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FILED FOR RECORD
SKAMANIA CO. WASH.
BY Darlene Goodrich

Aug 22 1 09 PM '00
M Moser
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

Any one 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 Plus	52 X 26.6	GDSTCR-1100-21473

LAND

LEGAL DESCRIPTION ON PAGE 2

MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVED

PARCEL NUMBER 03-07-17-2-0-0100-00

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
19		RUSSELL'S MEADOWS	SEC17 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 AM/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

Subscribed and sworn before me this 08.21.00

by Darlene Goodrich
PRINT NAME OF REGISTERED OWNER

Signature of Notary

NOTARY OR DEALER

Carlene M. Camp
PRINTED NAME OF NOTARY

Commission No. OR
Residence of Notary

Notary Expiration Date 06.30.03

by
PRINT NAME OF REGISTERED OWNER

Title(s)
DEALERSHIP POSITION/AGENT/NOTARY

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	30-00
SIGNATURE / POSITION		DATE
Marlon Morat	BUILDING INSPECTOR	8-22-00

TO ASSIGN MANUF. HOME APPL. NUMBER Page 1 of 2

NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXP JUNE 30, 2003

Approved
Indirect
Printed
Mailed

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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, Member

Signature of Additional Legal Owner and Title, IF APPLICABLE

NOTARY SEAL OR STAMP: CARDENA CAMP NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXP. JUNE 30, 2003

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington County of Skamania

Signed or attested before me on 08.21.00

by Darlene Goodrich (PRINT NAME OF LEGAL OWNER) Signature (NOTARY OR AGENT)

by (PRINT NAME OF LEGAL OWNER) Cardena Camp (PRINTED NAME OF NOTARY)

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

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 6 East Willamette Meridian.
Lot 19 Russell's Meadows Subdivision, according to the record Plat thereof recordednin 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 Angela Moser	**DATE** 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 your 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.