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STATE OF WASHINGTON Department of Licensing

MANUFACTURED HOME APPLICATION

Please check one

- [x] TITLE ELIMINATION (Complete all but section 3, below)
- [ ] TRANSFER IN LOCATION (Complete ALL sections below)
- [ ] REMOVAL FROM REAL PROPERTY (Complete all but section 4, below)

RECORDER'S CLOCK

FILED AT THE REQUEST OF:
NAME
ADDRESS

1 MANUFACTURED HOME

TPO/PLATE NUMBER	YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)
	1994	FLTWD	66x27	ORFLP48A17118CP

2 LAND

Attach a copy of the legal description of your land. It can be obtained from your County Assessor's office or it may be typed or printed on an Additional Attachment Form (TD-420-732).

Manufactured home will be [x] AFFIXED [ ] REMOVED

PROPERTY TAX PARCEL NUMBER: 03-08-20-1-0208-00

3 TITLE COMPANY CERTIFICATION

I certify that the legal description of the land and ownership is true and correct per the real property records.

NAME	TITLE COMPANY/PHONE NUMBER	SIGNATURE	DATE
		X	

Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.

4 BUILDING PERMIT OFFICE CERTIFICATION

I certify that the manufactured home has been affixed to the real property as described, or a building permit has been issued for this purpose and the attachment will be inspected upon completion.

BLDG PERMIT #

NAME	SIGNATURE/TITLE	BLDG PERMIT OFFICE/PHONE #	DATE
Ken Baird	X Ken Baird Bldg Inspector	(509) 427-9484	10/25/96

5 OWNER INFORMATION

COUNTY #	INC/UNINC	# REGISTERED OWNERS	# LEGAL OWNERS
	[x] INC [ ] UNINC	2	1

Provide the Washington Driver's License or I.D. card number (PIC) for each owner:

NAME OF FIRST OWNER: JIM SHANK — SHANKJB46QB

NAME OF SECOND OWNER: CYNTHIA SHANK — SHANKCC418LF

ADDRESS OF OWNER:

CITY: CARSON STATE: WA ZIP CODE: 98610

--OR- If the owner is a business, provide the Unified Business Identifier (UBI), found on the business Registration & Licenses Document.

NAME OF FIRST LEGAL OWNER*: GREENTREE FINANCIAL CORP

MAILING ADDRESS OF FIRST LEGAL OWNER: P.O. BOX 3290

CITY: FEDERAL WAY STATE: WA ZIP CODE: 98003

More than two owners or one lienholder? Please use attachment form(s) #TD-420-732.

*SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE/REMOVAL FROM REAL PROPERTY: X

FEES

FILING FEE	
APPLICATION	
MOBILE HOME FEES	
ELIMINATION	
USE TAX	
SUB-AGENT FEES	
TOTAL FEES & TAX	$

DEALER'S REPORT OF SALE

I certify that this information is correct. The vehicle is clear of encumbrances except as shown.

WA DLR NO.	DATE OF SALE	PURCHASE PRICE
		$

DEALER NAME

TAX JURISDICTION/TAX RATE

DEALER'S AUTHORIZED SIGNATURE X

[ ] USE TAX EXEMPT ... a Certified ... member on the reservation (...)

Anyone who knowingly makes a false statement of a material fact is guilty of a felony, and upon conviction may be punished by a fine of up to $5,000 and/or 10 years imprisonment (RCW 46.12.210). I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT I/WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE: Owner Signature(s) & Title(s):

X James B. Shank

X Cynthia C. Shank

X

NOTARY OR LICENSE AGENT & NUMBER: X [signature]

SUBSCRIBED TO AND SWORN BEFORE ME THIS 25 DAY OF October 19 96

Residing in (County)

R. COPELAND NOTARY PUBLIC STATE OF WASHINGTON SEPTEMBER 13

6 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-Agents)

I certify that the above application appears to have been completed correctly, and the applicant has sufficient documentation to proceed with the recording of this form.

NAME	SIGNATURE	OFFICE/VPS OPERATOR NUMBER	DATE
	X		

Lot 7, NEWMAN SUBDIVISION, according to the recorded Plat thereof, recorded in Book B of Plats, Page 67, in the County of Skamania, State of Washington.
EXCEPT that portion Conveyed to Skamania County by instrument recorded in Book 152, Page 844.

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NOTE: Investigation should be made to determine if there are any service, installation, maintenance or construction charges for sewer, water, telephone, gas, electricity or garbage and refuse collections, or any covenants, conditions and restrictions under which estate, lien or interest in property has been, or may be, cut off, subordinated or otherwise impaired.