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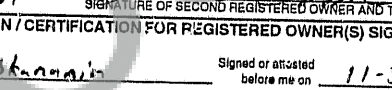
BOOK 179 PAGE 458
FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

RETURN ADDRESS

JUL 21 10 23 AM '98

Moser
AUDITOR
GARY M. OLSON

☒ Indexed, filed
☒ Indexed
☒ Filed
☒ Stamped

| | | | |
|--|--|--|---|
|  | | MANUFACTURED HOME APPLICATION PLEASE CHECK ONE <input checked="" 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) _____ 1998 Developer 57.3 X 42 GDSTOR-4197-19456 | | | |
| 2 LAND MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED | | ADDITIONAL LEGAL DESCRIPTION ON PAGE _____ PROPERTY TAX PARCEL NUMBER 03-08-28-2-2-0403-00 | |
| 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. Lot 4 Cliff's Meadow Tract, according to the recorded plat recorded in Book B of Plats, Page 86 in the County Skamania, State of 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) COUNTY # 30 INCORPORATED UNINCORPORATED X REGISTERED OWNERS 2 LEGAL OWNERS 1 | | | |
| NAME OF FIRST REGISTERED OWNER Fredrick E. Conn ADDRESS OF FIRST REGISTERED OWNER PO Box 543 | | CITY Carson STATE WA ZIP CODE 98610 DOL CUSTOMER ACCOUNT NUMBER _____ | |
| NAME OF FIRST LEGAL OWNER Columbia Mortgage Group ADDRESS OF FIRST LEGAL OWNER 1701 NE 3rd St. Ste. B | | CITY Bend STATE OR ZIP CODE 97701 DOL CUSTOMER ACCOUNT NUMBER _____ | |
| GRANTEE(S) 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: | | | |
| SIGNATURE OF FIRST LEGAL OWNER AND TITLE, IF APPLICABLE  | | SIGNATURE OF FIRST REGISTERED OWNER AND TITLE, IF APPLICABLE  | |
| SIGNATURE OF SECOND 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 11-5-97 James R. Copeland Signature for R. Copeland Notary Public Dealer No. OR AND: County/Office No. OR 9-17-99 DEALERSHIP Position/Agent/NOTARY Note: 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 _____ | |
| PURCHASE PRICE _____ | | DATE OF SALE _____ | |
| TAX JURISDICTION/TAX RATE _____ | | DEALER'S AUTHORIZED SIGNATURE _____ | |
| <input type="checkbox"/> 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/VFS OPERATOR NUMBER 30-0408 | |
| SIGNATURE Angela Moser | | DATE 7-21-98 | |

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

INSTRUCTIONS AND ADDITIONAL INFORMATION ON REVERSE SIDE

| | |
|--|----------------------------|
| 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 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 | BLDG PERMIT OFFICE/PHONE # |
| Marlon Morat | 509-427-9484 |
| SIGNATURE / POSITION | DATE |
| <i>Marlon Morat</i> | 7-20-98 |
| Building Inspector | |

INSTRUCTIONS

COMPLETE THE APPROPRIATE BOXES ON THE FORM AS INDICATED BELOW,
DEPENDENT 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 "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 licensing 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) 664-8885.

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: ☒ Title Elimination
☐ Removal From Real Property
☐ Transfer In Location

PROPERTY TAX PARCEL NUMBER: 03-08-28-2-2-0403-00

| ADDITIONAL GRANTOR(S) REGISTERED/LEGAL OWNER(S) | | | | | | | | | | |
|---|---|--|---|--|--|--|---------------------------------------|-----------------|---|--|
| NAME OF REGISTERED OWNER Sherri M. Conn | 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 REGISTERED OWNER | DOL CUSTOMER ACCOUNT NUMBER | | | | | | | | | |
| NAME OF LEGAL OWNER | DOL CUSTOMER ACCOUNT NUMBER | | | | | | | | | |
| NAME OF LEGAL OWNER | DOL CUSTOMER ACCOUNT NUMBER | | | | | | | | | |
| NAME OF LEGAL OWNER | DOL CUSTOMER ACCOUNT NUMBER | | | | | | | | | |
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| NAME OF LEGAL OWNER | DOL CUSTOMER ACCOUNT NUMBER | | | | | | | | | |
| NAME OF LEGAL OWNER | DOL CUSTOMER ACCOUNT NUMBER | | | | | | | | | |
| 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 | | | | | | | | | |
| <p>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 49.12.210)</p> <p>I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY LAW THAT I/WE ARE THE REGISTERED OWNERS OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:</p> | | | | | | | | | | |
| 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 | | | | | | | | | |
| <table border="1"> <tr> <td rowspan="4">NOTARY SEAL OR STAMP</td> <td colspan="2">NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE</td> </tr> <tr> <td>State of Washington County of _____</td> <td>Signed or attested before me on _____</td> </tr> <tr> <td>by _____ Printed Name of Applicant</td> <td>Signature _____</td> </tr> <tr> <td>Title _____ DEALERSHIP Position/Agent/NOTARY</td> <td>Dealer No. OR AND: County/Office No. OR Notary Expiration Date _____</td> </tr> </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 _____ |
| 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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