138331

BOOK 199 PAGE 943

FILED RECORD
SKAMANIA COUNTY, WASH
BY SKAMANIA CO. TITLE

JUN 9 4 01 PM '00

CARY M. OLSON

RETURN ADDRESS

STATE OF WASHINGTON Department of **Licensing**

MANUFACTURED HOME APPLICATION

PLEASE CHECK ONE
- [x] TITLE ELIMINATION
- [ ] TRANSFER IN LOCATION
- [ ] REMOVAL FROM REAL PROPERTY

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)

1 MANUFACTURED HOME

TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
+06306	1984	Berks	48 X 28	ORFL2AE20480310

2 LAND

LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE [x] AFFIXED [ ] REMOVED

REAL PROPERTY TAX PARCEL NUMBER: 04-07-26-2-0-1907-00

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)

ADDITIONAL NAMES ON PAGE

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
30	2	1

NAME OF REGISTERED OWNER: Tamara M. Moser

NAME OF ADDITIONAL REGISTERED OWNER: Joann L. Shriver

ADDRESS: 141 Heslin Road — CITY: Carson — STATE: WA — ZIP CODE: 98610

NAME OF LEGAL OWNER: ComUnity Lending, INc.

NAME OF ADDITIONAL LEGAL OWNER:

ADDRESS: 11818 SE Mill Plain Blvd — CITY: Vancouver — STATE: WA — ZIP CODE: 98684

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: Tamara M Moser

Signature of Additional Registered Owner and Title, IF APPLICABLE: Joann L. Shriver

NOTARY SEAL OR STAMP

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

Notary Public
State of Washington
JAMES R COPELAND, JR
MY COMMISION EXPIRES
September 13,2003

State of Washington County of Skamania

Signed or attested before me on March 30, 2000

PRINT NAME OF REGISTERED OWNER: James R Copeland Jr — Signature: [signature] NOTARY OR AGENT

PRINT NAME OF REGISTERED OWNER: Tamara M Moser

PRINT NAME OF REGISTERED OWNER: Joann L. Shriver

PRINTED NAME OF NOTARY

Title: Notary — DEALERSHIP 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:
- [x] 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 #
Marlon Morat	509-427-9484	

SIGNATURE / POSITION: Marlon Morat Building Inspector — DATE: 6-6-00

TD-420-729 MANUF HOME APPL (Rv/06/96)OR Page 1 of 2

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 Community Lending, Inc. Jeanne E. Dubsden

Signature of Additional Legal Owner and Title, IF APPLICABLE

NOTARY SEAL OR STAMP

CHAR KRUGER
Commission Expires
NOTARY
PUBLIC
AUG. 18, 2000
STATE OF WASHINGTON

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington
County of CLARK

Signed or attested before me on 4/3/00

by COMMUNITY LENDING INC
PRINT NAME OF LEGAL OWNER

Signature Char Kruger
NOTARY OR AGENT

by
PRINT NAME OF LEGAL OWNER

CHAR KRUGER
PRINTED NAME OF NOTARY

Title
DEALERSHIP POSITION/AGENT/NOTARY

AND:
County/Office No. OR
Dealer No. OR
Notary Expiration Date 8/18/00

7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office

Lot 9 WIND RIVER LOTS II, according to the recorded plat thereof, recorded in Book B of Plats, Page 42, 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	

☐ 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/VFS OPERATOR NUMBER
Angela Moser	30-01-08
SIGNATURE Angela Moser	DATE 6-9-00

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) 664-0885.