

138870

BOOK 201 PAGE 70

FILED  
CLERK

Peggy Lowry

Aug 16 2 52 PM '00

Smoler

GARY M. OLSON

## RETURN ADDRESS

Peggy Lowry

P O Box 235

Carson, WA 98610



## 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 46.12.210)

## 1 MANUFACTURED HOME

TPO / PLATE NUMBER YEAR MAKE LENGTH-WH (FEET) VEHICLE IDENTIFICATION NUMBER (VIN)  
 %54709 1984 FI1WD 70 X 14 WAFL1AD37314942

## 2 LAND

LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE ☐ AFFIXED ☒ REMOVEDREAL PROPERTY TAX PARCEL NUMBER  
04-07-35-0-0-0300-00

LOT BLOCK PLAT NAME SECTION/TOWNSHIP/RANGE  
 2 George T. Hollenberry Short Plt 35/4/7

## 3 GRANTEE(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

Lowry, Mark C.

NAME OF ADDITIONAL REGISTERED OWNER

Lowry, Peggy B.

ADDRESS CITY STATE ZIP CODE  
 P O Box 235 Carson WA 98610

NAME OF LEGAL OWNER

Crossland Mortgage

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS CITY STATE ZIP CODE  
 9115 SW Oleson Rd Portland OR 97223

GRANTEE

NAME

State of WA, Dept 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

Peggy B Lowry

Signature of Additional Registered Owner and Title, IF APPLICABLE

Mark C Lowry

NOTARY SEAL OR STAMP

## NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington  
County of SkamaniaSigned or attested  
before me on Aug 14, 2000by Peggy B Lowry  
PRINT NAME OF REGISTERED OWNERSignature David Mosson  
NOTARY OR AGENTby Mark C Lowry  
PRINT NAME OF REGISTERED OWNER

PRINTED NAME OF NOTARY

Title Agent

County/Office No. OR  
Dealer No. OR 30-0-0-0  
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

Jim Copeland

Skamania County Title 509-427-5681

SIGNATURE / POSITION

DATE

5. I certify this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.

## 6. BUILDING PERMIT OFFICE CERTIFICATION

I certify that ☐ the manufactured home has been affixed to the real property.

<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>May D Jones Senior Officer VP Crossland Corp.</i>		
Signature of Additional Legal Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE				
	State of Washington County of <i>Skamania</i>	Signed or attested before me on <i>Aug 11, 2008</i>			
	by <i>Jeffery J. Jones</i> <small>PRINT NAME OF LEGAL OWNER</small>	Signature <i>Angela Moser</i> <small>NOTARY OR AGENT</small>			
	by <i>Angela Moser</i> <small>PRINT NAME OF LEGAL OWNER</small>	PRINTED NAME OF NOTARY			
	Title <i>Agent</i>	AND: County/Office No. OR <i>30-01-08</i> Dealer No. OR Notary Expiration Date			
<b>7. LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)</b>					
<p>The South half of the Northwest Quarter of the Northeast Quarter of the Northwest Quarter of Section 35 Township 4 North Range 7 East of the Willamette Meridian, Skamania County, Washington.</p> <p>Also Known as Lot 2 of the George T. Hollenberry Short Plat as filed for record in Book 2 of Short Plats at Page 143, Records of Skamania County, Washington.</p>					
<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/WFS OPERATOR NUMBER <i>30-01-08</i>			
SIGNATURE <i>Angela Moser</i>		DATE <i>8-14-08</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> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <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> </div> <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) 902-3600 or TDD (360) 654-0635.

**RELEASE OF INTEREST / POWER OF ATTORNEY**

VEHICLE PLATE/VESSEL REG. NO. <b>7654709</b>		VEHICLE OR HULL IDENTIFICATION NUMBER (VIN OR HIN) <b>WAFLIAD37314942</b>	
YEAR <b>1984</b>	MAKE <b>FLTRD</b>	SERIES/BODY TYPE <b>70/14</b>	TITLE NUMBER <b>9925629903</b>

**LIENHOLDER'S RELEASE OF INTEREST**

**REQUIRES NOTARIZATION/CERTIFICATION, UNLESS A BUSINESS ENTITY**

MUST BE ACCOMPANIED BY CERTIFICATE OF TITLE OR COMPLETED, NOTARIZED/CERTIFIED AFFIDAVIT OF LOSS OF TITLE, FORM TC-420-040.  
I (We) release all interest in the above described vehicle/vessel.

Crossland Mortgage  
TYPE OR PRINT LIENHOLDER NAME / BUSINESS / COMPANY

*[Signature]*  
SIGNATURE OF PERSON RELEASING INTEREST

*[Signature]*  
TITLE FOR BUSINESS / COMPANY

TYPE OR PRINT LIENHOLDER NAME / BUSINESS / COMPANY

SIGNATURE OF PERSON RELEASING INTEREST

TITLE FOR BUSINESS / COMPANY

**REGISTERED OWNER'S RELEASE OF INTEREST**

**REQUIRES NOTARIZATION/CERTIFICATION**

I (We) release all interest in the above described vehicle/vessel.

TYPE OR PRINT NAME OF REGISTERED OWNER

SIGNATURE OF REGISTERED OWNER

TYPE OR PRINT NAME OF REGISTERED OWNER

SIGNATURE OF REGISTERED OWNER

NOTARY SEAL OR STAMP

**NOTARIZATION / CERTIFICATION**

State of Washington  
County of **Skamania**

Signed or attested  
before me on **August 11, 2000**

by **Jeffrey Jones for Crossland Mortgage**  
Printed Name of Person Signing Document  
Notary's Name (PRINTED or STAMPED)

Signature *[Signature]*  
Notary / Agent Signature

Title **Agent**  
Notary / Agent

Dealer No. OR  
AND: County / Office No. OR  
Notary Expiration Date **80-06-08**

**POWER OF ATTORNEY**

**REQUIRES NOTARIZATION/CERTIFICATION**

TO: THE DEPARTMENT OF LICENSING

Title & Registration Services  
Olympia, Washington  
And To Whom It May Concern:

I appoint \_\_\_\_\_ to act as my attorney-in-fact to sign all papers and documents that may be necessary in order to secure, or release, Washington title and/or registration for the vehicle/vessel described above. I agree to guarantee and save the State of Washington, and the Director of Licensing, from all responsibility for any legal action which might arise from the issuance of a Washington certificate of title and/or registration for this vehicle/vessel.

TYPE OR PRINT NAME OF PERSON GRANTING POWER OF ATTORNEY

SIGNATURE OF PERSON GRANTING POWER OF ATTORNEY

\* DOL CUSTOMER ACCOUNT NUMBER

TYPE OR PRINT NAME OF PERSON GRANTING POWER OF ATTORNEY

SIGNATURE OF PERSON GRANTING POWER OF ATTORNEY

\* DOL CUSTOMER ACCOUNT NUMBER

NOTARY SEAL OR STAMP

**NOTARIZATION / CERTIFICATION**

State of Washington  
County of \_\_\_\_\_

Signed or attested  
before me on \_\_\_\_\_

by \_\_\_\_\_  
Printed Name of Person Signing Document

Signature \_\_\_\_\_  
Notary / Agent Signature

Notary's Name (PRINTED or STAMPED)

Title \_\_\_\_\_  
Notary / Agent

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

\* The DOL CUSTOMER ACCOUNT NUMBER is found on the Washington Driver's License or Identification Card (12 characters), or if the owner is a business, it will be the UBI number found on the business Registration and License Document (9 digits).

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