

136081

BOOK 192 PAGE 562

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

Aug 24 4 47 PM '99

GARY M. OLSON

RETURN ADDRESS

Chris Moser

P.O. Box 748

Carson, WA 98610

STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
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 48.12.210)					
1 MANUFACTURED HOME					
TPO / PLAT NUMBER Q 29516	YEAR 74	MAKE Bayer	LENGTH/WIDTH (FEET) 60 X 24	VEHICLE IDENTIFICATION NUMBER (VIN) 4362X	
2 LAND					
LEGAL DESCRIPTION ON PAGE					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
LOT 4	BLOCK	PLAT NAME Moser Subdivision	REAL PROPERTY TAX PARCEL NUMBER 03-08-17-2-0-0154-00		
SECTION/TOWNSHIP/RANGE 3/8/17					
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER 30	NUMBER OF REGISTERED OWNERS 2		NUMBER OF LEGAL OWNERS 1		
NAME OF REGISTERED OWNER Moser, Chris L					
NAME OF ADDITIONAL REGISTERED OWNER Moser, Angela S					
ADDRESS 171 Old Detour Rd					
CITY Carson		STATE WA		ZIP CODE 98610	
NAME OF LEGAL OWNER Beneficial Mortgage					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS 2700 NE Andresen Road					
CITY Vancouver		STATE WA		ZIP CODE 98661	
GRANTEE					
NAME					
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 <i>Chris Moser</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Angela Moser</i>					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington County of Skamania		Signed or attested before me on August 9, 1999			
by <i>Chris Moser</i>		Signature <i>Angela Moser</i>			
PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT			
by <i>Angela Moser</i>		Signature <i>James R. Copeland</i>			
PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY			
Title <i>Notary</i>		AND: County/Office No. OR 9-17-99			
DEALERSHIP POSITION/AGENCY/NOTARY		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: <input checked="" type="checkbox"/> the manufactured home has been affixed to the real property as described.					
<input type="checkbox"/> 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 #	
Marion Morat		(509) 427-9484			
SIGNATURE / POSITION		Building Inspector		DATE	
<i>Marion Morat</i>				-03-99	

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 by <u>BENEFICIAL WASHINGTON, INC.</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
JEANNINE L. CAMMACK STATE OF WASHINGTON NOTARY — PUBLIC My Commission Expires 3-18-01		State of Washington		Signed or attested before me on <u>August 16, 1999</u>	
		by <u>BENEFICIAL WASHINGTON, INC.</u>		Signature <u>Jeannine L. Cammack</u>	
		PRINT NAME OF LEGAL OWNER		NOTARY OR AGENT	
		by _____		PRINTED NAME OF NOTARY	
		Title <u>Notary</u>		County/Office No. OR	
		DEALERSHIP POSITION/AGENT/NOTARY		Dealer No. OR	
				Notary Expiration Date <u>3/18/2001</u>	
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
Lot 4, Moser Acres, according to the Plat thereof, recorded in Book B, Page 54, Skamania County Plat Records, together with 1974 Bayfront Mobile home, 60x24 Vin #4362X					
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)			COUNTY OFFICE/VS OPERATOR NUMBER		
<u>Peggy Lowery</u>			<u>30 01 06</u>		
SIGNATURE <u>Peggy Lowery</u>			DATE <u>8/24/99</u>		
10 TITLE FEES					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT 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> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <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> </div> <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.