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BOOK 197 PAGE 925

FILED IN RECORD
SKANANIA CO. WASH
BY 22 MAR 2000

RETURN ADDRESS

APR 6 9 12 AM '00

GARY N. OLSON
ADDICOR

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 46.12.219)					
1 MANUFACTURED HOME					
TPO / PLATE NUMBER 8069096	YEAR 96	MAKE Fleet	LENGTH/WIDTH (FEET) 66 X 28	VEHICLE IDENTIFICATION NUMBER (VIN) WAFLT31A14121WC13	
2 LEGAL DESCRIPTION ON PAGE					
MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVED REAL PROPERTY TAX PARCEL NUMBER 03-09-10-0-0-1403-00					
LOT	BLOCK	PLAT NAME	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 Thomas E. Leighton					
NAME OF ADDITIONAL REGISTERED OWNER Laura L. Leighton					
ADDRESS CITY STATE ZIP CODE 91 Little Rock Creek Road Cook WA 98605					
NAME OF LEGAL OWNER Riverview Community Bank					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS CITY STATE ZIP CODE PO Box 1068 Camas WA 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 Thomas E. Leighton					
Signature of Additional Registered Owner and Title, IF APPLICABLE Laura L. Leighton					
NOTARY SEAL OR STAMP					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington County of Skamania Notary Public State of Washington JAMES R COPELAND MY COMMISSION EXPIRES September 13, 2003					
Signed or attested before me on 2-22-2000 Signature of Notary Public PRINTED NAME OF REGISTERED OWNER by Thomas Leighton PRINTED NAME OF REGISTERED OWNER by Laura Leighton PRINTED NAME OF NOTARY James R. Copeland Title Dealer/SHIP POSITION/AGENT/NOTARY AND: County/Office No. OR Dealer No. OR Notary Expiration Date 9-13-2003					
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: ☒ the manufactured home has been affixed to the real property as described.					
☐ a building permit has been issued for this purpose and this attachment will be inspected upon completion.					
NAME (TYPED OR PRINTED) BLDG PERMIT OFFICE/PHONE # BLDG PERMIT #					
Marlon Morat (509) 427-9484 638*					
SIGNATURE / POSITION DATE Marlon Morat Building Inspector 3-09-2000					

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>Kathy L. McKenzie</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 State of Washington JAMES R COPELAND, JR. MY COMMISSION EXPIRES September 13, 2003		County of <u>Skamania</u> Signed or attested before me on <u>4-3-2000</u> Signature <u>[Signature]</u> NOTARY OR AGENT <u>James R. Copeland</u> PRINTED NAME OF NOTARY County Office No. OR Dealer No. OR <u>9-12-02</u> Notary Expiration Date:	
PRINT NAME OF LEGAL OWNER <u>NOTARY</u> Title DEALERSHIP POSITION/AGENT/NOTARY		PRINT NAME OF LEGAL OWNER <u>NOTARY</u> Title DEALERSHIP POSITION/AGENT/NOTARY	
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)			
The Northwest Quarter of the Southeast Quarter of the Southeast Quarter of Section 10, Township 3 North, Range 9 East of the Willamette Meridian, in the County of Skamania, State of Washington. EXCEPT that portion thereof lying Northeasterly of County Road No. 3224 (Little Rock Creek Road). The North 260 feet of the East 1/4 of the Southwest Quarter of the Southeast Quarter of the Southeast Quarter of Section 10, Township 3 North, Range 9 East of the Willamette Meridian, in the County of Skamania, State of 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	
9 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) <u>Angela Moser</u>		COUNTY OFFICE/FS OPERATOR NUMBER <u>30-01-08</u>	
SIGNATURE <u>Angela Moser</u>		DATE <u>4-6-00</u>	
10 TITLE FEES			
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE
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) 802-3600 or TDD (360) 584-8885.