

133817


BOOK 185 PAGE 44

FILED IN BOOK
SKAMANIA CO. TITLE
BY SKAMANIA CO. TITLE

RETURN ADDRESS

DEC 23 1 43 PM '98

J. Moser
ANALYST
GARY H. OLSON

		MANUFACTURED HOME APPLICATION		Registered <input checked="" type="checkbox"/> Indexed, L ₁ <input checked="" type="checkbox"/> Subdirect <input checked="" type="checkbox"/> Filmed <input checked="" type="checkbox"/> Mailed <input checked="" type="checkbox"/>	
<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	LENGTHXWIDTHXHEIGHT	VEHICLE IDENTIFICATION NUMBER (VIN)	
	1997	Summerhill	60 X 26.6	GDSTOR089718845	
2 LAND					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				TITLE FEES	
PROPERTY TAX PARCEL NUMBER 02-05-19-2-0-020-00				FILING FEE	
LOT	BLOCK	PLAY 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 2 of the Skamania Highlands, according to the recorded plat thereof, recorded in Book A of Plats, Page 140, in the County of Skamania, State of Washington.					ELIMINATION FEE
					USE TAX
					SUB-AGENT FEE
					TOTAL FEES & TAX
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY	INCORPORATED	UNINCORPORATED	ADDITIONAL NAMES ON PAGE 4		
30			REGISTERED OWNERS LEGAL OWNERS		
NAME OF FIRST REGISTERED OWNER			DOL CUSTOMER ACCOUNT NUMBER		
Matthew D. Golphenec					
ADDRESS OF FIRST REGISTERED OWNER					
3641 Skye Road					
CITY			STATE		
Wahogan			WA		
NAME OF FIRST LEGAL OWNER			ZIP CODE		
Community Lending, Incorporated			98671		
ADDRESS OF FIRST LEGAL OWNER			DOL CUSTOMER ACCOUNT NUMBER		
205 E. 11th Street, #101					
CITY			STATE		
Vancouver			WA		
NAME OF FIRST GRANTOR			ZIP CODE		
GRANTOR(S)			98660		
ADDITIONAL NAMES ON PAGE			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 <u>Matthew D. Golphenec</u>					
SIGNATURE OF FIRST REGISTERED 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 <u>Skamania</u>					
Signed or attested before me on <u>7/23/98</u>					
by <u>Paula Seaman</u>					
Signature <u>Paula Seaman</u>					
Dealer No. OR <u>10-8-2001</u>					
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-Agent)					
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/VE OPERATOR NUMBER		DATE	
Angela Moser		30-01-08		12-28-98	
SIGNATURE					
<u>Angela Moser</u>					

TD-420-726 MANUF HOME APPL (R/12/98) OR Page 1 of 2

INSTRUCTIONS AND ADDITIONAL INFORMATION ON REVERSE SIDE

F. 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.	
G. 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	BUILDING PERMIT OFFICE/PHONE #
Marlon Morat	509-427-9484
SIGNATURE / POSITION	DATE
<i>Marlon Morat</i>	Building Inspector 12-11-98

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 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/ownership/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 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, 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) 664-8885.

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: 02-05-19-2-0-0203-00

ADDITIONAL GRANTOR(S) REGISTERED / LEGAL OWNER(S)															
NAME OF REGISTERED OWNER Calley J. Golphenee	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														
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 46.12.210)</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"> <thead> <tr> <th>NOTARY SEAL OR STAMP</th> <th>NOTARIZATION / CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE</th> </tr> </thead> <tbody> <tr> <td rowspan="5"></td> <td>State of Washington</td> </tr> <tr> <td>County of _____</td> </tr> <tr> <td>Signed or attested before me on _____</td> </tr> <tr> <td>by _____ Printed Name of Applicant</td> </tr> <tr> <td>Signature _____</td> </tr> <tr> <td>Title _____</td> <td>Dwiler No. OR</td> </tr> <tr> <td>DEALERSHIP Position/Agent/NOTARY</td> <td>AND: County/Office No. OR</td> </tr> <tr> <td></td> <td>Notary Expiration Date _____</td> </tr> </tbody> </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 _____	Dwiler No. OR	DEALERSHIP Position/Agent/NOTARY	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 _____	Dwiler No. OR														
DEALERSHIP Position/Agent/NOTARY	AND: County/Office No. OR														
	Notary Expiration Date _____														

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.