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BOOK 195 PAGE 356

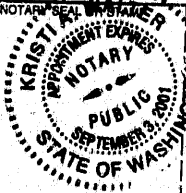
FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

Dec 1 1 52 PM '99

chruosee
AUDITOR
GARY M. OLSON

RETURN ADDRESS

| STATE OF WASHINGTON Department of Licensing | | MANUFACTURED HOME APPLICATION | | PLEASE CHECK ONE | |
|--|----------------------------------|--|-----------------------------|-------------------------------------|--|
| Anyone who knowingly makes a false statement or 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) | |
| Z10773 | 1980 | Kozy | 28 X 36 | SE3359A | |
| 2 LAND | | | | | |
| LEGAL DESCRIPTION ON PAGE 2 | | | | | |
| MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED | | | | | |
| REAL PROPERTY TAX PARCEL NUMBER 03-08-22-4-0-0302-00 | | | | | |
| LOT | BLOCK | PLAT NAME | SECTION/TOWNSHIP/RANGE | | |
| 3 GRANTOR(S) REGISTERED | | | | | |
| COUNTY NUMBER | LEGAL OWNER(S) | | ADDITIONAL NAMES ON PAGE | | |
| 30 | NUMBER OF REGISTERED OWNERS 2 | | NUMBER OF LEGAL OWNERS 1 | | |
| NAME OF REGISTERED OWNER STEVEN D. COCHRAN | | | | | |
| NAME OF ADDITIONAL REGISTERED OWNER IRENE E COCHRAN | | | | | |
| ADDRESS | | | | | |
| 132 Cochran Lane | | CITY Home Valley | STATE WA | ZIP CODE 98610 | |
| NAME OF LEGAL OWNER Clark County School Employee Credit Union | | | | | |
| NAME OF ADDITIONAL LEGAL OWNER | | | | | |
| ADDRESS | | | | | |
| PO Box 1739 | | CITY Vancouver | STATE WA | ZIP CODE 98668 | |
| 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 <i>Steven D. Cochran</i> | | | | | |
| Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Irene E. Cochran</i> | | | | | |
| NOTARY PUBLIC PAULA SEAMAN COMMISSION EXPIRES OCTOBER 8, 2001 STATE OF WASHINGTON | | NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE | | | |
| State of Washington | | Signed or attested before me on 7-16-99 | | | |
| City of Skamania | | by <i>Steven D. Cochran</i> Signature <i>Paula Seaman</i> | | | |
| PRINT NAME OF REGISTERED OWNER | | NOTARY OR AGENT | | | |
| by <i>Irene E. Cochran</i> | | <i>Paula Seaman</i> | | | |
| PRINT NAME OF REGISTERED OWNER | | PRINTED NAME OF NOTARY | | | |
| Title Notary | | AND: County/Office No. OR 10-8-2001 | | | |
| DEALERSHIP POSITION AGENT/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) | | | | | |
| Marion Morat | | BLDG PERMIT OFFICE/PHONE # | | BLDG PERMIT # | |
| | | 509-427-9484 | | | |
| SIGNATURE / POSITION | | | | | |
| <i>Marion Morat</i> | | | | DATE | |
| Building Inspector | | | | 11-17-99 | |

| | | | | | |
|--|---------------------------|-------------------------------|--|---|------------------|
| 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 | | | Signature of Additional Legal Owner and Title, IF APPLICABLE | | |
| Lori A. Marlow | | | REAL ESTATE LENDING MANAGER | | |
| NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE | | | | | |
|  | | State of Washington | | Signed or attested before me on 7-20-99 | |
| | | County of Clark | | | |
| | | PRINT NAME OF LEGAL OWNER | | Signature | |
| | | Lori A. Marlow | | Kristi A. Walter | |
| by | | PRINT NAME OF NOTARY | | County/Office No. OR | |
| PRINT NAME OF LEGAL OWNER | | Kristi A. Walter | | Dealer No. OR | |
| Title | | AND: | | Notary Expiration Date | |
| DEALERSHIP POSITION/AGENT/NOTARY | | | | | |
| 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 Northwest Quarter of the Southeast Quarter of Section 22, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows; | | | | | |
| Lot 2, COCHRAN SHORT PLAT, recorded in Book 2 of Short plats, Page 159, Skamania County 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) | | | COUNTY OFFICE/FS OPERATOR NUMBER | | |
| Angela Moser | | | 30-01-08 | | |
| SIGNATURE | | | DATE | | |
| Angela Moser | | | 12-1-99 | | |
| 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) 902-3600 or TDD (360) 664-8885.