

BOOK 204 PAGE 589

139734

RETURN ADDRESS

Bryan and Julia Henrichsen
PO BOX 441
Stevenson WA 98648

FILED FOR RECORD
SKAHANIA CO. WASH
BY SEAMANIA CO. 10/21

Nov 21 1 13 PM '00

Smester
AUDITOR
GARY M. OLSON

10/21/00
10/21/00
10/21/00
10/21/00



MANUFACTURED HOME
APPLICATION

PLEASE CHECK ONE

TITLE ELIMINATION
 TRANSFER IN LOCATION
 REMOVAL FROM REAL PROPERTY

1 MANUFACTURED HOME

TPC / PLATE NUMBER YEAR MAKE LENGTH/WIDTH(FEET) VEHICLE IDENTIFICATION NUMBER (VIN)
Z24167 1980 EMBSY 60 X 14 9472

2. LAND

LEGAL DESCRIPTION ON PAGE

MANUFACTURED HOME WILL BE AFFIXED REMOVED

REAL PROPERTY TAX PARCEL NUMBER
02-07-20-34-0700-00

LOT BLOCK PLAT NAME SECTION/TOWNSHIP/RANGE
7 8 Relocated North Bonneville

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)

ADDITIONAL NAMES ON PAGE

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
30	2	1

NAME OF REGISTERED OWNER

BRYAN R. HENRICHSEN

NAME OF ADDITIONAL REGISTERED OWNER

JULIA L. HENRICHSEN

ADDRESS

PO BOX 441

CITY

Stevenson

STATE

WA. 98648

NAME OF LEGAL OWNER

US BANK

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS

3000 Leadenhall Road

CITY

Mt. Laurel

STATE

NJ 08054

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

Bryan R. Henrichsen

Signature of Additional Registered Owner and Title, IF APPLICABLE

Julia L. Henrichsen

NOTARY SEAL OR STAMP



NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington
County of *SOMERVILLE* Signed or attested
before me on *8-31-00*

b, *Bryan R. Henrichsen* Signature *Paula Seaman*
PRINT NAME OF REGISTERED OWNER
by *Julia L. Henrichsen* PRINTED NAME OF NOTARY
Title *NOTARY* PRINTED NAME OF NOTARY
DEALERSHIP POSITION/AGENCY/NOTARY AND: County/Office No. OR
Dealer No. OR
Notary Expiration Date *10-8-2001*

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

DATE

Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs.

5 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 # *57101/81*

SIGNATURE / POSITION

DATE

DAVID NAIL

427-8182

TD-420-723 MANUF HOME APPL (P/D/98) OR Page 1 of 2

10/31/00

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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

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 Burlington

Signed or attested

before me on 10/20/00

by

PRINT NAME OF LEGAL OWNER

Signature

NOTARY OR AGENT

by

PRINT NAME OF LEGAL OWNER

PRINTED NAME OF NOTARY

Title

DEALERSHIP POSITION/AGENT/NOTARY

County/Office No. OR

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)

Lot 7, Block 8, Plats of Relocated North Bonneville, recorded in Book B of Plats, Page 16, under Skamania County Rile No. 83466 also recorded in Book B of Plats, Page 32, under Skamania Count. file No. 84429, 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 Send to a Certified Tribal member on the reservation (attach notarized statement of delivery).

9 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)

Sheryl Moser

COUNTY OFFICE/VFS OPERATOR NUMBER

30-01-08

SIGNATURE

Sheryl Moser

DATE

11-21-00

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) 664-8885.