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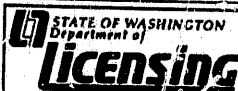
BOOK 170 PAGE 582

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

Nov 4 10 52 AM '97

A Moser
AUDITOR
GARY M. OLSON

RETURN ADDRESS

MANUFACTURED HOME
APPLICATION

PLEASE CHECK ONE

☒ TITLE ELIMINATION
 ☐ TRANSFER IN LOCATION
 ☐ REMOVAL FROM REAL PROPERTY

1 MANUFACTURED HOME

 TPO / PLATE NUMBER YEAR MAKE LENGTH-WIDTH (FEET) VEHICLE IDENTIFICATION NUMBER (VIN)
 1978 GOLWE 60 X 24 G804A313403

2 LAND

ADDITIONAL LEGAL DESCRIPTION ON PAGE

TITLE FEES

MANUFACTURED HOME WILL BE ☐ AFFIXED ☐ REMOVEDPROPERTY TAX PARCEL NUMBER
02-07-02-1-0800-00

FILING FEE

LOT

BLOCK

PLAT NAME

SECTION/TOWNSHIP/RANGE

APPLICATION

A legal description can be obtained from the local County Assessor's Office. If there is not enough room here, use the Application Attachment form, TD-420-732, available at your local County Auditor's Office.

A tract of land in the Northeast Quarter of the Northeast Quarter of Section 2, Township 2 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 2 of the Weber Short Plat recorded in Book T of Short Plats, Page 19, Skamania County Records.

MOBILE HOME FEE

ELIMINATION FEE

USE TAX

SUB-AGENT FEES

TOTAL FEES & TAX

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)

ADDITIONAL NAMES ON PAGE

COUNTY #

30

INCORPORATED

UNINCORPORATED

REGISTERED OWNERS

LEGAL OWNERS

NAME OF FIRST REGISTERED OWNER

DOL CUSTOMER ACCOUNT NUMBER

Grace D. Cross

ADDRESS OF FIRST REGISTERED OWNER

CITY

STATE ZIP CODE

1180 Ryan Allen Road

Stevenson

WA 98648

NAME OF FIRST LEGAL OWNER

DOL CUSTOMER ACCOUNT NUMBER

Accubanc Mortgage Corporation

ADDRESS OF FIRST LEGAL OWNER

CITY

STATE ZIP CODE

3835 NE Hancock Street Suite 101

Portland

OR 97212

GRANTEE(S)

ADDITIONAL NAMES ON PAGE

NAME OF FIRST GRANTEE

DOL CUSTOMER ACCOUNT NUMBER

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, imprisonment, or both. (RCW 46.12.210)

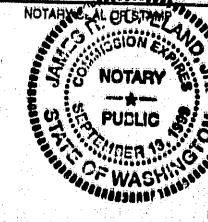
I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT I / WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:

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

 X *Sharon D. Cross*
 SIGNATURE OF FIRST REGISTERED OWNER AND TITLE, IF APPLICABLE

 X
 SIGNATURE OF FIRST LEGAL OWNER AND TITLE, IF APPLICABLE

SIGNATURE OF SECOND REGISTERED OWNER AND TITLE, IF APPLICABLE



NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington

County of Skamania

Signed or attested before me on

10-9-97

James R. Campbell

Printed Name of Applicant

Signature *for Campbell*

Title

Notary

DEALERSHIP Position/Agent/NOTARY

Dealer No. OR

AND: County/Office No. OR 9-13-98

No. or Expiration Date

DEALER'S REPORT OF SALE I certify that this information is correct. The vehicle is clear of encumbrances except as shown.

DEALER NAME

WA DEALER NUMBER

DATE OF SALE

PURCHASE PRICE

TAX JURISDICTION/TAX RATE

DEALER'S AUTHORIZED SIGNATURE

☐ USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery).

4 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 (TYPED OR PRINTED)

Angela Moser

COUNTY OFFICE/FS OPERATOR NUMBER

SIGNATURE

Angela Moser

DATE

11-04-97

5 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 / POSITION	DATE
Finalize this application with a Licensing Agent within 10 calendar days of the date of this certification.	
6 BUILDING PERMIT OFFICE CERTIFICATION	
I certify that the manufactured home has been affixed to the real property as described, and a building permit has been issued for this purpose and the attachment will be inspected upon completion.	
NAME	BLDG PERMIT OFFICE
SIGNATURE / POSITION	DATE

INSTRUCTIONS

COMPLETE THE APPROPRIATE BOXES ON THE FORM AS INDICATED BELOW, DEPENDING UPON THE TRANSACTION YOU WISH TO PROCESS.

- A. Manufactured Home Title Elimination Application** (complete boxes 1, 2, 3, 4 and 6). Use to eliminate a title for a manufactured home which is to become real property.
- B. Manufactured Home Transfer In Location Application** (complete all boxes). Use only when a manufactured home (whose title has been eliminated) is being moved to land with a different legal description AND will become part of the real property to which it will be moved and affixed. If the transfer in location is between two different counties, prepare this form in duplicate and have each recorded in its respective county.
- C. Manufactured Home Removal From Real Property Application** (complete boxes 1, 2, 3, 4 and 5). Use when titling a manufactured home whose title has been previously eliminated. Once properly completed and recorded, this application becomes a supporting document along with others required to apply for a Certificate of Title for the manufactured home.

IMPORTANT: SIGNATURES OF THE OWNERS ON THE MANUFACTURED HOME APPLICATION INDICATE TERMINATION OF INTEREST IN THE MANUFACTURED HOME THROUGH TITLE PROVIDED BY CHAPTER 46.12 RCW AND INDICATE INTENT TO PERFECT INTEREST IN THE MANUFACTURED HOME AS REAL PROPERTY WITH THE LAND HE/SHE/THEY OWN AND TO WHICH IT IS/WILL BE AFFIXED. IF THE MANUFACTURED HOME IS BEING REMOVED FROM REAL PROPERTY, SIGNATURES OF THE OWNERS PER THE REAL PROPERTY RECORDS INDICATE CONSENT TO THE REMOVAL. THE FORM MAY THEN BE USED FOR MAKING APPLICATION FOR TITLE WITH THE DEPARTMENT OF LICENSING AS PROVIDED BY CHAPTER 46.12 RCW.

Note: Owners of the manufactured home must own the land when the application is for a Manufactured Home Title Elimination or a Manufactured Home Transfer In Location, as provided by Chapter 65.20 RCW.

SECTION 1 Enter the description of the manufactured home.

SECTION 2 Place an "X" in the appropriate box and enter the property tax parcel number, lot, block, plat number and section/township/range, when applicable. Write a legal description in the space provided. If there is not enough room, use the Title Application Attachment (TD0420-732). When processing a "Transfer In Location Application," both boxes should be checked. The application must then be accompanied by two separate land descriptions.

SECTION 3 This area must be signed by all registered owners of the manufactured home when processing a title elimination. If the manufactured home has been sold and is being removed from the real property, the owners per the real property records must complete this portion to obtain a Certificate of Title. Signatures of the owners must be notarized or certified by the selling dealer or a vehicle licensing agent. Fees will include a filing and application fee plus sales or use tax due. Additional fees may include: a title elimination fee and a Mobile Home Affairs Fee. Subagents will charge an additional service fee. (Fees are subject to change without notice.)

SECTION 4 Take the properly completed Manufactured Home Application and all necessary supporting documents to the County Auditor/Licensing Agent Office for approval. Supporting documents may include but are not limited to: proof of ownership or a Manufacturer's Statement of Origin (MSO), proof of taxes paid, and applicable release(s) of interest. Subagents may not complete the approval portion of this form.

SECTION 5 The "Title Company Certification" box must be completed when processing a "Transfer In Location" or a "Removal From Real Property" application. **Important:** The final recorded application form must be submitted to a vehicle licensing agent within 10 days of the title company's certification.

SECTION 6 When processing an "Elimination" or "Transfer In Location" application, a city or county office (depending upon the location of the manufactured home) must certify that the home is affixed to the land, or, issue a building permit to affix the manufactured home to the land, inspecting the completed attachment. The issuing office must sign the application, adding the permit number if the inspection has not yet occurred.


IMPORTANT: Once the application has been approved by the County Auditor/Licensing Agent Office, take your application form to the County Recording Office. Retain proof of the recording fees paid. If the Recording Office retains your original application form, obtain a certified copy of the recorded form.

APPLICANTS: Once recorded, you must return to a Vehicle Licensing office to file the Manufactured Home Application, paying all required fees.

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 TDD (360) 664-8835.

BOOK 170 PAGE 584

RETURN ADDRESS

		MANUFACTURED HOME APPLICATION PLEASE CHECK ONE <input type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
1 MANUFACTURED HOME TPO/PLATE NUMBER YEAR MAKE LENGTH/WIDTH(FEET) VEHICLE IDENTIFICATION NUMBER (VIN) _____ 1979 GOLWE X GN04A213403			
2 LAND MANUFACTURED HOME WILL BE <input type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED		ADDITIONAL LEGAL DESCRIPTION ON PAGE _____ PROPERTY TAX PARCEL NUMBER 02-07-02-1-1-0800-00	
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
A legal description can be obtained from the local County Assessor's Office. If there is not enough room here, use the Application Attachment form, TD-420-732, available at your local County Auditor's Office. A tract of land in the Northeast Quarter of the Northeast Quarter of Section 2, Township 2 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows: Lot 2 of the Weber Short Plat recorded in Book T of Short Plats, Page 19, Skamania County Records.			TITLE FEES FILING FEE APPLICATION MOBILE HOME FEE ELIMINATION FEE USE TAX SUB-AGENT FEES TOTAL FEES & TAX
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) COUNTY INCORPORATED UNINCORPORATED # REGISTERED OWNERS # LEGAL OWNERS		ADDITIONAL NAMES ON PAGE _____	
NAME OF FIRST REGISTERED OWNER Grace D. Cross		DOL CUSTOMER ACCOUNT NUMBER _____	
ADDRESS OF FIRST REGISTERED OWNER 1180 Ryan Allen Road		CITY Stevenson	STATE ZIP CODE WA 98648
NAME OF FIRST LEGAL OWNER Accubanc Mortgage Corporation		DOL CUSTOMER ACCOUNT NUMBER _____	
ADDRESS OF FIRST LEGAL OWNER 3835 NE Hancock Street, Suite 101		CITY Portland	STATE ZIP CODE OR 97212
GRANTEE(S) NAME OF FIRST GRANTEE		ADDITIONAL NAMES ON PAGE _____ DOL CUSTOMER ACCOUNT NUMBER _____	
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, imprisonment, or both. (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:	
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE REMOVAL FROM REAL PROPERTY: X		SIGNATURE OF FIRST REGISTERED OWNER AND TITLE, IF APPLICABLE: X	
SIGNATURE OF FIRST LEGAL OWNER AND TITLE, IF APPLICABLE: X		SIGNATURE OF SECOND REGISTERED OWNER AND TITLE, IF APPLICABLE:	
NOTARY SEAL OR STAMP	NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE State of Washington County of _____ Signed or attested before me on _____ by _____ Printed Name of Applicant Signature _____ Title _____ Dealer No. OR AND: County/Office No. OR Notary Expiration Date DEALERSHIP Position/Agent/NOTARY		
DEALER'S REPORT OF SALE I certify that this information is correct. The vehicle is clear of encumbrances except as shown.			
DEALER NAME _____		WA DEALER NUMBER _____	DATE OF SALE _____
PURCHASE PRICE _____	TAX JURISDICTION/TAX RATE _____	DEALER'S AUTHORIZED SIGNATURE _____	
<input type="checkbox"/> USE TAX EXEMPT See to a Certified Tribal member on the reservation (attach notarized statement of delivery).			
4 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 (TYPED OR PRINTED) _____		COUNTY OFFICE/OPS OPERATOR NUMBER _____	
SIGNATURE _____		DATE _____	

OWNERSHIP

Use this form when there is not enough room on TD-420-729 (Manufactured Home Application) to provide the owner(s) names. This form must be recorded with the Manufactured Home Application and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

CHECK TYPE OF APPLICATION: ☒ Title Elimination
☐ Removal From Real Property
☐ Transfer In Location

PROPERTY TAX PARCEL NUMBER:

02-07-02-1-0800-00

ADDITIONAL GRANTOR(S) REGISTERED/LEGAL OWNER(S)												
NAME OF REGISTERED OWNER <i>Shane Cross</i>	DOL CUSTOMER ACCOUNT NUMBER											
NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER											
NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER											
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SIGNATURE OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER											
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<table border="1"> <thead> <tr> <th>NOTARY SEAL OR STAMP</th> <th>NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE</th> </tr> </thead> <tbody> <tr> <td rowspan="4"></td> <td>State of Washington County of _____</td> </tr> <tr> <td>Signed or attested before me on _____</td> </tr> <tr> <td>by _____ Printed Name of Applicant</td> </tr> <tr> <td>Signature _____</td> </tr> <tr> <td></td> <td>Title _____ DEALERSHIP Position/Agent/NOTARY</td> </tr> <tr> <td></td> <td>Dealer No. OR AND: County/Office No. OR Notary Expiration Date _____</td> </tr> </tbody> </table>		NOTARY SEAL OR STAMP	NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE		State of Washington County of _____	Signed or attested before me on _____	by _____ Printed Name of Applicant	Signature _____		Title _____ DEALERSHIP Position/Agent/NOTARY		Dealer No. OR AND: County/Office No. OR Notary Expiration Date _____
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