

138870

RETURN ADDRESS

Peggy Lowry
P O Box 235
Carson, WA 98610

FILED 12-1-2000 12:52 PM '00

SHERIFF'S OFFICE

BY *Peggy Lowry*

AUG 16 2000

Amoser

GARY W. BILSON

APPROVING
SHERIFF LA.
WOLFGANG
Printed
Dated

MANUFACTURED HOME
APPLICATION

PLEASE CHECK ONE

 TITLE ELIMINATION
 TRANSFER IN LOCATION
 REMOVAL FROM REAL PROPERTY

1 MANUFACTURED HOME

TPC / PLATE NUMBER %54709	YEAR 1984	MAKE FT FW	LENGTH/WD (FEET) 70 X 14	VEHICLE IDENTIFICATION NUMBER (VIN) WAFL1AD37314942
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2 LAND

LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER
04-07-35-0-0-0300-00

LOT 2	BLOCK	PLAT NAME George T. Hollenberry Short Pt	SECTION/TOWNSHIP/RANGE 35/4/7
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3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS 2	NUMBER OF LEGAL OWNERS 1
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NAME OF REGISTERED OWNER

Lowry, Mark C.

NAME OF ADDITIONAL REGISTERED OWNER

Lowry, Peggy B.

ADDRESS

P O Box 235

CITY

STATE ZIP CODE

WA 98610

NAME OF LEGAL OWNER

Crossland Mortgage

NAME OF ADDITIONAL LEGAL OWNER

1115 SW 101st

CITY

STATE ZIP CODE

OR 97223

ADDRESS

9115 SW Oleson Rd

Portland

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
Mark C Lowry

Signature of Additional Registered Owner and Title, IF APPLICABLE

NOTARY SEAL OR STAMP

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington
County of

Skamania

Signed or attested
before me on Aug 14, 2000by *Peggy B Lowry*
PRINT NAME OF REGISTERED OWNERSignature *Douglas Mason*
NOTARY OR AGENTby *Mark C Lowry*
PRINT NAME OF REGISTERED OWNERPRINTED NAME OF NOTARY
County/Office No. OR
Dealer No. OR
Notary Expiration DateTitle *Sgt*
DEALERSHIP POSITION/AGENT/NOTARYAND: *30-01-01*

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

Signature / Position

Skamania County Title 509-427-5681

DATE

I will file this application with a Licensing Agent within 10 calendar days of this date. Title Company Representative signs.

5 BUILDING PERMIT OFFICE CERTIFICATION

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

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

Jeffrey J. Jones
S. J. Jones Crossland Corp.

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 Skamania Signed or attested
before me on Aug 11, 2000
by Jeffrey J. Jones Signature Angela Moser
PRINT NAME OF LEGAL OWNER
by S. J. Jones Crossland Corp. NOTARY OR AGENT
PRINTED NAME OF NOTARY
Title Agent AND: County/Office No. OR 30-01-08
DEALERSHIP POSITION/AGENT/NOTARY 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)

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.

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.

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

USE TAX EXEMPT Sold to a Certified Tribal member on the reservation (attach notarized statement of delivery).

COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Sub-agents)

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
<u>Angela Moser</u>	<u>30-01-08</u>
SIGNATURE	DATE
<u>Angela Moser</u>	<u>8-14-00</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) 654-1885.

RELEASE OF INTEREST / POWER OF ATTORNEY

VEHICLE PLATE/VESSEL REG. NO.	VEHICLE OR HULL IDENTIFICATION NUMBER (VIN OR HIN)		
7054709	WAFLIA D37314942		
YEAR	MAKE	SERIES/BODY TYPE	TITLE NUMBER
1984	FLTWD	70/14	9925629903

LIENHOLDER'S RELEASE OF INTEREST

MUST BE ACCCOMPANIED BY CERTIFICATE OF TITLE OR COMPLETED, NOTARIZED/CERTIFIED AFFIDAVIT OF LOSS OF TITLE, FORM TD-420-040.

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

Crossland Mortgage
TYPE OR PRINT LIENHOLDER NAME / BUSINESS / COMPANY

Jeffrey J. Jones
SIGNATURE OF PERSON RELEASING INTEREST

Sonor of Crossland Mortgage
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

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

REQUIRES NOTARIZATION/CERTIFICATION

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

State of Washington
County of *Skamania*

NOTARIZATION / CERTIFICATION

Signed or attested
before me on

August 11, 2000

by *Jeffrey Jones* for
Printed Name of Person Signing Document

Signature *Chase Maser*
Notary / Agent Signature

Crossland Mortgage

Notary's Name (PRINTED or STAMPED)

Title *Agent*
Notary / Agent

Dealer No. OR

AND: County / Office No. OR
Notary Expiration Date *20-01-08*

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

State of Washington
County of *Skamania*

NOTARIZATION / CERTIFICATION

Signed or attested
before me on

by
Printed Name of Person Signing Document

Signature *Jeffrey J. Jones*
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).

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) 664-8805.