

139538

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

Nov 1 11 19 AM '00

Amosee
AUDITOR
GARY M. OLSON

RETURN ADDRESS

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)	
	2001	Evergreen	56 X 26'8"	2336	
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 03-75-36-3-2-2090-00					
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
1		Ridge view Tracts			
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					
CALVIN E. BEARD					
NAME OF ADDITIONAL REGISTERED OWNER					
ROBIN L. BEARD					
ADDRESS		CITY	STATE	ZIP CODE	
PO Box 369		Carson	W.	98610	
NAME OF LEGAL OWNER					
RIVERVIEW COMMUNITY BANK					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS		CITY	STATE	ZIP CODE	
PO Box 1068		Camas	WA	98607	
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					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
State of Washington County of Skamania		Signed or attested before me on June 28-00			
Notary Public State of Washington JAMES R COPELAND, JR MY COMMISSION EXPIRES September 13, 2003		Signature NOTARY FOR AGENT James R. Copeland PRINTED NAME OF NOTARY AND: County/Office No. OR 9-17-00 Dealer No. OR Notary Expiration Date			
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 checked="" type="checkbox"/> the manufactured home has been affixed to the real property as described.					
<input checked="" 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		509-487-5970		00-035	
SIGNATURE / POSITION				DATE	
David Nail					

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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>Jack McKenzie UP</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
Notary Public State of Washington JAMES R COPELAND, JR MY COMMISSION EXPIRES September 13, 2008		State of Washington		Signed or attested before me on <u>10-26-00</u>	
		County of <u>Skamania</u>		Signature <u>[Signature]</u>	
		PRINT NAME OF LEGAL OWNER _____		NOTARY OR AGENT	
		PRINT NAME OF LEGAL OWNER _____		PRINTED NAME OF NOTARY <u>James R. Copeland Jr</u>	
Title <u>Notary</u>		DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR <u>9-13-05</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)					
A portion of Lot 1 Ridge View Tracts according to the recorded plat thereof, recorded in Book A of Plats, Page 150, in the County of Skamania State of Washington, described as follows: Lot 2 of the Short Plat, recorded in Book T of Short Plat, Page 17, Skamania County Records. Except that portion lying within Road.					
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 PRINT - L)			WA DEALER NUMBER	DATE OF SALE	
PURCHASE PRICE	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGNATURE			
<input type="checkbox"/> USE TAX EXEMPT Sale 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 Moser</u>			COUNTY OFFICE/VFS OPERATOR NUMBER <u>30-01-08</u>		
SIGNATURE <u>[Signature]</u>			DATE <u>11-1-00</u>		
10 TITLE FEES					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX
<p>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.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>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.</p> </div> <p>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.</p>					

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.

SIGNATURE OF LEGAL OWNER	
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 _____	Signed or attested before me on _____
by _____ PRINT NAME OF LEGAL OWNER	Signature _____ NOTARY OR AGENT
by _____ PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY County/Office No. OR AND: Notary Expiration Date _____
Title _____ DEALER/NOTARY POSITION/AGENCY	
LAND DESCRIPTION (A legal description of the land can be obtained from the local County Auditor's Office)	
DEALER'S REPORT OF SALE	
I CERTIFY THAT THE INFORMATION IS CORRECT. THE VEHICLE IS CLEAN OF ENCUMBRANCES EXCEPT AS SHOWN. ANY REQUIRED SALES TAX HAS BEEN COLLECTED.	
DEALER NAME (TYPE OR PRINT)	DATE OF SALE
IDEAL Homes	DA022 04/9/00
PURCHASE PRICE	TAX ADJUSTMENT/DATE
52,219.52	04/09/00
<input type="checkbox"/> USE TAX EXEMPT State to a Certified Title holder on the reservation (attach notarized statement of delivery).	
VAL: (Print for use by Subsequent)	
correctly, and the application has sufficient documentation to proceed with:	
COUNTY OFFICIAL'S SIGNATURE/REASON	
DATE	
ELIMINATION FEE	
LISE FEE	
STAGERY FEE	
TOTAL FEE & TAX	
<p>per-ter need to fill in and sign all of #8. Required by WA St. DMV.</p>	
<p>approved by the County Auditor / Vehicle return form to the County Recording Office, if paid. If the Recording Office returns only a certified copy of the recorded form.</p>	
<p>Manufactured Home licensing subsequent change a service fee.</p>	
<p>it return to a Vehicle Licensing office to file the application, paying all required fees. Vehicle licensing subsequent change a service fee.</p>	
<p>For full instructions on completing this form for Title Elimination, Removal from Real Property or Transfer in Location, see form TD-430-730, Manufactured Home Application Instructions.</p>	

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If you need special accommodations, please call (206) 802-3800 or TDD (206) 804-8885.