAKE <b>FLEET</b>	PLANT USE <b>MOB</b>	SERIES & BODY STYLE <b>26/57</b>
VEHICLE IDENTIFICATION (VIN) <b>WAFLT31A14588WC13</b>			EQUIP. NUMBER	SCALE WT	MILEAGE <b>0000000</b>
COMMENTS/ BRANDS  <b>2003</b>			PRIOR TITLE STATE		PRIOR TITLE NUMBER <b>97008464</b>

**REGISTERED OWNER**  
BY **BYERS, VIVIAN I**  
**619 ASOTIN CREEK RD**  
**ASOTIN WA 99402**

SIGNATURE(S) OF REGISTERED OWNER(S) BELOW, HEREBY RELEASES ALL INTEREST IN VEHICLE DESCRIBED ABOVE.

BY \_\_\_\_\_  
REGISTERED OWNER SIGNATURE      DATE OF SALE

BY \_\_\_\_\_  
REGISTERED OWNER SIGNATURE      DATE OF SALE

**LEGAL OWNER**  
BY **TWIN RIVER NATIONAL BANK**  
**PO BOX 219**  
**ASOTIN WA 99402-0219**

SIGNATURE(S) OF LEGAL OWNER(S) BELOW, HEREBY RELEASES ALL INTEREST IN VEHICLE DESCRIBED ABOVE.

BY **TWIN RIVER NATIONAL BANK**  
FIRST LEGAL OWNER SIGNATURE & TITLE      DATE RELEASED

BY \_\_\_\_\_  
SECOND LEGAL OWNER SIGNATURE & TITLE      DATE RELEASED

**LEGAL OWNER:** When liability is satisfied, release interest by signing above and transmit this document to County Auditor or Agent with proper fee. Failure to properly release and transmit the document within 10 days after lien is satisfied may result in monetary penalty to the debtor, pursuant to RCW 46.12.170.

**TRANSFEREE/BUYER MUST APPLY FOR TRANSFER OF OWNERSHIP WITHIN 15 DAYS FROM DATE OF DELIVERY, TO AVOID PENALTY. (SEE REVERSE FOR ADDITIONAL INFORMATION.)**

10/03 AT 0034295 AT 0034295  
ID 470502 ID 0034295  
**KEEP IN A SAFE PLACE**



**ANY ALTERATION OR ERASURE VOIDS THIS TITLE**

Seller: Please DETACH HERE

## STATE OF WASHINGTON - DEPARTMENT OF LICENSING VEHICLE REPORT OF SALE

Seller: Please DETACH HERE  
ONLY RETURN THIS PORTION

**REQUIRED WHENEVER OWNERSHIP CHANGES - INCLUDING DEALER TRADES**

**WARNING: THIS FORM DOES NOT TRANSFER OWNERSHIP**

PLEASE PRINT OR TYPE - SEE IMPORTANT INSTRUCTIONS BELOW.

DOL USE ONLY

LICENSE NUMBER <b>&amp;080244</b>	VEHICLE IDENTIFICATION NUMBER (VIN) <b>WAFLT31A14588WC13</b>	MODEL YEAR <b>1997</b>	MAKE <b>FLEET</b>	SERIES/BODY <b>26/57</b>	CERTIFICATE NUMBER <b>0332902611</b>
TRANSFEROR/SELLER: To be released from civil/criminal liability for the operation of the vehicle you must fill in this form COMPLETELY. The completed form MUST be delivered to your local Washington vehicle license office, within 5 days from the date of sale of the vehicle. A service fee will apply.			VISIT THE DOL WEBSITE AT: <a href="http://www.dol.wa.gov">www.dol.wa.gov</a>		
NAME OF SELLER/TRANSFEROR (PRINT) _____ COMPLETE ADDRESS OF SELLER/TRANSFEROR _____ CITY _____ STATE _____ ZIP CODE _____			NAME OF PURCHASER/TRANSFEREE _____ COMPLETE ADDRESS OF PURCHASER/TRANSFEREE _____ CITY _____ STATE _____ ZIP CODE _____		
DATE VEHICLE WAS SOLD	TOWNSHIP	VEHICLE PURCHASE PRICE		SELLER/TRANSFEROR'S SIGNATURE <b>X</b>	

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