

133012

BOOK 181 PAGE 948

FILED FOR RECORD
SKAMANIA CO. WASH
BY CLARK COUNTY TITLE

RETURN ADDRESS

Clark County Title Company

1400 Washington Street #100


Vancouver, WA 98660

Attn: Maxine L. Duff

Oct 5 10 23 AM '98

Moser
AUDITOR
GARY H. OLSON

CCT56682MD

		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: 6114653 YEAR: 1998 MAKE: Fleet LENGTH/WIDTH (FEET): 60 X 27 VEHICLE IDENTIFICATION NUMBER (VIN): ORFLW4825242LP13			
2 LAND MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED PROPERTY TAX PARCEL NUMBER: 02-0519-0-01365-00		TITLE FEES FILING FEE APPLICATION MOBILE HOME FEE ELIMINATION FEE USE TAX SUB-AGENT FEES TOTAL FEES & TAXES	
ADDITIONAL LEGAL DESCRIPTION ON PAGE LOT: 2 BLOCK: PLAT NAME: SP3-326 SECTION/TOWNSHIP/RANGE:			
Lot 2 of SHORT PLAT, recorded in Book 3 of Short Plats, Page 326, records of Skamania County, Washington.			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) COUNTY # 30 INCORPORATED: Unincorporated # REGISTERED OWNERS: 2 # LEGAL OWNERS: 1		ADDITIONAL NAMES ON PAGE	
NAME OF FIRST REGISTERED OWNER: CONNOLLY, Derek M. ADDRESS OF FIRST REGISTERED OWNER: 22 Harder Road NAME OF FIRST LEGAL OWNER: Washington Mutual Bank ADDRESS OF FIRST LEGAL OWNER: 1201 Main Street/VOB01ML		CITY: Washougal STATE: WA ZIP CODE: 98671 CITY: Vancouver STATE: WA ZIP CODE: 98660	
GRANTOR(S): The Public		ADDITIONAL NAMES ON PAGE	
NAME OF FIRST GRANTEE: The Public		DOL CUSTOMER ACCOUNT NUMBER: 578049326-1	
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 46.12.215)		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 REGISTERED OWNER AND TITLE, IF APPLICABLE: <i>Derek M. Connolly</i>	
SIGNATURE OF SECOND REGISTERED OWNER AND TITLE, IF APPLICABLE: <i>Tamara K. Connolly</i>		SIGNATURE OF SECOND REGISTERED OWNER AND TITLE, IF APPLICABLE:	
NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE		State of Washington, County of Clark Derek M. Connolly and Tamara K. Connolly Printed Name of Applicant Title: Maxine L. Duff - Notary DEALERSHIP Position/Agent/NOTARY	
Sign and attested before me on: 7/20/98 Signature: <i>Maxine L. Duff</i>		Dealer No. OR: 6-9-99 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	
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/OPS OPERATOR NUMBER: 20-01-08	
SIGNATURE: <i>Angela Moser</i>		DATE: 10-5-98	

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	BLOS PERMIT OFFICE/PHONE #
Marlon Morat	(509) 427-9484
SIGNATURE / POSITION	DATE
<i>Marlon Morat</i> Building Inspector	9-30-98

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 (TD-420-732). 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 a 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) 902-3600 or TDD (360) 664-8383.

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 02-0519-0-01305-00

Legal Description:

Lot 2 of SHORT PLAT, recorded in Book 3 of Short Plats, Page 226, records of Skamania County, Washington.

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:

02-0517-0-01305-00

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

NAME OF REGISTERED OWNER
CONNOLLY, Tamara K.

IF OF REGISTERED OWNER

WASH # CONDOTK-40R

DOL CUSTOMER ACCOUNT NUMBER

DOL CUSTOMER ACCOUNT NUMBER

NAME OF REGISTERED OWNER

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DOL CUSTOMER ACCOUNT NUMBER

NAME OF LEGAL OWNER

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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

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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 _____

I, _____

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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