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BOOK 200 PAGE 379

FILED IN RECORD
SACRAMENTO, CALIFORNIA
BY SACRAMENTO CO. TITLE

RETURN ADDRESS

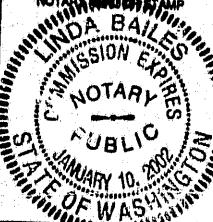
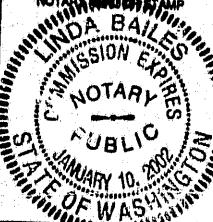
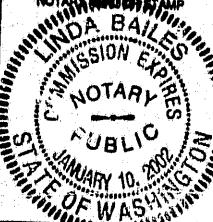
JUN 26 11 12 AM '00

W. MAYER

GARY M. OLSON

APPROVED
SACRAMENTO
CITY
COUNTY
STATE
ZIP CODE
TAX ID

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		YEAR	MAKE	LENGTH/WIDTH/FEET	VEHICLE IDENTIFICATION NUMBER (VIN)
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH/FEET	VEHICLE IDENTIFICATION NUMBER (VIN)	1986 Skyline 48 X 24 17910200V
2 LAND					LEGAL DESCRIPTION ON PAGE <u>2</u>
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED		REAL PROPERTY TAX PARCEL NUMBER <u>03-08-17-3-0-0501-00</u>			
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	CITY		STATE	ZIP CODE	
PO Box 902	Carson		WA	98610	
NAME OF LEGAL OWNER					
Washington Federal Savings					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS	CITY		STATE	ZIP CODE	
13411 SE Mill Plain Blvd. #A-1	Vancouver		WA	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 <u>Raymond G. Mitchell</u>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <u>E. Darlene Mitchell</u>					
NOTARY SEAL OR STAMP					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
Notary Public		State of <u>Washington</u>	County of <u>Sacramento</u>	Signed or attested before me on <u>5-10-00</u>	
State of Washington		PRINT NAME OF REGISTERED OWNER <u>Raymond G. Mitchell</u>		Signature <u>Raymond G. Mitchell</u>	
JAMES R COPELAND		PRINT NAME OF REGISTERED OWNER <u>Evelyn D. Mitchell</u>		Signature <u>Evelyn D. Mitchell</u>	
MY COMMISSION EXPIRES September 13, 2003 by		PRINT NAME OF REGISTERED OWNER <u>Evelyn D. Mitchell</u>		PRINTED NAME OF NOTARY <u>James R. CopeLand</u>	
Title <u>No</u>		DEALERSHIP POSITION/AGENT/NOTARY		County/Office No. OR Dealer No. OR <u>9-13-2003</u>	
AND: <u>Notary</u>				Notary Expiration Date	
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) <u>Notary</u> 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) <u>Marlon Morat</u>		BLDG PERMIT OFFICE/PHONE # <u>509-427-9484</u>		BLDG PERMIT # <u>19-00</u>	
SIGNATURE / POSITION <u>Marlon Morat</u>		DATE <u>6-2-00</u>			
Form 120 MANUF HOME APPL (REV 8/98) Page 1 of 2					

G 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 <i>linda bailes</i>																							
Signature of Additional Legal Owner and Title, IF APPLICABLE																							
<table border="1"> <tr> <td colspan="2">NOTARY PUBLIC STAMP</td> <td colspan="4">NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</td> </tr> <tr> <td colspan="2">  </td> <td colspan="4"> State of Washington County of CLARK by WASHINGTON FEDERAL PRINT NAME OF LEGAL OWNER by LINDA BAILES PRINTED NAME OF NOTARY TNS: DEALERSHIP POSITION/AGENT/NOTARY AND: Dealer No. OR Notary Expiration Date 1/10/02 </td> </tr> <tr> <td colspan="2"></td> <td colspan="4"> Signed or attested before me on 5/25/00 Signature <i>linda bailes</i> NOTARY OR AGENT </td> </tr> </table>						NOTARY PUBLIC STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE						State of Washington County of CLARK by WASHINGTON FEDERAL PRINT NAME OF LEGAL OWNER by LINDA BAILES PRINTED NAME OF NOTARY TNS: DEALERSHIP POSITION/AGENT/NOTARY AND: Dealer No. OR Notary Expiration Date 1/10/02						Signed or attested before me on 5/25/00 Signature <i>linda bailes</i> NOTARY OR AGENT			
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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 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.																							
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 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/VFS OPERATOR NUMBER <i>30-01-08</i>																				
SIGNATURE <i>Angela Moser</i>			DATE <i>6-28-00</i>																				
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) 684-8885.