130162

BOOK 172 PAGE 259

FILED FOR RECORD
SKAMANIA CO. WASH
BY Daniel Gundersen

JAN 6 2 48 PM '98
AUDITOR
GARY M. OLSON

Return Address:
DANIEL GUNDERSEN
221 Indian Cabin Rd
Home Valley WA 98648

REVOCATION OF POWER OF ATTORNEY

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 65.04) 1/97: (please print last name first)

Reference # (If applicable):
Grantor(s) (Principal): (1) DANIEL GUNDERSEN (2) ANNA Fiasca Addl'. on pg
Grantee(s) (Attorney in Fact): (1) JOSEPH L UDALL (2)
Addl'. on pg ___ Legal Description (abbreviated):
Addl'. legal is on pg ___ Assessor's Property Tax Parcel /Account #

KNOW ALL PERSONS BY THESE PRESENTS: That whereas, DANIEL GUNDERSEN & ANNA Fiasca did, in and by letter of attorney dated the 15th day of August, 1994 conetituted and appointed JOSEPH L UDALL Their true and lawful attorney for Them and in Their name to

As by said letter of attorney appears:
Now therefore, the said DANIEL GUNDERSEN AND ANNA Fiasca by these presents do hereby revoke, countermand, annul, and make void, the same letter of attorney dated the 15th day of August, 1994, and all power therein and thereby, or in any manner given or intended to be given the said JOSEPH L UDALL.

In Witness Whereof, WE have hereunto set our hand(s) this 3rd day of Jan, 1998.

Anna Fiasca

STATE OF WASHINGTON,
County of Skamania } SS. (INDIVIDUAL ACKNOWLEDGEMENT)

I certify that I know or have satisfactory evidence that Daniel Gundersen & Anna Fiasca are the person who appeared before me, and said person acknowledged that THEY signed this instrument and acknowledged it to be THEIR free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this 3rd day of January 1998

Mary L. McDonnell
Print Name MARY L. McDONNELL
Notary Public in and for the State of WA
My appointment expires: 6/1/00

Keyboard ✓
Indexed, Dir ✓
Indirect ✓
Filmed
Mailed

MARY L. McDONNELL
STATE OF WASHINGTON
NOTARY — PUBLIC
My Commission Expires June 1, 2000

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FILED FOR RECORD
SKAMANIA CO. WASH
BY CLARK COUNTY TITLE

JAN 6 3 51 PM '98
AUDITOR
GARY M. OLSON

Return Address:

Clark County Title
P.O. Box 1308
Vancouver, WA 98660

Please Print or Type Information

Document Title(s) or transactions contained therein:

1. Title Elimination
2.
3.
4.

GRANTOR(S) (Last name, first, then first name and initials)

1. Richard C. Hurst
2. Charlette J. Hurst
3.
4.

[ ] Additional Names on page _____ of document.

GRANTEE(S) (Last name, first, then first name and initials)

1. State of WA, Dept of Licensing
2.
3.
4.

[ ] Additional Names on page _____ of document.

Entered
Indexed
Filmed
Mailed

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)

Lot 14, FOSTER'S ADDITION, according to the plat thereof, recorded in Book "B" of Plats, Page 33, records of Skamania County, Washington.

[ ] Complete legal on page _____ of document.

REFERENCE NUMBER(S) Of Documents assigned or released:

[ ] Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

4-7-26-3-0-2009-0

[ ] Property Tax Parcel ID is not yet assigned.
[ ] Additional parcel #'s on page _____ of document.

The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

BOOK 172 PAGE 261

STATE OF WASHINGTON Department of LICENSING

MANUFACTURED HOME APPLICATION

RECORDER'S CLOCK	FILED AT THE REQUEST OF: NAME / ADDRESS

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)

1. MANUFACTURED HOME

TP/PLATE NUMBER	YEAR	MAKE	WIDTH/LENGTH	VEHICLE IDENTIFICATION NUMBER (VIN)
	97	Golden West	14 / 27 588 / 324	N116955

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).

PROPERTY TAX PARCEL NUMBER: 4-726-30-2009-0

Manufactured home will be [X] AFFIXED [ ] REMOVED

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.

NAME	SIGNATURE/TITLE	BLDG PERMIT OFFICE/PHONE #	BLDG PERMIT #	DATE
MARION MORAT	X Marion Morat Building Inspector	(509) 427-9484		11-6-97

5. OWNER INFORMATION

COUNTY #	INC	UNINC	# REGISTERED OWNERS	# LEGAL OWNERS
30	[ ]	[X]	2	1

REGISTERED OWNER

NAME OF FIRST OWNER: Richard C. Hurst

NAME OF SECOND OWNER: Charlette J. Hurst

ADDRESS OF OWNER: P.O. Box 561

CITY: Camas | STATE: WA | ZIP CODE: 98607

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

HURSTRC587NJ

HURSTRJ554ST

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

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

LIENHOLDER

NAME OF FIRST LEGAL OWNER*: Washington Mutual

MAILING ADDRESS OF FIRST LEGAL OWNER: 1201 Main Street

CITY: Vancouver | STATE: WA | ZIP CODE: 98660

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

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 THAT I/WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS SECTION IS ACCURATE: Owner Signature(s) & Title(s):

X Richard C. Hurst

X Charlette J. Hurst

X

NOTARY OR LICENSING AGENT'S NUMBER: X Cheryl L. Flood

SUBSCRIBED TO AND SWORN BEFORE ME THIS 20th DAY OF June 19 96

Residing in (County): Clark

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 all encumbrances except as shown.

DATE OF SALE	PURCHASE PRICE	TAX JURISDICTION/TAX RATE
	$	

DEALER AUTHORIZED SIGNATURE

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

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/AGENT OPERATOR NUMBER	DATE
Angela Moser	X Angela Moser	30-01-08	1-6-98