RETURN ADDRESS

POOK 181 PAGE 108
FILED FOR CECORD
SKAMANIA CO. WASH
BY SZAMANIA CO. TITLE

SEP 9 9 14 AM '98

				AMa	Ser.
			And the Comment	AUDIT	OR .
	Market and Department and Commission (see June 2019). See Section (1979).		Wife to promote	GARY M. O	LSON
	And American Company of the Party of the Par		TTO VICEN		
	· · · · · · · · · · · · · · · · · · ·				
And in column 2 is not as a second principle of the last of the la	Annual Company of the	77/11/1		FM	errand 2
	and the second second	-		arc	lexed, f =
STATE OF WASHING	STON			- log	ireu Z
	141	ANUFACTU		Mi	ned
<u> [ICENSI</u>	NG .	APPLICA	NOITA		134
	(Mariana and)	PLEASE CHE			
ENTITLE ELIMINAT	TION TRA	NSFER IN LOCAT	The second secon	AL FROM REA	AL PROPERTY
1 MANUFACTURED HO	ME			· · · · · · · · · · · · · · · · · · ·	
TPO / PLATE NUMBER YE	AR MAKE	LENGTHWIDTHIF	EET) VEHICLE IDENTIFIC	ATION NUMBER (VIN)	· · · · · · · · · · · · · · · · · · ·
2 LAND	98 Amber	4	6791-0	1260-T. ARC	
MANUFACTURED HÖME	WILL BE LEAFF		L DESCRIPTION ON		TITLE FEES
		, MEMOVED	PROPERTY TAX PAR 02-07-20-0	CEL NUMBER -0-0217-00	
LOT BLOCK	PLAT NAME		SECT	TONTOWNSHIPPANO	APPLICATION
A legal description can be o	btained from the foor	I Ct 'Y Assessor's C	Hige. If there is not -n.	auch coors have	MOBILE HOME PEE
use the Application Attachm	ient form, TD-420-73	2, available at your loc	N/ County Auditor's Off	ice.	ELIMINA'NON FEE
Lot 3 of the Gr	een Acres Su	bdivision. ac	cording to the	recorded	USE TAX
plat, recorded	in Sook B of	plats. Page	82 in the Cour	ity of	
Skamanir, State	of Washingt	on.		-	SU'A-AGENT FEES
				19 7	TOTAL FEES & TAX
Tobles	and the same of				
GRANTOR(S) REGISTE	REDILEGAL OWN		NAL NAMES ON PA		
20 I 26	3.1.1.20	RPUHATED # REGISTE	RED OWNERS LEG.	AL OWNERS	14.5
AME OF FIRST REGISTERED OW David K. Allen		1000		DOL CUSTOMER	CCOUNT NUMBER
DORESS OF FIRST REGISTERED PO BOX 845	OWNER	CITY			P CODE
AME OF FIRST LEGAL OWNER	-	Carson		WA .	28610
Washington Mutus	<u> </u>			DOL CUSTOMER A	CCOUNT NUMBER
7600 NE 41st St	reet #150	Vancous	rer		PCODE
GRANTEE(S)	Tal albamatic		NAL NAMES ON PAG	IE	8662
			The second secon	DOL CUSTOMER A	CCOUNT NUMBER
Anyone who knowingly milect is guilty of a feion	skee a false stateme		SOLEMNLY ATTES	TUNDER DENAL	TV OF PUR WAY
		SOUL AD ALL DAME			
GNATURE OF LEGAL OV ININATION OF TITLE / RI	MARKET INDICATED	The same of the sa	S-VEHICLE AND THI	PINFORMATION	S ACCURATE:
THE PERSON NAMED IN COLUMN	EMOVAL FROM HE	AL PROPERTY: X	1 2	-	
			MATE IN CHARGE STREET	Name and Address of the Owner, where the Party of the Owner, where the Party of the Owner, where the Owner, which is the Owner, which is the Owner, where the Owner, where the Owner, which is the Owner, which	The second second
hauselhtel	orata,		NATURE OF FIRST REGILE		
HAULLAT PK	OLITU ER AND TITLE, IF APPLIC	ABLE	NATURE OF SECOND OF	OFF COLD TO SERVICE OF THE PARTY OF THE PART	
NOTARY SEAL OF LEGAL OWN	CLTU ER AND TITLE, IF APPLIC NOTAR	ZATION / CERTIFICA	NATURE OF SECOND REGISTER	STERED OWNER AND	TITLE, IF APPLICABLE
NOTARY SEAL OF SYAMP SEAL OF SYAMP SEAL OF SYAMP	OLITU ER AND TITLE, IF APPLIC	ZATION/CERTIFICA	NATURE OF SECOND REGISTER	STERED OWNER AND	TITLE, IF APPLICABLE
NOTARY SEAL OF SYMME SEAL OF SYMME SEAL OF SYMME SHOWN EXAMPLES OF SYMME SYMME SHOWN EXAMPLES OF SYMME SYMME SHOWN EXAMPLES OF SYMME	ER AND TITLE, IF APPLIC NOTAR State of Washington	ZATION/CERTIFICA	NATURE OF SECOND REGISTER	STERED OWNER AND	
NOTARY SEAL OF SYAMP SEAL OF SYAMP SEAL OF SYAMP	ER AND TITLE, IF APPLIC	IZATION/CERTIFICA LUCSIUMY Seaman	NATURE OF SECOND REGISTER	TERED OWNER AND ED OWNER(S) SI OF BROSHED OF ME ON WY 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TITLE, IF APPLICABLE
NOTARY OF PUBLIC PUBLIC	State of Washington by Paula Trila NOTU	ZATION / CERTIFICA LUSTUMY SHOWN Printed Name of Appl cant W	NATURE OF SECOND REGISTER Signed bel Signatur	TERED OWNER AND IED OWNER(S) SI OF BREED OF MULTIPLE AND IED A	TITLE, IF APPLICABLE
AUTURE OF FIRST LEGAL OWN OTHER SEAL OF SYAMP SEAL OF SYAMP SEAL OF SYAMP OTHER SYAMP A SEAL OF SYAMP OTHER SYAMP O	State of Washington by Paula Trila NOTU	IZATION/CERTIFICA LUCSIUMY Seaman	NATURE OF SECOND REGISTER Signed bel Signalu ANDIC	STERED OWNER AND IED OWNER (S) SI OF ARESTED OF ME ON ME OF A COUNTY OF THE OWNER OF A COUNTY OF THE OWNER O	TITLE, IF APPLICABLE
NOTARY SEAL OF SYAMP NOTARY SEAL OF SYAMP NOTARY NOTARY PUBLIC PUBLIC OF WASHINGS	State of Washington by Paula Trile NOTA DEAL	SABLE SIGNATURE SIGNATURE SALE SIGNATURE SALE SALE SALE SALE SALE SALE SALE SAL	Signatu Signatu ANDI C	TERED OWNER AND ED OWNER(S) SI or attested Ore me on AUL Te Te AUL Te Te AUL Te AUL Te Te AUL Te Te AUL Te Te Te AUL Te Te Te Te Te Te Te Te Te T	SICUNCY SCHOOL SCHOO
NOTARY SEAL OF STAMP NOTARY SEAL OF STAMP SEAL OF STAMP NOTARY NOTARY PUBLIC OF WASHING	State of Washington by Paula Trile NOTA DEAL	SABLE SIGNATURE SIGNATURE SALE SIGNATURE SALE SALE SALE SALE SALE SALE SALE SAL	Signatu Signatu ANDI C	TERED OWNER AND ED OWNER(S) SI or attested Ore me on AUL Te Te AUL Te Te AUL Te AUL Te Te AUL Te Te AUL Te Te Te AUL Te Te Te Te Te Te Te Te Te T	SICUNCY SCHOOL CH. B. 2001
NOTARY SEAL OF SYAMP NOTARY SEAL OF SYAMP NOTARY NOTARY PUBLIC PUBLIC OF WASHINGS	State of Washington by Paula Trile NOTA DEAL	SABLE SIGNATURE SIGNATURE SALE SIGNATURE SALE SALE SALE SALE SALE SALE SALE SAL	NATURE OF SECOND REGISTER Signed bel Signatu ANDI C ARY L The vehicle is clear	TERED OWNER AND ED OWNER(S) SI or attested MUL re MULLIC re MULLI re MULLIC re MULLI re MULLIC re MULLIC re MULLIC re MULLIC re MULLIC re MULLIC r	SICUNCY CH. B. JOOI EXCEPT AS SHOWN.
NOTARY OF WIASHING ALER NAME	State of Washington State of Washington County of by Paula Trile NOTAR DEAL	ZATION / CERTIFICA LUSTUNG SHEAR HOP Position/Agent/NOT Intermation is correct	MATURE OF SECOND REGISTER Signed Signal AND: C ARY WA DEALER NUMBER WA DEALER	TERED OWNER AND ED OWNER(S) SI or attested MUL re MULLIC re MULLI re MULLIC re MULLI re MULLIC re MULLIC re MULLIC re MULLIC re MULLIC re MULLIC r	SICUNCY SCHOOL CH. B. 2001
NOTARY SEAL OF STAMP NOTARY SEAL OF STAMP NOTARY PUBLIC OF WASHING ALER'S REPORT OF SAL ALER NAME	State of Washington State of Washington County of by Paula Trile NOTCH DEAL X JURISDICTION/T/X RA	ZATION / CERTIFICA LUS UNG SIZATION / CERTIFICA SIZATION / CERTIFICA SIZATION / CERTIFICA Printed Name of Appl cant W ERSHIP Position/Agan/NOT Intermation is correct TE DEALER'S AUTHORIZ	ANTINE OF SECOND REGISTER Signed Signal ANDI C ANY L. The vehicle is clear WA DEALER NUMBER ED RIGNATURE	STERED OWNER AND ED OWNER(S) SI or attested MUL The MULLIC The M	SICUNCY CH. B. JOOI Except as shown.
NOTARY OF WIASHING ALER NAME ROLLED FRICE TA ALER SEPRICE TA TO USE TAX EXEMPT	State of Washington State of Washington County of by Paula Trile NOTAR DEAL X JURISDICTION TIX RA	PINE POSITIONIZA	Signatu ANDIC NATURE WAS DEALER NUMBER SIGNATURE	STERED OWNER AND ED OWNER(S) SI or attested MUL ore me on MUL ore Mul	SICUNCY CH. B. JOOI Except as shown.
NOTARY SEAL OF SYMME SEAL OF SYMME SOUN EXAMPLE OF MY SEAL OF SYMME SOUN EXAMPLE OF MY SEAL OF SYMME SOUN EXAMPLE OF MY A SHIP OF SAL ALER NAME USE TAX EXEMPT USE TAX EXEMPT COUNTY AUTITORIAGE	State of Washington By Paula Trile NOTA Trile NOTA Trile NOTA Trile NOTA Trile NOTA E I certify that this X JURISDICTIONT/X RA Sale to a Certification NOTA Trile NOTA Trile NOTA Sale to a Certification	ABLE SIGNAL SIGN	Signadu Signadu Signadu Signadu Signadu Signadu ANDIC NATURE SIGNADU S	TIZED DIVINER AND THE PROPERTY OF THE PROPERTY	SICINCY SACEPT AS SHOWN. F SALE
NOTARY SEAL OF SYMME NOTARY SEAL OF SYMME NOTARY NOTARY PUBLIC OF WASHING COUNTY AUDITORIAGE WILLIAMS ROHASE PRICE TA COUNTY AUDITORIAGE WILLIAMS TO SEE TAX EXEMPT COUNTY AUDITORIAGE TO SEE TAX EXEMPT TO SEE TA	State of Washington By Paula Trile NOTA Trile NOTA Trile NOTA Trile NOTA Trile NOTA E I certify that this X JURISDICTIONT/X RA Sale to a Certification NOTA Trile NOTA Trile NOTA Sale to a Certification	ABLE SIGNAL SIGN	Signadu Signadu Signadu Signadu Signadu Signadu ANDIC NATURE SIGNADU S	TIZED DIVINER AND THE PROPERTY OF THE PROPERTY	SICINCY SACEPT AS SHOWN. F SALE
ALER NAME ROLL STAND ROLL ST	State of Washington By Paula Trile NOTA Trile NOTA Trile NOTA Trile NOTA Trile NOTA E I certify that this X JURISDICTIONT/X RA Sale to a Certification NOTA Trile NOTA Trile NOTA Sale to a Certification	ABLE SIGNAL SIGN	Signadu Signadu Signadu Signadu Signadu Signadu ANDIC NATURE SIGNADU S	TERED OWNER AND ED OWNER(S) SI or attested MUL ore me on MUL ore me on OR outpy/Office No. OR Outpy/Office	SICINCY SACEPI AS SHOWN. F SALE

TO-420-729 MANUF HOME APPL (FU12/86)OR PAGE 1 01 2

INSTRUCTIONS AND ADDITIONAL INFORMATION ON REVERSE SIDE

BOOK 181: PAGE 109

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 COUPANYPHONE NUMBER		
SIGNATURE / POSITION	DATE		
Finalize this application with a Licensi	ng Agent within 10 calendar days of the date Title Company Representative signs.		
6 BUILDING PERMIT OFFICE CERTIFIC	CATION		
I certify that the manufactured home has be purpose and the attachment will be in pect	een affixed to the real property as described. OR a building permit has been issued for this led upon completion		
NAME Frank Finsh	BLDG PERMIT OFFICE/PHONE P		
SIGNATURE / POSITION	DATE.		

INSTRUCTIONS

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

- A. Manufactured Home Title Elimination Application (complete boxes 1, 2, 3, 4 and 6), Use to aliminate a title for a manufactured home which is to become real property.
- B. Menufactured Home Transfer in Location Application (complete all boxes). Use only when a manufact, red home (whose title has been eliminated) is being moved to land with a different legal describition 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.
- 6. 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 IM 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 MEMOVED 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 DE/ARTMENT 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 cold and is being ramoved from the scal property, the owners set the real property records must complete this portion to obtain a Certificate of "falls. Signatures of the owners must be notarized or certified by the selling dealer or a varietie licensing againt. Face 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 Foe. Subagents will charge an additional service fee. (Fees are subject to charge without notice.)
- Take the properly completed Manufactured Harne 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 lineal recorded application form must be submitted to a vehicle ficensing agent within 10 days of the title company's certification.
- SECTION 6 When processing an "Elimination" or "Transier in Location" application, a city or county office (dept. ding upon the location of the manufactured home) must certify that the home is affixed to the lander, issue a building permit to affix the manufactured home to the land, inspecting the completed attachment. The loss ng 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 less.

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) 664-8865.

TO-420-728 MANUF HOME APPL (#V12/98)OR Page 1 of 2

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 commentation for a Manufactured Home application.

CHECK TYPE OF APPLICATION:

Title Elimination

Removal Froin Real Property

Transfer In Location

PROPERTY TAX PARCEL N	UMBER: 02-07-20-0-0-0217-00	
ADDITIONAL GRANTOR(S	REGISTERED/LEGAL OWNER(S)	
I NAME OF HEGISTERED DWNER		The state of the s
Range M. Allen		DOL CUSTOMER ACCOUNT NUMBER
MAME OF HEGISTERED DWNER		POL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER		
		DOL CUSTOMER ACCOUNT NUMBER
NAME OF REGISTERED OWNER		
NAME OF REGISTERED OWNER		DOL CUSTOMER ACCOUNT NUMBER
Haying Canada Chico Office		DC. CUSTOMER ACCOUNT NUMBER
NAME OF LEGAL OWNER	The state of the s	
	47. 1	DOL CUSTOMER ACCOUNT NUMBER
NAME OF LEGAL OWNER		DOL CHETOLUES LETT
NAME OF LEGAL OWNER		DOL CUSTOMER ACCOUNT NUMBER
		DOIL CUSTOMER ACCOUNT NUMBER
NAME OF LEGAL OWNER		The state of the s
NAME OF LEGAL SHAPE		DOL CUSTOMER ACCOUNT NUMBER
NAME OF LEGAL OWNER		DOL CUSTOMER ACCOUNT NUMBER
SIGNATURE OF LEGAL OW	UPD MIDIO I	HERMON INCOODS REMOTED
SIGNATURE OF LEGAL OWNER	NER INDICATES CONSENT FOR ELIMINATION OF TITL	E:
		DOLCL STOMER ACCOUNT NUMBER
SIGNATURE OF LEGAL OWNER		
the state of the s		DOL CUSTOMER ACCOUNT NUMBER
ty a fine, imprisonment, or by DO SOLEMNLY ATTEST UN VEHICLE AND THIS INFORM, SIGNATURE OF REGISTERED OWNER	DER PENALTY OF PURJURY LAW THAT I/WE ARE TH ATION IS ACCURATE:	y, and upon conviction may be punished E REGISTERED OWNERS OF THIS
		DATE
IGNATURE OF REGISTERED OWNER		
IGNATURE OF REGISTERED OWNER		DATE
		DATE
IGNATURE OF REGISTERED OWNER		
TO USE OF THE PROPERTY OF THE		DATE
IGNATURE OF REGISTERED OWNER		DATE
NOTARY SEAL OR STAMP		· ··-
	NOTARIZATION / CERTIFICATION FOR REGIST	ERED OWNER/S SIGNATURE
	made of typestington	gned or attested
	County of	belote me on
1		the second secon
i	by	district.
	Printed Name of Applicant Sig	jnature
	Titlo	Dealer No. OR
1	DEALERSHIP Position/AgenVNOTARY AN	ID: County/Office 143. OR
: 1	Anima Anima Anima Anima	Notary Expiration Date

The Department of Licensing has a policy of providing equal access to its cervices. If you need special accommodation, please call (360) 902-3600 or TDD (360) 664-8885.

TD-420-732 APP ATTACHMENT(R/12/96)OR Page 2 of 2