

137461

BOOK 196 PAGE 845

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

Feb 24 9 42 AM '00

GARY M. OLSON

RETURN ADDRESS

Dan & Caren Guldenzopf

PO Box 217

Carson WA. 98610

Exp. 1/1/00
 Exp. 1/1/00
 Exp. 1/1/00
 Exp. 1/1/00

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 46.12.210)		<input checked="" type="checkbox"/> TITLE ELIMINATION		<input type="checkbox"/> TRANSFER IN LOCATION	
		<input type="checkbox"/> REMOVAL FROM REAL PROPERTY			
1 MANUFACTURED HOME					
TPD / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2000	Amber c	56 X 42	6791-0466-M ABC	
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 03-08-17-3-0-1001-00					
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
30		2		1	
NAME OF REGISTERED OWNER DAN M GULDENZOPF					
NAME OF ADDITIONAL REGISTERED OWNER CAREN C GULDENZOPF					
ADDRESS					
PO Box 217		CITY Carson		STATE ZIP CODE WA 98610	
NAME OF LEGAL OWNER Riverview Community Bank					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS					
PO Box 1068		CITY Camas		STATE ZIP CODE WA 98607	
GRANTEE					
NAME State of Washington Department of Licensing					
DO SOLEMNLY ATEST UNDER PENALTY OF PERJURY THAT I/WE AWARE I/WE ARE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:					
Signature of Registered Owner and Title, IF APPLICABLE: Dan M. Guldenzopf					
Signature of Additional Registered Owner and Title, IF APPLICABLE: Caren C. Guldenzopf					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
PAULA SEAMAN COMMISSION EXPIRES OCTOBER 11, 2001 NOTARY PUB. LIC STATE OF WASHINGTON		State of Washington County of Skamania Signed or attested before me on 11.3.99 by Dan M. Guldenzopf Signature Paula Seaman by Caren C. Guldenzopf Signature Paula Seaman PRINTED NAME OF NOTARY Title DEALERSHIP POSITION/AGENT/NOTARY AND: County/Office No. OR Dealer No. OR Notary Expiration Date 10.8.2001			
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 #	
Marlon Morat		(509) 427-9484		202-99	
SIGNATURE / POSITION		DATE		DATE	
Marlon Morat		Building Inspector		2-18-2000	

6 SIGNATURE OF LEGAL OWNER					
SIGNATURE OF LEGAL OWNER INDICATE CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.					
Signature of Legal Owner and Title, IF APPLICABLE <u>Kathy L. McKezie JR</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP		NOTARIZATION / CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
Notary Public State of Washington JAMES R. DOPELAND MY COMMISSION EXPIRES September 13, 2008		State of Washington		Signed or attested	
		County of <u>Skamania</u>		before me on <u>11-12-99</u>	
		PRINT NAME OF LEGAL OWNER <u>Kathy McKezie</u>		Signature <u>[Signature]</u>	
		PRINT NAME OF LEGAL OWNER _____		NOTARY OR AGENT _____	
Title <u>Notary</u>		PRINTED NAME OF NOTARY <u>James R. Dope land JR</u>		COUNTY / OFFICE NO. OR Dealer No. OR Notary Expiration Date <u>9-13-2008</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 Southeast Quarter of the Northwest Quarter of the Southwest Quarter of Section 17, Township 3 North, Range 3 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows: Lot 1 of the CLUFF SHORT FLAT recorded in Book 3, Page 358, under Auditor's File No. 136639, 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 information 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 _____			DATE _____		
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, 30, 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) 892-3600 or TDD (360) 664-8715.