

136489

BOOK 193 PAGE 960

RETURN ADDRESS

Kelly Govro

PO Box 472

Carson WA. 98610

FILED FOR RECORD
SKAMIA CO. WASH
BY SEAMANIA CO. 1111OCT 7 10 45 AM '99
J. MASER
AUDITOR
GARY M. OLSONMANUFACTURED 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 / PLATE NUMBER YEAR MAKE LENGTH x WIDTH (FEET) VEHICLE IDENTIFICATION NUMBER (VIN)

870985 1968 FLTYD 39 X 12 NL7GS7187

2 LAND

LEGAL DESCRIPTION ON PAGE 2

MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVEDREAL PROPERTY TAX PARCEL NUMBER
03-08-17-4-0-3202-00

LOT

BLOCK

PLAT NAME

SECTION/TOWNSHIP/RANGE

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

ADDITIONAL NAMES ON PAGE

COUNTY NUMBER

30

NUMBER OF REGISTERED OWNERS

1

NUMBER OF LEGAL OWNERS

NAME OF REGISTERED OWNER

Kelly G. Govro

NAME OF ADDITIONAL REGISTERED OWNER

ADDRESS

PO Box 472

CITY

Carson

STATE

WA 98610

ZIP CODE

NAME OF LEGAL OWNER

Riverview Community Bank

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS

PO Box 1068

CITY

Gamas

STATE

WA

ZIP CODE

98607

GRANTEE

NAME

Department of Licensing

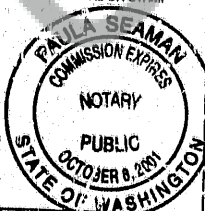
I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I/WE AM/ARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:

Signature of Registered Owner and Title, IF APPLICABLE

Kelly Govro

Signature of Additional Registered Owner and Title, IF APPLICABLE

NOTARY SEAL OR STAMP



NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington
County of SkamaniaSigned or attested
before me on Aug. 26, 1999by Kelly Govro
PRINT NAME OF REGISTERED OWNER

Signature Paula Seaman

NOTARY OR AGENT

by
PRINT NAME OF REGISTERED OWNER

Paula Seaman

PRINTED NAME OF NOTARY

Title Notary
DEALERSHIP POSITION/AGENT/NOTARYAND: County/Office No. OR 10-8-2001
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 / PIK-NE 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 #

Signature / Position

Marion Mora

(509) 427-9484

DATE

10-05-99

Building Inspector

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>James R. Copeland JR</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP		NOTARY CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
Notary Public State of Washington JAMES R COPELAND MY COMMISSION EXPIRES September 19, 2009		State of Washington County of <u>Skamania</u> Signed or attested before me on <u>9-23-99</u>		Signature <u>James R. Copeland JR</u> NOTARY OR AGENT PRINTED NAME OF LEGAL OWNER <u>James R. Copeland JR</u> PRINTED NAME OF NOTARY _____ Title <u>Notary</u> DEALERSHIP POSITION/AGENCY _____	
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Auditor'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 of 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)					
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/VFS OPERATOR NUMBER			
SIGNATURE <u>Angela Moser</u>		<u>30-01-08</u>			
		DATE <u>10-7-99</u>			
10 TITLE FEES					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					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 (360) 922-3600 or TDD (360) 922-3605.