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BOOK 204 PAGE 72

RETURN ADDRESS

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

Nov 1 11 27 AM '00

GARY M. OLSON
AUDITOR

STATE OF WASHINGTON
Licensing
Department of

MANUFACTURED HOME APPLICATION

PLEASE CHECK ONE
☒ TITLE ELIMINATION
☐ TRANSFER IN LOCATION
☐ REMOVAL FROM REAL PROPERTY

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 48.12.210)

1 MANUFACTURED HOME
 1000 PLATE NUMBER YEAR MAKE LENGTH/WIDTH (FEET) VEHICLE IDENTIFICATION NUMBER (VIN)
 2000 Palm Harbor 48 X 41 PH204347A

2 LAND
 LEGAL DESCRIPTION ON PAGE 2
 MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVED
 REAL PROPERTY TAX PARCEL NUMBER 05-08-21-2-0-1600-00

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)
 COUNTY NUMBER 30 NUMBER OF REGISTERED OWNERS 2 NUMBER OF LEGAL OWNERS 1
 NAME OF REGISTERED OWNER Marshall Skaar
 NAME OF ADDITIONAL REGISTERED OWNER Janet Skaar
 ADDRESS 121 Barnes Road CITY Carson STATE WA ZIP CODE 98610
 NAME OF LEGAL OWNER CONSECO FINANCIAL SERVICING CORPORATION DOL # 601628402
 NAME OF ADDITIONAL LEGAL OWNER

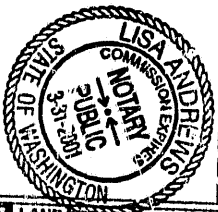
GRANTEE
 NAME P.O. BOX 3290 CITY FEDERAL WAY STATE WA ZIP CODE 98023

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE
 State of Washington County of Skamania
 by Marshall Skaar
 by Janet Skaar
 PRINT NAME OF REGISTERED OWNER
 Title Notary
 DEALERSHIP POSITION/AGENT/NOTARY
 Signature of Registered Owner and Title, IF APPLICABLE
 Signature of Additional Registered Owner and Title, IF APPLICABLE
 Signed or attested before me on 10.8.2001
 Signature Paula Seaman
 NOTARY OR AGENT
 PRINTED NAME OF NOTARY Paula Seaman
 County/Office No. OR 10.8.01
 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)
 SIGNATURE / POSITION
 DATE
 TITLE COMPANY / PHONE NUMBER

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) Markon Morat
 SIGNATURE / POSITION
 BUILDING PERMIT OFFICE / PHONE # 509-427-9484
 BUILDING PERMIT # 121-00
 DATE 10-24-00

TD-420-720 MANUF HOME APPL (FV-08) ON Page 1 of 2

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>X Chris Finn of CFSC</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
		State of Washington		Signed or attested before me on <u>5/30/08</u>	
		County of <u>King</u>			
		by <u>Conseco Financial</u>		Signature <u>Bria Andrew</u>	
		PRINT NAME OF LEGAL OWNER		NOTARY OR AGENT	
by _____		PRINT NAME OF NOTARY		<u>Lisa Andrews</u>	
Title <u>Notary</u>		DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR <u>3-31-09</u>	
7. LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
Lots 4 & 5 Chester R. Nelson according to the recorded plat thereof recorded in Book A of Plat, Page 111, in the County of Skamania, State of 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	
<u>Palm Harbor Village</u>		<u>601-614-124</u>		<u>6-2-00</u>	
PURCHASE PRICE	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGNATURE			
<u>95,830.-</u>	<u>7.90</u>	<u>[Signature]</u>			
☒ 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)		COUNTY OFFICE/VS OPERATOR NUMBER			
<u>Angela Moser</u>		<u>30-01-08</u>			
SIGNATURE		DATE			
<u>Angela Moser</u>		<u>11-1-00</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) 664-6000 or TDD (360) 664-8885.