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BOOK 204 PAGE 72

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

Nov 1 11 27 AM '00
AUDITOR
GARY M. OLSON

RETURN ADDRESS

STATE OF WASHINGTON Department of **Licensing**

MANUFACTURED HOME APPLICATION

PLEASE CHECK ONE
- [X] 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 46.12.210)

1 MANUFACTURED HOME

TPO / 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 [X] AFFIXED [ ] REMOVED

REAL PROPERTY TAX PARCEL NUMBER: 03-08-21-2-0-1600-00

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
4 & 5		Chester Nelson	

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: 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:

ADDRESS: P.O. BOX 3290 — CITY: FEDERAL WAY — STATE: WA — ZIP CODE: 98023

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: X Marshall O Skaar

Signature of Additional Registered Owner and Title, IF APPLICABLE: X Janet M. Skaar

NOTARY SEAL OR STAMP: PAULA SEAMAN COMMISSION EXPIRES OCTOBER 8 2001 NOTARY PUBLIC STATE OF WASHINGTON

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of Skamania — Signed or attested before me on 10.8.2001

by Marshall Skaar (PRINT NAME OF REGISTERED OWNER) — Signature Paula Seaman

by Janet Skaar (PRINT NAME OF REGISTERED OWNER) — NOTARY OR AGENT Paula Seaman

Title Notary (DEALERSHIP/POSITION/AGENT/NOTARY) — PRINTED NAME OF NOTARY

AND: County/Office No. OR Dealer No. OR Notary Expiration Date 10.8.01

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:
- [X] 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 #
Marlon Morat	509427-9484	121-00

SIGNATURE / POSITION: Marlon Morat, Building Inspector — DATE: 10-24-00

TD-420-728 MANUF HOME APPL (R/B/98)OR Page 1 of 2

8 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 X Ana Rivera for CFSC

Signature of Additional Legal Owner and Title, IF APPLICABLE _____

NOTARY SEAL OR STAMP

LISA ANDREWS NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES 3-31-2001

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington County of King

Signed or attested before me on 5/30/00

by Conseco Financial PRINT NAME OF LEGAL OWNER Signature Rhoda Andrews NOTARY OR AGENT

by _____ PRINT NAME OF LEGAL OWNER

Lisa Andrews PRINTED NAME OF NOTARY

Title Notary DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. OR Dealer No. OR 3-31-01 Notary Expiration Date

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.

18 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
Palm Harbor Village	601-614-424	6-2-00

PURCHASE PRICE	TAX JURISDICTION/TAX RATE	DEALER'S AUTHORIZED SIGNATURE
95,830.-	7%	Judy L. Conner

☐ USE TAX EXEMPT Sale to a Certified Tribal member of 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/VFS OPERATOR NUMBER
Angela Moser	30-01-08
SIGNATURE	**DATE**
Angela Moser	11-1-00

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.