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

RETURN ADDRESS

JUL 9 9 35 AM '98

Moser
AUDITOR
GARY M. OLSON

STATE OF WASHINGTON Department of Licensing		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			
TPC/PLATE NUMBER	YEAR	MAKE	LENGTHXWIDTHXHEIGHT
20713	1981	BROOK	66 X 28
VEHICLE IDENTIFICATION NUMBER (VIN)		SE3576A	
2 LAND			
ADDITIONAL LEGAL DESCRIPTION ON PAGE 3			TITLE FEES
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED			PROPERTY TAX PARCEL NUMBER
			02-05-28-1-0-0103-00
LOT	BLOCK	FLAT 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.			MOBILE HOME FEE
Lot 3 of the LABARRE FLAT SHORT PLAT			ELIMINATION FEE
			USE TAX
			SUB-AGENT FEES
			TOTAL FEES & TAX
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)			
COUNTY	INCORPORATED	UNINCORPORATED	ADDITIONAL NAMES ON PAGE 4
30		X	REGISTERED OWNERS 2 LEGAL OWNERS 1
NAME OF FIRST REGISTERED OWNER		DOL CUSTOMER ACCOUNT NUMBER	
Kevin G. Huff		HUFF * K63400B	
ADDRESS OF FIRST REGISTERED OWNER		CITY	STATE ZIP CODE
1801 Labarre Road		Washington	WA 98671
NAME OF FIRST LEGAL OWNER		DOL CUSTOMER ACCOUNT NUMBER	
Bank of Yorba Linda			
ADDRESS OF FIRST LEGAL OWNER		CITY	STATE ZIP CODE
18302 Irvine Blvd, Suite 100		Tustin	CA 92780
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 Kevin G. Huff	
SIGNATURE OF FIRST REGISTERED OWNER AND TITLE, IF APPLICABLE		X Deborah K. Huff	
SIGNATURE OF SECOND REGISTERED OWNER AND TITLE, IF APPLICABLE			
NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
State of Washington County of CLARK		Signed or attested before me on May 8, 1998	
by CAROL ANN GAITHER		Signature: Carol Ann Gaither	
Printed Name of Applicant		Title ESCROW OFFICER	
DEALER'S Position/Agent/NOTARY		Dealer No. OR AND: County/Office No. OR Notary 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
<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)		COUNTY OFFICE/FS OPERATOR NUMBER	
Angela Moser		30-01-08	
SIGNATURE		DATE	
Angela Moser		7-9-98	

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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	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 #
SIGNATURE / POSITION	DATE
Marlon Morat	509-427-9484
Building Inspector	6-26-98

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 is location 1/2 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: One of the manufactured home must own the land when the application is for a Manufactured Home Title 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 (TDC420-732) 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.

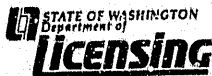
SECTION 5 The "Title Company Certification" box must be completed when processing a "Transfer In Location" or a "Removal From Real Property" application. Important: The final recorded application form must be submitted to a vehicle licensing agent within 10 days of the title company's certification

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) 502-3600 or TDD (360) 664-8885



MANUFACTURED HOME APPLICATION - ADDITIONAL ATTACHMENT
LEGAL DESCRIPTION OF LAND

Use this form when a legal description from the county is not legible, and/or a statutory warranty deed is not available, to provide the legal description of the land. 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

Land: Property Tax Parcel Number 02-05-28-1-0-C103-00

Legal Description:

Being a portion of Lot 3 of the LABARRE FLAT SHORT PLAT, recorded in Book 1 of Short Plats, Page 2, in Section 28, Township 2 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington described as follows:

The beginning point of Tract is a point of tangency on the Northwest Boundary of Labarre County Road right-of-way which is North 292.63 feet and West 26.29 feet from the center of said Section 28; thence North 00°00'00" East for 615.02 feet to center of creek; thence along center of creek to a point which bears North 73°29'06" East 362.2 feet from point just left; thence South 2°04'35" West for 295.89 feet to the Northwest boundary of County road right of way; thence along right of way boundary South 44°27'00" West for 59.61 feet; thence through curve to left with a radius of 348.31 feet through central angle of 20°34' a distance of 125.03 feet; thence South 23°53'00" West for 63.94 feet; thence through a curve to right with a radius of 410.74 feet through central angle of 27°32' a distance of 197.53 feet; thence South 51°25'00" West for 102.00 feet to point of beginning.

OWNERSHIP

Use this form when there is not enough room on TD-420-729 (Manufactured Home Application) to list 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: 02-05-28-1-0-0103-00

ADDITIONAL GRANTOR(S) REGISTERED / LEGAL OWNER(S)	
NAME OF REGISTERED OWNER Deborah R. Huff	DOL CUSTOMER ACCOUNT NUMBER HUFF * DR 334KC
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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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 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 _____ 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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 If you need special accommodation, please call (360) 902-3600 or TDD (360) 244-8885.