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BOOK 209 PAGE 40

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

RETURN ADDRESS

MAY 1 4 03 PM '01

AUDITOR  
GARY M. OLSON

<b>STATE OF WASHINGTON</b> <b>Department of Licensing</b>		<b>MANUFACTURED HOME APPLICATION</b>		<b>PLEASE CHECK ONE</b> <input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> 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)					
<b>1 MANUFACTURED HOME</b> TPO / PLATE NUMBER: <u>2011716</u> YEAR: <u>1972</u> MAKE: <u>Brock</u> LENGTH/WIDTH (FEET): <u>24 X 52</u> VEHICLE IDENTIFICATION NUMBER (VIN): <u>3741</u>					
<b>2 LAND</b> LEGAL DESCRIPTION ON PAGE <u>2</u> MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED REAL PROPERTY TAX PARCEL NUMBER: <u>03-08-21-2-0-3100-00</u>					
LOT <u>2</u>	BLOCK <u>1</u>	PLAT NAME <u>Evergreen Acres</u>	SECTION/TOWNSHIP/RANGE		
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b> COUNTY NUMBER: <u>30</u> NUMBER OF REGISTERED OWNERS: <u>2</u> NUMBER OF LEGAL OWNERS: <u>1</u>					
NAME OF REGISTERED OWNER: <u>Karl D. Elliott</u>					
NAME OF ADDITIONAL REGISTERED OWNER: <u>Lori J. Elliott</u>					
ADDRESS: <u>PO Box 333</u> CITY: <u>Codon</u> STATE: <u>WA</u> ZIP CODE: <u>98610</u>					
NAME OF LEGAL OWNER: <u>Riverview Community Bank</u>					
NAME OF ADDITIONAL LEGAL OWNER:					
ADDRESS: <u>PO Box 1068</u> CITY: <u>Gamas</u> STATE: <u>WA</u> ZIP CODE: <u>98607</u>					
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: <u>Karl D. Elliott</u>					
Signature of Additional Registered Owner and Title, IF APPLICABLE: <u>Lori J. Elliott</u>					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
Notary Public State of Washington <b>JAMES R COPELAND, JR</b> MY COMMISSION EXPIRES September 13, 2003		State of Washington County of <u>Skamania</u> Signed or attested before me on <u>4-2-01</u> Signature: <u>[Signature]</u> NOTARY OR AGENT PRINTED NAME OF NOTARY: <u>[Name]</u> AND: County/Clerk No. OR <u>9-13-03</u> Dealer No. OR Notary Expiration Date			
<b>4 TITLE COMPANY CERTIFICATION</b> 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.					
<b>5 BUILDING PERMIT OFFICE CERTIFICATION</b> I certify that: <input checked="" 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): <u>Marlon Morat</u> BLDG PERMIT OFFICE/PHONE #: <u>509-427-9484</u> BLDG PERMIT #: _____					
SIGNATURE / POSITION: <u>[Signature]</u> Building Inspector DATE: <u>4-27-01</u>					

<b>6 SIGNATURE OF LEGAL OWNER</b>			
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.			
Signature of Legal Owner and Title, IF APPLICABLE		<i>Harry L. McKenzie VP</i>	
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 <b>JAMES R COPELAND, JR</b> MY COMMISSION EXPIRES September 13, 2003	State of Washington County of <u>Skamania</u>	Signed or attested before me on <u>4-30-01</u>	
	by <u>Harry L. McKenzie</u> PRINT NAME OF LEGAL OWNER	Signature <u>[Signature]</u> NOTARY OR AGENT	
	by <u>JAMES R. COPELAND JR</u> PRINT NAME OF LEGAL OWNER	Signature <u>JAMES R. COPELAND JR</u> PRINT NAME OF NOTARY	
	Title <u>Notary</u> DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR Dealer No. OR Notary Expiration Date <u>9-13-03</u>	
<b>7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)</b>			
Lot 2, Block 1, EVERGREEN Acres, according to the plat thereof, recorded in Book A, Page 142, in the County of Skamania, State of Washington.			
<b>8 DEALER'S REPORT OF SALE</b>			
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"/> <b>USE TAX EXEMPT</b> Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery).			
<b>9 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Subagents)</b>			
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/FS OPERATOR NAME <u>30-01-08</u>	
SIGNATURE <u>Angela Moser</u>		DATE <u>5-1-01</u>	
<b>10 TITLE FEES</b>			
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE
			USE TAX
			SUBAGENT FEES
			TOTAL FEES & TAX
<p><b>IMPORTANT:</b> 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> <p><b>APPLICANTS:</b> Once recorded, you must return to a Vehicle Licensing office to file the Manufactured Home Application, paying all required fees. Vehicle licensur, subagents charge 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-420-730, Manufactured Home Application Instructions.</p>			