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BOOK 201 PAGE 922

FILED FOR RECORD
SKAMANIA CO. WASH
BY Darlene Goodrich

Aug 22 12 52 PM '00
A Prosser
AUDITOR
GARY M. OLSON

RETURN ADDRESS

CASCADE EQUIPMENT & DEVELOPMENT, LLC
121 GOODRICH ROAD
CARSON WA 98610

State of Washington Department of Licensing

MANUFACTURED HOME APPLICATION

☒ 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)

MANUFACTURED HOME

TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
	2000	BAYCREST	48 X 26.6	GDSTOR-1100-21472

LAND — LEGAL DESCRIPTION ON PAGE 2

MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVED — REAL PROPERTY TAX PARCEL NUMBER 03-08-17-2-3-0414-00

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
14		RUSSELL'S MEADOWS SUBDIVISION	SEC 17 3N R8

GRANTOR(S) REGISTERED/LEGAL OWNER(S) — ADDITIONAL NAMES ON PAGE

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
30	1	1

NAME OF REGISTERED OWNER: CASCADE EQUIPMENT & DEVELOPMENT, LLC

NAME OF ADDITIONAL REGISTERED OWNER:

ADDRESS: 121 GOODRICH RD — CITY: CARSON — STATE: WA — ZIP CODE: 98610

NAME OF LEGAL OWNER: SAME

NAME OF ADDITIONAL LEGAL OWNER:

ADDRESS: — CITY: — STATE: — ZIP CODE:

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: Darlene Goodrich Member

Signature of Additional Registered Owner and Title, IF APPLICABLE:

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington
County of SKAMANIA

Signed or attested before me on 8-21-00

by Darlene Goodrich
PRINT NAME OF REGISTERED OWNER

by
PRINT NAME OF REGISTERED OWNER

Signature: NOTARY OR AGENT
Carlene Camp
PRINTED NAME OF NOTARY

Title: DEALERSHIP POSITION/AGENT/NOTARY — AND: County/Office No. OR Dealer No. OR Notary Expiration Date 6-30-03

CARLENE CAMP — COMMISSION EXP — NOTARY PUBLIC — JUNE 30, 2003 — STATE OF WASHINGTON

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): MARLON MORAT — BLDG PERMIT OFFICE/PHONE #: 509 427-9484 — BLDG PERMIT #: 28-00

SIGNATURE / POSITION: Marlon Morat BUILDING INSPECTOR — DATE: 8-21-00

TD-420-733 MANUF HOME APPL (R/6/99) Page 1 of 2

Registered
Indexed, Dir
Indirect
Filmed
Mailed

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: Darlene Goodrich

Signature of Additional Legal Owner and Title, IF APPLICABLE

Notary seal: CARLENE CAMP, NOTARY PUBLIC, STATE OF WASHINGTON, COMMISSION EXPIRES JUNE 30, 2003

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington, County of **SKAMANIA**

Signed or attested before me on **8-21-00**

by **Darlene Goodrich** (PRINT NAME OF LEGAL OWNER)

Signature: NOTARY OR AGENT

by ________ (PRINT NAME OF LEGAL OWNER)

Carlene Camp (PRINTED NAME OF NOTARY)

Title ________ (DEALERSHIP POSITION/AGENT/NOTARY)

AND: County Office No. OR Dealer No. OR Notary Expiration Date **06-30-03**

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

North 1/2 of the SW 1/4 Section 17 Township 3 North, Range 8 East Willamette Meridian.
Lot 14, Russell's Meadows Subdivision, according to the records Plat thereof, recorded in Book B of Plats, Page 102, in the County of Skamania, State of Washington.
Together with an undivided 1/31 intrest in and to the Retention Pond Lots 2 & 3 of the Russell's Meadows Subdivision.

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** Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery).

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	DATE
Angela Moser	8-22-00

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) 664-8885.