

138469

BOOK 200 PAGE 379

FILED IN RECORD  
SECTION 1 WASH  
BY BRAMANIA CO. TITLE

RETURN ADDRESS

JUN 28 11 12 AM '00

GARY M. OLSON



# MANUFACTURED HOME APPLICATION

PLEASE CHECK ONE

- ☒ 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 48.12.210)

## 1 MANUFACTURED HOME

TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
	1986	Skyli	48 X 24	17910200V

## 2 LAND

LEGAL DESCRIPTION ON PAGE 2

MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVEDREAL PROPERTY TAX PARCEL NUMBER  
03-08-17-3-0-0501-00

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

Raymond G. Mitchell

NAME OF ADDITIONAL REGISTERED OWNER

Evelyn D. Mitchell

ADDRESS

PO Box 902

CITY

Carson

STATE

WA

ZIP CODE

98610

NAME OF LEGAL OWNER

Washington Federal Savings

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS

13411 SE Mill Plain Blvd. #A-1

CITY

Vancouver

STATE

WA

ZIP CODE

98684

## GRANTEE

NAME

DEPARTMENT OF LICENSING

I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I / WE ARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:

Signature of Registered Owner and Title, IF APPLICABLE

Raymond G. Mitchell

Signature of Additional Registered Owner and Title, IF APPLICABLE

Evelyn D. Mitchell

NOTARY SEAL OR STAMP

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

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

State of Washington  
County of SkamaniaSigned or attested  
before me on 5-10-00

PRINT NAME OF REGISTERED OWNER

Raymond Mitchell

Signature

NOTARY OR AGENT

PRINT NAME OF REGISTERED OWNER

Evelyn Mitchell

Signature

James R. Copeland

Title

Notary

AND: County/Office No. OR

Dealer No. OR

Notary Expiration Date

## 1 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 the attachment will be inspected upon completion.

NAME (TYPED OR PRINTED)

BLDG PERMIT OFFICE/PHONE #

BLDG PERMIT #

SIGNATURE / POSITION

MARION MORAT

509-427-9484

19-00

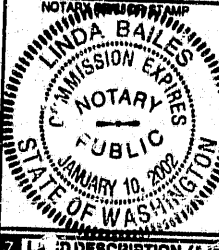
DATE

MARION MORAT

BUILDING INSPECTOR

6-2-00

10-420-729 MANUF HOME APPL (Rev 9/98) Page 1 of 2

<b>6 SIGNATURE OF LEGAL OWNER</b>					
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.					
Signature of Legal Owner and Title, IF APPLICABLE <i>[Signature]</i>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
		<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b>			
		State of Washington County of <u>CLARK</u>		Signed or attested before me on <u>5/25/00</u>	
		by <u>WASHINGTON FEDERAL</u> PRINT NAME OF LEGAL OWNER		Signature <i>[Signature]</i> NOTARY OR AGENT	
		by _____ PRINT NAME OF LEGAL OWNER		LINDA BAILES PRINTED NAME OF NOTARY	
		This _____ DEALERSHIP POSITION/AGENT/NOTARY		AND: _____ County/Office No. OR Dealer No. OR Notary Expiration Date <u>1/10/02</u>	
<b>7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)</b>					
A tract of land in the Northeast Quarter of the Southwest Quarter of Section 17, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows: Lot 4 of the STRODE SHORT PLAT, recorded in Book 3 of Short Plats, Page 140, Skamania County Records.					
<b>8 DEALER'S REPORT OF SALE</b>					
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"/> <b>USE TAX EXEMPT</b> Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery).					
<b>9 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Subagents)</b>					
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) <i>Angela Moser</i>		COUNTY OFFICE/FS OPERATOR NUMBER <i>30-01-08</i>			
SIGNATURE <i>Angela Moser</i>		DATE <i>6-28-00</i>			
<b>10 TITLE FEES</b>					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX
<p><b>IMPORTANT:</b> 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.</p> <p><b>APPLICANTS:</b> 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.</p> <p>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.</p>					

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) 664-8865.