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BOOK 200 PAGE 967

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SHAMARIA CO. TITLE

RETURN ADDRESS

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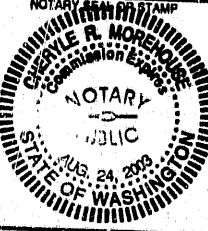
JUL 12 2000

GARY L. LISON

SHAMARIA COUNTY
ENGINEERS OFFICE

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					
TPD / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	1999	Exclus	52 x 27	GWOR23 N22833-AB	
2 LAND LEGAL DESCRIPTION ON PAGE 2					
MANUFACTURED HOME WILL BE		☒ AFFIXED ☐ REMOVED		REAL PROPERTY TAX PARCEL NUMBER	
				03-08-17-2-3-0408-00	
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
8		Russell Meadow Sub			
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					
David G. Fearn					
NAME OF ADDITIONAL REGISTERED OWNER					
Georgia L. Fearn					
ADDRESS		CITY	STATE	ZIP CODE	
PO Box 86306		Portland	OR	97286	
NAME OF LEGAL OWNER					
Oakwood Acceptance Corp					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS		CITY	STATE	ZIP CODE	
1499 SE Tech Center		Vancouver	WA	98683-9575	
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>David Fearn</u>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <u>Georgia L. Fearn</u>					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
OFFICIAL SEAL H. M. SEQUEIRA NOTARY PUBLIC-OREGON COMMISSION NO. A0554 MY COMMISSION EXPIRES JUNE 30, 2000		State of Washington County of Multnomah Signed or attested before me on 4-28-00 Signature <u>H M Sequeira</u> NOTARY OR AGENT PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OR Notary Expiration Date			
by <u>Georgia Fearn</u> PRINT NAME OF REGISTERED OWNER					
Title <u>DEALERSHIP POSITION/AGENT/NOTARY</u> AND: <u>County/Office No. OR</u> <u>Dealer No. OR</u> <u>Notary Expiration Date</u>					
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.					
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 #	
Marlon Morat		509-427-9484		52-00	
SIGNATURE / POSITION		DATE			
<u>Marlon Morat</u> Building Inspector		7-18-00			

TD-426-729 MANUF HOME APPL (R/6/99) 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 <u>Wendy A. Hebrash</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE <u>Cheryl R. Morehouse</u>					
		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
State of Washington		County of <u>Clark</u>		Signed or attested before me on <u>4-17-2000</u>	
by <u>Cheryl R. Morehouse</u>		Signature <u>Cheryl R. Morehouse</u>		NOTARY OR AGENT	
by <u>Cheryl R. Morehouse</u>		Signature <u>Cheryl R. Morehouse</u>		PRINTED NAME OF NOTARY	
Title <u>Owner</u>		DEALERSHIP POSITION / AGENT / NOTARY		AND: County/Office No. OR <u>8-24-03</u> Dealer No. OR Notary Expiration Date	
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
Lot 8 Russell's Meadows Subdivision, recorded in Book B of Plats, Page 102, in the County of Skamania, State of Washington.					
Together with an undivided 1/31 interest in the Pong known as Lots 2 and 3 of the Russell's Meadows Subdivision, recorded in Book B of Plats, Page 102, 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	
<u>Golden Pacific Homes</u>		<u>4077</u>			
PURCHASER PRICE		TAX JURISDICTION		TAX RATE	
<u>48053</u>		<u>7.0</u>			
DEALER'S AUTHORIZED SIGNATURE <u>Cheryl R. Morehouse</u>					
☒ USE TAX EXEMPT Sale to a Certified Tribal member in 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			
<u>Angela Moser</u>		<u>30-01-08</u>			
SIGNATURE <u>Angela Moser</u>		DATE <u>7-21-00</u>			
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) 654-8885.