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FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. CLERK

RETURN ADDRESS

Bryan and Julia Henrichsen

PO BOX 441

Stevenson WA. 98648

Nov 21 1 13 PM '00

AUDITOR
GARY M. OLSON

STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
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 4B.12.210)				<input checked="" type="checkbox"/> TITLE ELIMINATION	
				<input type="checkbox"/> TRANSFER IN LOCATION	
				<input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
Z24167	1980	EMBSY	60 X 14	9472	
2 LAND					
LEGAL DESCRIPTION ON PAGE 2					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 02-07-20-3-4-0700-00					
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.		ZIP CODE 98648	
NAME OF LEGAL OWNER US BANK					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS 3000 Leadenhall Road					
CITY Mt. Laurel		STATE NJ		ZIP CODE 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 <i>Bryan R. Henrichsen</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Julia L. Henrichsen</i>					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
PAULA SEAMAN COMMISSION EXPIRES OCTOBER 8, 2001 NOTARY PUBLIC STATE OF WASHINGTON		State of Washington County of Skamania Signed or attested before me on 8.31.00 by Bryan R. Henrichsen Signature of Paula Seaman PRINT NAME OF REGISTERED OWNER by Julia L. Henrichsen Signature of Paula Seaman PRINT NAME OF REGISTERED OWNER Title 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: <input type="checkbox"/> the manufactured home has been affixed to the real property as described. <input type="checkbox"/> 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 #	
DAVID NAIL		427-8182		672 (1981)	
SIGNATURE / POSITION		DATE			
<i>David Nail City Building Inspector</i>		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 <u>[Signature]</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
		State of <u>New Jersey</u> County of <u>Burlington</u>		Signed or attested before me on <u>10/20/00</u>	
		by <u>[Signature]</u> PRINT NAME OF LEGAL OWNER		Signature <u>[Signature]</u> NOTARY OR AGENT	
		by <u>[Signature]</u> PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY <u>Kathleen Wilde</u>	
		Title _____ DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR <u>924104</u> 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 County Rile 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		
<input type="checkbox"/> USE TAX EXEMPT Sales 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) <u>Angela Mose</u>			COUNTY OFFICE/VEH OPERATOR NUMBER <u>30-01-08</u>		
SIGNATURE <u>[Signature]</u>			DATE <u>11-21-00</u>		
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.