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FILED FOR RECORD
SKAMANIA, WASH
BY Vicki Ehrgood

APR 5 9 32 AM '01

AMOS
AUDITOR
GARY M. OLSON

RETURN ADDRESS

Vicki Ehrgood

P.O. Box 434

North Bonneville, WA 98639

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 46.12.210)				<input type="checkbox"/> TITLE ELIMINATION	
				<input type="checkbox"/> TRANSFER IN LOCATION	
				<input checked="" type="checkbox"/> REMOVAL FROM REAL PROPERTY	
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
0003316	1990	LIBER	56 X 14	09L24175	
2 LAND					
MANUFACTURED HOME WILL BE <input type="checkbox"/> AFFIXED <input checked="" type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER	
				02-07-20-0-0-0220-00	
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
6		Green Acres Subdivision		20, T2N, R6E	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
30	2				
NAME OF REGISTERED OWNER					
Ehrgood, Vicki Maye					
NAME OF ADDITIONAL REGISTERED OWNER					
Ehrgood, Ronald L.					
ADDRESS					
P.O. Box 434					
CITY					
North Bonneville					
STATE					
WA					
ZIP CODE					
98639					
NAME OF LEGAL OWNER					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS					
CITY					
STATE					
ZIP CODE					
GRANTEE					
NAME					
State of Washington, Dept 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 Vicki & Ehrgood					
Signature of Additional Registered Owner and Title, IF APPLICABLE Ronald L. Ehrgood					
NOTARY SEAL OR STAMP					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington					
County of Skamania					
Signed or attested before me on June 3, 2001					
by Vicki & Ronald L. Ehrgood					
PRINT NAME OF REGISTERED OWNER					
Signature					
NOTARY OR AGENT					
by Vi					
PRINT NAME OF REGISTERED OWNER					
PRINTED NAME OF NOTARY					
Title Agent					
DEALERSHIP POSITION/AGENT/NOTARY					
AND: County/Office No. OR 30-01-08					
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)					
Lee Roy Parce 1					
TITLE COMPANY / PHONE NUMBER					
Clark County Title 360-694-4722					
SIGNATURE / POSITION					
DATE					
6-23-2000					
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 #					
SIGNATURE / POSITION					
DATE					

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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		Signed or attested before me on _____			
County of _____		by _____ Signature _____			
by _____		NOTARY OR AGENT			
PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY			
by _____		County/Office No. OR			
PRINT NAME OF LEGAL OWNER		Dealer No. OR			
Title _____		Notary Expiration Date _____			
DEALERSHIP POSITION/AGENT/NOTARY		AND: _____			
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
Lot 6 of the Green Acres Subdivision according to the recorded Plat thereof, record in Book B of plates, Page 82, 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 _____	
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) _____		COUNTY OFFICE/FS OPERATOR NUMBER _____			
SIGNATURE _____		30-01-08		DATE _____	
Angela Moser		4-4-01		DATE _____	
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.