

136488

BOOK 193 PAGE 958

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY SKAMANIA CO. FILE

OCT 7 10 43 AM '99

*A. Moser*  
GARY M. OLSON

RETURN ADDRESS

Kelly Govro  
PO Box 472  
Carson WA. 98610

Registered  
Advised LA  
Advised  
Advised

**STATE OF WASHINGTON**  
**Department of Licensing**

**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 45756	YEAR 1979	MAKE KOZY	LENGTH/WIDTH (FEET) 32 X 24	VEHICLE IDENTIFICATION NUMBER (VIN) MC1671AB
-----------------------------	--------------	--------------	--------------------------------	---

**2 LAND** LEGAL DESCRIPTION ON PAGE 2

MANUFACTURED HOME WILL BE  AFFIXED  REMOVED REAL PROPERTY TAX PARCEL NUMBER  
03-08-17-4-0-02-00

LOT	BLOCK	PLAT NAME	SECTION	WASHP/RANGE
-----	-------	-----------	---------	-------------

**3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)** ADDITIONAL NAMES ON PAGE

COUNTY NUMBER 30	NUMBER OF REGISTERED OWNER(S) 1	NUMBER OF LEGAL OWNERS 1
---------------------	------------------------------------	-----------------------------

NAME OF REGISTERED OWNER  
Kelly G. Govro

NAME OF ADDITIONAL REGISTERED OWNER

ADDRESS  
PO Box 472 CITY Carson STATE WA ZIP CODE 98610

NAME OF LEGAL OWNER  
Riverview Community Bank

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS  
PO Box 1068 CITY Camas STATE WA ZIP CODE 98607

**GRANTEE**  
NAME Department of Licensing

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

Signature of Registered Owner and Title, IF APPLICABLE *Kelly Govro*

Signature of Additional Registered Owner and Title, IF APPLICABLE

**NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE**

State of Washington Skamania Signed or attested before me on Aug. 26, 1999  
County of

by Kelly G. Govro Signature Paula Seaman  
PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT

by notary Signature Paula Seaman  
PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT

title notary AND: County/Office No. OR 10-8-2001  
D. ALERSHIP POSITION/AGENT/NOTARY Notary 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 DATE  
*Marlon Morat*, Building Inspector 10-05-99

**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 *Wendy L. McDerjani VP*

Signature of Additional Legal Owner and Title, IF APPLICABLE

NOTARY SEAL OR STAMP  Notary Public State of Washington <b>JAMES R COPPLAND</b> MY COMMISSION EXPIRES September 13, 2003	NOTARIZATION / CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE State of Washington County of <u>Skamania</u>		Signed or attested before me on <u>9-22-99</u>
	PRINT NAME OF LEGAL OWNER <u>Kathy McDerjani</u>	Signature <i>[Signature]</i>	NOTARY OR AGENT PRINT NAME OF NOTARY <u>James R. Coppland</u>
	Title <u>Notary</u>	DEALERSHIP POSITION / AGENT / NOTARY AND: County/Office No. OR Dealer No. OR Notary Expiration Date <u>9-13-2003</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 Southwest Quarter of the Southeast Quarter of Section 17, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:  
 Beginning at a point 30 feet East and 280 feet North of the Quarter Corner of the South line of said Section 17; thence East 135.8 feet; thence North 113.5 feet; thence West 135.8 feet; thence South 113.5 feet to the point of beginning. Said Tract being also designated as Lot 2 of Norris W. Esch's Short Plat, recorded at Page 53, Book 1 of Short Plats, Under Auditors File No. 83315, records of Skamania County, Washington.

**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

**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)**

Identify 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) <i>Angela Moser</i>	COUNTY OFFICE/VFS OPERATOR NUMBER <i>30-01-08</i>
SIGNATURE <i>[Signature]</i>	DATE <i>10-7-99</i>

10 TITLE FEES				
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX
				SUBAGENT FEE
TOTAL FEES & TAX				

**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.

**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.

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.

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (800) 902-3600 or TDD (360) 684-6885.