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BOOK 201 PAGE 926

FILED FOR RECORD
SKAMANIA CO. WASH.
BY *Carlene Goodrich*

Aug 22 | 16 PM '00

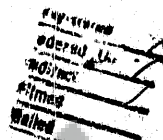
Amos
AUDITOR
GARY M. OLSON

RETURN ADDRESS

CASCADE EQUIPMENT & DEVELOPMENT, LLC

121 GOODRICH ROAD

CARSON WA 98610



DEPARTMENT OF LICENSING
MANUFACTURED HOME APPLICATION

Any person 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 48.12.210)

☒ TITLE ELIMINATION
☐ TRANSFER IN LOCATION
☐ REMOVAL FROM REAL PROPERTY

MANUFACTURED HOME

TPO / PLATE NUMBER: YEAR: 2000 MAKE: BAYCREST LENGTH: 48 X WIDTH: 28.6 VEHICLE IDENTIFICATION NUMBER (VIN): GDSTOR-1000-21403

LAND

MANUFACTURED HOME WILL BE: ☒ AFFORDED ☐ REMOVED

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

GRANTOR(S) REGISTERED/LEGAL OWNER(S): COUNTY NUMBER: 30 NUMBER OF REGISTERED OWNERS: 1 NUMBER OF LEGAL OWNERS: 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:

COUNTIES

DEPARTMENT OF LICENSING

I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I/WE ARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THE INFORMATION IS ACCURATE.

Signed and Registered Owner and Title, if applicable: *Carlene Goodrich*

Signed and 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

NOTARY PUBLIC
JUNE 30, 2003
STATE OF WASHINGTON

Carlene Goodrich
PRINT NAME OF REGISTERED OWNER

Carlene Camp
PRINT NAME OF REGISTERED OWNER

TALESHIP POSITION/AGENCY: AND: Commission No. ON: Expiration Date: 08-22-01

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:

Please file this application with a Licensing Agent within 10 calendar days of the date this 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): MARION MORAT BUILDING PERMIT OFFICE PHONE: 509 427-9484 BUILDING PERMIT #: 28-00

SIGNATURE / POSITION: *Marion Morat* BUILDING INSPECTOR DATE: 8-22-00

10-200-700 (MAY 01) FORM 1000-1 (08/00) Page 1 of 3

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

Signature of Additional Legal Owner and Title, IF APPLICABLE

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 MEMBER
PRINT NAME OF LEGAL OWNER

Signature

by
PRINT NAME OF LEGAL OWNER

PRINTED NAME OF NOTARY

Notary Office #120, OR
AND: Dealer No. 00
Notary Expiration Date 8-30-08

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 17, Russell's Meadows Subdivision, according to the recorded Plat thereof, recorded in Book B of Plats,
Page 102, in the County of Skamania, State of Washington.
Together with an individual 1/31 interest in and to the Retention Pond Lots 2 & 3 of the Russell's Meadows
Subdivision.

DEALER'S REPORT OF SALE

I CERTIFY THAT THE 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 / PROPORTIONATE RATE

DEALER'S AUTHORIZED SIGNATURE

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

COUNTY A NOTARY/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 OFFICER'S OPERATOR NUMBER

SIGNATURE

DATE

TITLE FEES

PLUMB 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.

TD-420-730 MANUF HOME APPL (FURNITOR) Page 2 of 2

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 802-3600 or TDD (360) 684-8885.