

FILED AND INDEXED
SEARCHED AND SERIALIZED
BY Fidelity Nat. Title Co.

RETURN ADDRESS

Donald E. McClintock
PO Box 55426
Portland OR 97238

AUG 11 2000 PM '00

AMANDA

GARY P. OLSON

MANUFACTURED HOME APPLICATION				PLEASE CHECK ONE			
<input type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY							
1. MANUFACTURED HOME TPO / PLATE NUMBER YEAR MAKE LENGTH WIDTH (FEET) VEHICLE IDENTIFICATION NUMBER (VIN) 1999 Guerdon 156 X 26.6 GDSTOR-1799-20928							
2. LAND MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED REAL PROPERTY TAX PARCEL NUMBER 02-05-14-2-2-0113-00							
LOT 1	BLOCK	PLAY NAME HIDEAWAY ON THE WASHOUGAL	SECTION/TOWNSHIP/RANGE				
3. GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE <table border="1" style="float: right; margin-right: 10px;"> <tr><td>1</td><td>1</td></tr> </table>						1	1
1	1						
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS				
		1	1				
NAME OF REGISTERED OWNER Donald E McClintock							
NAME OF ADDITIONAL REGISTERED OWNER Washington Mutual Bank							
ADDRESS 16311 Washougal River Road CITY Washougal STATE WA ZIP CODE 98671							
ADDRESS 5205 SW Meadows Road, Suite 451 CITY Lake Oswego STATE OR ZIP CODE 97034							
GRANTEE NAME State of Washington Department of Licensing							
I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I/WE AM/ARE THE REGISTERED OWNER(S) OF THE VEHICLE AND THIS INFORMATION IS ACCURATE: Signature of Registered Owner and Title, IF APPLICABLE							
Signature of Additional Registered Owner and Title, IF APPLICABLE							
NOTARY SEAL OR STAMP NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE State of Washington: <u>Oregon</u> County of <u>Washington</u> Signed or attested by <u>Donald E McClintock</u> before me on <u>2/22/00</u> PRINT NAME OF REGISTERED OWNER Signature <u>Connie M. Woods</u> NOTARY CR AGENT							
PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY Title AND: County/Office No. OR DEALERSHIP POSITION/AGENCY/NOT/RY Dealer No. OR 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) TITLE COMPANY / PHONE NUMBER Connie M Woods Fidelity National Title of Oregon (503) 292-8777							
SIGNATURE / POSITION DATE <u>Connie M. Woods, Escrow Officer</u> <u>2/22/00</u> 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 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) BLDG PERMIT OFFICE/PHONE # BLDG PERMIT # Marlon Morat 509-427-9484 08-00 SIGNATURE / POSITION DATE <u>Marlon Morat, Building Inspector 8-10-00</u>							

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 Sue Johnson

Signature of Additional Legal Owner and Title, IF APPLICABLE



NOTARIAL SEAL SUE J LEE NOTARY PUBLIC-OREGON COMMISSION NO. 313587 MY COMMISSION EXPIRES JUNE 15, 2002	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE State of Washington <u>Oregon</u> County of <u>Clackamas</u> Signed or attested before me on <u>6/14/00</u>
NOTARIAL SEAL SUE J LEE NOTARY PUBLIC-OREGON COMMISSION NO. 313587 MY COMMISSION EXPIRES JUNE 15, 2002	by <u>Sue Johnson</u> Signature <u>Sue Johnson</u> PRINTED NAME OF LEGAL OWNER PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OR Notary Expiration Date <u>6/15/2002</u>
Title <u>Dealership Position/Agent/Notary</u>	

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

Lot 1, HIDEAWAY ON THE WASHOUGAL, according to the recorded Plat thereof, recorded in Book A of Plats, Page 151, 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/INSURANCE/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 <u>Angela Moser</u>	DATE <u>8-11-00</u>
-------------------------------	---------------------

10 TITLE FEES

PRINTING 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) 502-3600 or TDD (360) 664-8885.