BOOK 1016 PAGE 845 137461 BY SRAMANIA CO. TITLE RETURN ADDRESS Fea 24 9 42 All "00 Dan & Caren Guldenzopf Smosek PO Box 217 GARY M. OLSON Carson WA. 98610 paered Un Filmed **MANUFACTURED HOME** PLEASE CHECK ONE TITLE ELIMINATION APPLICATION TRANSFER IN LOCATION PREMOVAL FROM REAL PROPERT Anyone who knowingly makes a falze 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) MANUFACTUREDHO'ME TPO / PLATE NUMBER MAKE LENGTHWIDTH(FEET) VEHICLE IDENTIFICATION NUMBER (VIN) Amber 56 6791-0466-M ABC 2 LAND LEGAL DESCRIPTION ON FAGE MANUFACTURED HOME WILL BE AFFIXED TREMOVED 03-08-17-3-0-1001-00 SECTIONTOWNSHIP/RANGE GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE NUMBER OF LEGAL OWNERS NAME OF REGISTERED OWNE DAN M GULDENZOPF NAME OF ADDITIONAL REGISTERED OWNER CAREN C GULDENZOPF ZIP CODE PO Box 217 Carson WA 98510 Riverview Community Bank NAME OF ADDITIONAL LEGAL OWNER ADDRESS CITY PO Box 1068 STATE 2IP CODE 98607 Camas WA GRANTEE State of Washington Department of Licensing TOO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I/WE AMJARE T "E REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE: Signature of Registered Owner and Title, IF APPLICABLE Signature of Additional Cagistered Owner and Title, IF APPLICABLE NOTARY SEAL OR STAME NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE WILLISSION E TO Signed or attested NOTARY PUBILIC COBER 1/20 OF WASHI AND: 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) SIGNATURE / POSITION

(509)427-9484 IG! ATURE / POSITION 202-99 Building Inspector 2-18-2000

X the manufactured home has been affixed to the real property as described.

Finalize this application with a Licensing Agent within 10 calendar days of the da 🤊 Title Company Representative algn.).

BLDG PERMIT OFFICE/PHONE #

a building permit has been issued for this purpose and the attachment will be inspected upon completion.

BLDG PERMIT #

farga.

5 BUILDING PERMIT OFFICE CERTIFICATION

NAME (TYPED OR PRINTED)

Marlon Morat

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The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please cd (360) 902-3600 or TDD (360) 664-8F 15.