

136004

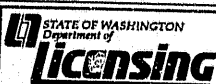
BOOK 192 PAGE 302

FILED IN FLORU
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

Aug 13 -3 32 PM '99

GARY N. OLSON
ASSISTANT

RETURN ADDRESS

MANUFACTURED HOME
APPLICATION

PLEASE CHECK ONE

- ☒ TITLE ELIMINATION
☐ TRANSFER IN LOCATION
☐ REMOVAL FROM REAL PROPERTY

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)

1 MANUFACTURED HOME

TPO / PLATE NUMBER YEAR MAKE LENGTH/WIDTH(FEET) VEHICLE IDENTIFICATION NUMBER (VIN)
 Z072245 1992 Golde 66 X 26 SN1322FAB

2 LAND

LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVEDREAL PROPERTY TAX PARCEL NUMBER
04-07-15-0-0-0303-00

LOT BLOCK PLAT NAME SECTION/TOWNSHIP/RANGE

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

ADDITIONAL NAMES ON PAGE 4

COUNTY NUMBER NUMBER OF REGISTERED OWNERS NUMBER OF LEGAL OWNERS
 30 2 1

NAME OF REGISTERED OWNER

Kurt Allen Russell

NAME OF ADDITIONAL REGISTERED OWNER

Mary Susan Russell

ADDRESS

182 Cannavina Road

CITY
Carson

STATE ZIP CODE

WA 98610

NAME OF LEGAL OWNER

Riverview Community Bank

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS

PO Box 1068

CITY

Camas,

STATE ZIP CODE

WA 98607

GRANTEE

NAME

State of Washington, Dept. of Licensing

I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I / WE AM/ARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:

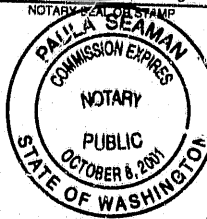
Signature of Registered Owner and Title, IF APPLICABLE

Kurt A. Russell

Signature of Additional Registered Owner and Title, IF APPLICABLE

Mary Susan Russell

NOTARY SEAL OR STAMP



NOTARIZATION CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington
County of Skamania

Signed or attested before me on 7.19.99

by Kurt Allen Russell

Signature

Paula Seaman

PRINT NAME OF REGISTERED OWNER

by Mary Susan Russell

NOTARY OR AGENT

Paula Seaman

NAME OF REGISTERED OWNER

Title Notary

PRINTED NAME OF NOTARY

County/Office No. OR 10-8-2001

AND: Dealer No. OR

Notary Expiration Date

4 TITLE COMPANY CERTIFICATION

I certify that the legal description of the land and ownership is true and correct per the real property records.

NAME (TYPED OR PRINTED)

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.

5 BUILDING PERMIT OFFICE CERTIFICATION

I certify that:

- ☐ the manufactured home has been affixed to the real property as described.
☐ a building permit has been issued for this purpose and the attachment will be inspected upon completion.

NAME (TYPED OR PRINTED)

BLDG PERMIT OFFICE/PHONE #

BLDG PERMIT #

Marlon Morat

(509) 427-9484

SIGNATURE / POSITION

Marlon Morat

Building Inspector

DATE

8-12-99

6 SIGNATURE OF LEGAL OWNER					
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.					
Signature of Legal Owner and Title, IF APPLICABLE <u>Karen M Nelson</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP LORI A. JACKSON STATE OF WASHINGTON NOTARY - PUBLIC <small>My Commission Expires June 1, 2003</small>		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
		State of Washington County of <u>Clark</u>		Signed or attested before me on <u>July 22, 1999</u>	
		by <u>Karen M Nelson</u> PRINT NAME OF LEGAL OWNER		Signature <u>Lori A Jackson</u> NOTARY OR AGENT	
		by _____ PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY <u>Lori A Jackson</u>	
		Title <u>Sr. Vice President</u> DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. OR Notary Expiration Date <u>12-1-03</u>	
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
A tract of land in the Southeast Quarter of the Northwest Quarter of Section 15, Township 4 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington described as follows: Lot 3 of the Hanson Short Plat as recorded in Book 3 of Short Plats, Page 116, Skamania County Deed Records.					
8 DEALER'S REPORT OF SALE					
I CERTIFY THAT THIS INFORMATION IS CORRECT. THE VEHICLE IS CLEAR OF ENCUMBRANCES EXCEPT AS SHOWN. ANY REQUIRED SALES TAX HAS BEEN COLLECTED.					
DEALER NAME (TYPED OR PRINTED)			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).					
9 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Subagents)					
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) <u>Angela Moser</u>			COUNTY OFFICE/VFS OPERATOR NUMBER <u>30-01-08</u>		
SIGNATURE <u>Angela Moser</u>			DATE <u>8-13-99</u>		
10 TITLE FEES					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	TRAVELER'S FEES
					TOTAL FEES & TAX
<p>IMPORTANT: Once the application has been approved by the County Auditor / Vehicle Licensing 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.</p> <p>APPLICANTS: Once recorded, you must return to a Vehicle Licensing office to file the Manufactured Home Application, paying all required fees. Vehicle licensing subagents charge a service fee.</p> <p>For full instructions on completing this form for Title Elimination, Removal from Real Property or Transfer in Location, see form TD-420-730, Manufactured Home Application Instructions.</p>					

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.