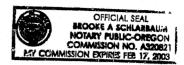
138952

BOOK 202 PAGE 22, FILED FOR RECORD

SKAMANIA CO. WASH BY BERAMAMIA GO. VIVE

Aug 25 9 ou AM '00 **RETURN ADDRESS** Jamosec GARY M. OLSON odered in Page Weller Pilmed STATE OF WASHINGTON MANUFACTURED HOME PEEASE CHECK ONE ENTITLE ELIMINATION TRANSFER IN LOCATION Anyone who knowingly makes a fabre statement of a material fact is guilty IREMOVAL FRO of a fellony, and upon conviction may be punished by a fine, imprisemment, or both. (RCW 46.12.210) DREMOVAL FROM REAL PROPERT MANUFACTURED HOME TPC PLATE NUMBER LENGTH/WIDTH(FEET) VEHICLE IDENTIFICATION NUMBER (VIN) 2000 FUOUA LEGAL DESCRIPTION ON PAGE REAL PROPERTY TAX PARCEL NUMBER 04-09-22-1-0-0200-00 MANUFACTURED HOME WILL BE 😡 AFFIXED 🔲 REMOVED PLAT NAME 3 GRANTOR(S) REGISTERED/I.EGAL OWNER(S) ADDITIONAL NAMES ON PAGE NUMBER OF LEGAL WE OF REGISTERED OWNER Matthew Meyers Carrie J. Meyers ZIP CODE 3181 Oklahoma Road 98605 Washington Mutual CITY ZIP CODE 5285 SW Meadows Road Lake Oswego 97035 GRANTEE DEPARTMENT OF LIGENSING IDO SOLMMLY 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 Dwner and Title, IF APPLICABLE Signature of Additional Registered Owner and Title, IF APPLICABLE NOTARY SEAL OR STAM NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE Signed or attested Notary Public State of Washington by PPINT NAME OF REGISTERED OF COMMISSION EXPIRES BY PRINT NAME OF REGISTERED BY PRINT NAME OF REGIS Carria 7. M September 13,2003 County/Office No. OR Dealer No. OR 4 TITLE COMPANY CERTIFICATION certify that the legal description of the land and ownership is true and correct per the real property records. SIGNATURE / POSITION Finalize this application with a Licensing Agent within 10 cal index days of the date Title Company Representative signs. 5 BUILDING PERMIT OFFICE CERTIFICATION the manufactured home has been affixed to the real prope ty as described.

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		vner and Title, IF !				<u> </u>
Signature of A	ditional Legal Ow	nor and Title, IF				
NOTARY SE	IL OR STAUP	NOT	ARIZATION	CERTIFICATION	FOR LEGAL OWN	ER(S) SIGNATURE
r e e		State of Weeting Count	iton' L	achamas	Signed or atte before n	
		by PRIN WIME OF	LA LON I	Mextical Ban	Asignature AVIII	he Schlarbau
		by FRINT NAME OF		<u> </u>		
	İ		- CEGAL ONN:	1	PRINTED NAME OF N	ly/Office No. OR
		Title DEALERSHIP PO			AND:	Dealer No. OR Expiration Date
LAND DES	RIPTION (A leg	al dracilption o	the land ca	r be obtained from	the local County	Assessor's Office
Lot 1 of	the John F	kamania, Si	ate of 2	Washington, Plat. reco	described #	ce Meridian, as follows: a 3 of Short
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DEALER'S	REPORT OF SAL					
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MITTING OFFI	MIT STREET I MA	HAS BEEN COL	LECTED.	E. HOLL IS OLLAN	OF ENCOMBRAN	ICES EXCEPT AS SHOW
OLUM	ZIA MI	ANUFACT	TUREN		DEALER NUMBER	DATE SALE
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15 77	511 600	100 CE (15)	6/5/2	and allow	me	
COUNTY AU	X EXEMPT Sale	e to a Certified Trit	oal member o	n the reservation (a	tach notarized state	ement of delivery).
ertify that the at	OVERNALIZATION OF	ICENSING OFF	CE APPRO	/AL: (Not for use	by Subagents)	
a to contain the lates	110 (17)11(11)	theate to Have bee	псотрыва	correctly, and the ap	plicanthas sufficient	documentation to proceed
ME (TYPED OR PI	INTED)	1		COL	INTY OFFICE/VFS OPER	
MATURE A	gela II	Loser			<u> 30-01</u>	<u>-08</u>
ske	$\alpha()$	moso				8-25-CC
TITLEFEES		-1.6-30-2		- to room more of the sale of the first to be started to		10-25-00
NG FEE	APPLICATION	WORITE	HOME F4E	ELIMINATION FEE	USE TAX	SUBAGENT FEES
						TOTAL FEES & TAX
	LICANSII	10 Uttice, taka v	your applica ording tees	proved by the Co atlon form to the paid. If the Reco	County Flecordin	g Office.
IMPORTA	metalli t	ginal application	n form, obta	ain a certified cor	y of the recorde	a rorm.

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please cal (360) 902-3600 or TDD (360) 664-8885.