

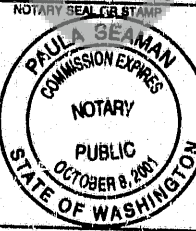
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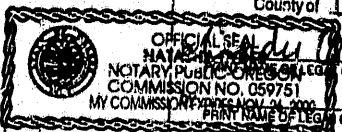
BOOK 196 PAGE 847
FILL IN REQUIRED
SK/1000 WASH
BY SEANAMIA CO. TITLE

RETURN ADDRESS

FEB 24 46 AM '00

C. M. OLSON
GARY M. OLSON

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)		☒ TITLE ELIMINATION		☐ TRANSFER IN LOCATION	
		☐ REMOVAL FROM REAL PROPERTY			
1 MANUFACTURED HOME					
TPO / PLAT NUMBER	YEAR 2000	MAKE LK Pointe	LENGTH/WIDTH(FEET) 48.1 X 27	VEHICLE IDENTIFICATION NUMBER (VIN) ORFLX48A26787-1D13	
2 LAND					
LEGAL DESCRIPTION ON PAGE 2					
MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 02-05-27-0-0-0803-00					
LOT 1	BLOCK	PLAT NAME Clifford Orth Short Plat		SECTION/TOWNSHIP/RANGE	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER 30	NUMBER OF REGISTERED OWNERS 2		NUMBER OF LEGAL OWNERS 1		
NAME OF REGISTERED OWNER Andrea P. McNealy					
NAME OF ADDITIONAL REGISTERED OWNER Chris L. McNealy					
ADDRESS 2813 NE 282nd Avenue					
CITY Camas					
STATE WA					
ZIP CODE 98607					
NAME OF LEGAL OWNER Green Tree Financial					
NAME OF ADDITIONAL LEGAL OWNER UBI # 601 628 402					
ADDRESS 7662 SW Mohawk					
CITY Tualatin					
STATE OR					
ZIP CODE 97062					
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>Andrea P. McNealy</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Chris L. McNealy</i>					
NOTARY SEAL OR STAMP 		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of Skamania			
		Signed or attested before me on 9-15-99			
		by <i>Andrea P. McNealy</i> Signature <i>Paula Seaman</i>			
		PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT			
		by <i>Chris L. McNealy</i> <i>Paula Seaman</i>			
		PRINT NAME OF REGISTERED OWNER			
		Title <i>Notary</i>			
		DEALER/SHIP POSITION/AGENT/NOTARY			
		AND: County/Office No. OR 1082001			
		Notary E. Date			
4 TITLE CO. / ANY 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 #					
SIGNATURE / POSITION					
DATE					
Building Inspector 2-23-2000					

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>Cindy Queen LP Consorcio (formerly Queen Inc)</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP 		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE State of <u>Oregon</u> County of <u>Washington</u> Signed or attested before me on <u>11/17/99</u> Signature of <u>Notary</u> NOTARY OR AGENT <u>Natasha Ryder</u> PRINTED NAME OF NOTARY AND: County/Office No. OR _____ Dealer No. OR _____ Notary Expiration Date <u>11/24/00</u>			
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
The North 237 feet of the South 983 feet of the West 920 of the West Half of the Northwest Quarter of Section 27, Township 2 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington.					
Also known as Lot 1 of the Clifford Orth Short Plat, recorded in Book 2 of Short Plats, Page 71, 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)			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 OFFICER'S 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-420-730, 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.