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129801

FILED FOR RECORD
SKAMANIA CO. WASH
BY Clark Co. Title

Nov 17 1 55 PM '97
AUDITOR
GARY M. OLSON

RETURN ADDRESS

CLARK COUNTY TITLE
ESCROW 51982JS
PO Box 1308
Vancouver WA 98666
Attn: Jan

Approved
Indirect
Mailed

STATE OF WASHINGTON Department of **Licensing**

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)
	1997	FLTWD	25 X 48	GRFLWA8A51083TW13

2 LAND ADDITIONAL LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVED

PROPERTY TAX PARCEL NUMBER: 02 05 33 4 0 1200 00

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
16, W½ 17		WASHOUGAL SUMMER HOME TRACTS	

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.

Lot 16 and the West half of lot 17, WASHOUGAL SUMMER HOME TRACTS, according to the official plat on file and of record in Book "A" of Plats, page 78, records of Skamania County, Washington.

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) ADDITIONAL NAMES ON PAGE

COUNTY #	INCORPORATED	UNINCORPORATED	# REGISTERED OWNERS	# LEGAL OWNERS
SKAMANIA			two	one

NAME OF FIRST REGISTERED OWNER: JOE L. CALHOUN, JR — DOL CUSTOMER ACCOUNT NUMBER: 3M75 50 (OREGON)

ADDRESS OF FIRST REGISTERED OWNER: 9832 NE WASHOUGAL RIVER ROAD — CITY: WASHOUGAL — STATE: WA — ZIP CODE: 98671

NAME OF FIRST LEGAL OWNER: NEW AMERICA FINANCIAL INC. — DOL CUSTOMER ACCOUNT NUMBER: 601 658 8 8

ADDRESS OF FIRST LEGAL OWNER: 9600 SW OAK STREET SUITE 410 — CITY: PORTLAND — STATE: OR — ZIP CODE: 97223

GRANTEE(S) ADDITIONAL NAMES ON PAGE

NAME OF FIRST GRANTEE: the public — 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 PURJURY 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 Jan McFall CR MNGR. — SIGNATURE OF FIRST LEGAL OWNER AND TITLE, IF APPLICABLE

Joe L. Calhoun JR — SIGNATURE OF FIRST REGISTERED OWNER AND TITLE, IF APPLICABLE

X Shannon R. Calhoun — 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 Clark

Signed or attested before me on 9-29-97

by Joel L. Calhoun JR AND Shannon R. Calhoun

Signature Jan Southard

Printed Name of Applicant

Title NOTARY — DEALERSHIP Position/Agent/NOTARY

Dealer No. OR AND: County/Office No. OR Notary Expiration Date 10-10-98

DEALER'S DECLARATION 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/VFB OPERATOR NUMBER: 30-81-08

SIGNATURE: Angela Moser — DATE: 11-17-97

TD-420-729 MANUF HOME APPL (R/12/96)OR Page 1 of 2

INSTRUCTIONS AND ADDITIONAL INFORMATION ON REVERSE SIDE

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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: CLARK COUNTY TITLE	TITLE COMPANY/PHONE NUMBER: 360 694 4722	
SIGNATURE / POSITION: [signature] ESCROW OFFICER		DATE: 9/29/97
File this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.		
6 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		
NAME: Kenneth R. Baird	BLDG PERMIT OFFICE/PHONE #: (509) 427-9448	
SIGNATURE / POSITION: Ken Baird Bldg Inspector		DATE: 10/2/97

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. Obtain 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 fe

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 902-3700 or TDD (360) 664-8885.

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:
- [x] Title Elimination
- [ ] Removal From Real Property
- [ ] Transfer In Location

PROPERTY TAX PARCEL NUMBER: 02 05 31 4 0 1200 0

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

NAME OF REGISTERED OWNER SHANNON R. CALHOUN	DOL CUSTOMER ACCOUNT NUMBER CAL HOSR 411JN
NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER	DOL CUSTOMER ACCOUNT NUMBER
NAME OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
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SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE:

SIGNATURE OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER
SIGNATURE OF LEGAL OWNER	DOL CUSTOMER ACCOUNT NUMBER

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SIGNATURE OF REGISTERED OWNER	DATE
SIGNATURE OF REGISTERED OWNER	DATE
SIGNATURE OF REGISTERED OWNER	DATE
SIGNATURE OF REGISTERED OWNER	DATE
SIGNATURE OF REGISTERED OWNER	DATE

NOTARY SEAL OR STAMP

NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington
County of ________ Signed or attested before me on ________

by ________ Signature ________
Printed Name of Applicant

Title ________ Dealer No. OR AND: County/Office No. OR Notary Expiration Date ________
DEALERSHIP Por Atty/Agent/NOTARY

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