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BOOK 210 PAGE 368

FILED FOR RECORD
SKAMANIA CO WASH
BY Doris Donald

MAY 29 1 33 PM '01

Amusee
AUDITOR
GARY M. OLSON

RETURN ADDRESS

Doris Donald
201 Yule Rd.
Washougal, Wa. 98671

STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE <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 48.12.210)					
1 MANUFACTURED HOME					
TRAILER / PLATE NUMBER @18407	YEAR 1975	MAKE HOMET	LENGTH/WIDTH (FEET) 48 X 24	VEHICLE IDENTIFICATION NUMBER (VIN) 03910260J	
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 02-05-19-0-0-0201-00	
LOT 2	BLOCK	PLAT NAME Corrine V. Yule		SECTION/TOWNSHIP/RANGE 19/2/5	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER 30	NUMBER OF REGISTERED OWNERS 2		NUMBER OF LEGAL OWNERS 2		
NAME OF REGISTERED OWNER Doris E. Donald					
NAME OF ADDITIONAL REGISTERED OWNER Rodger D. Donald					
ADDRESS 201 Yule Rd		CITY Washougal	STATE WA	ZIP CODE 98672	
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 ARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:					
Signature of Registered Owner and Title, IF APPLICABLE <u>Rodger D. Donald</u>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <u>Doris E. Donald</u>					
NOTARY SEAL OR STAMP					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington County of <u>Skamania</u>		Signed or attested before me on <u>May 15, 2001</u>			
by <u>Rodger D. Donald</u> PRINT NAME OF REGISTERED OWNER		Signature <u>Gary M. Olson</u> NOTARY OR AGENT			
by <u>Doris E. Donald</u> PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OR <u>30-01-08</u> Notary Expiration Date			
Title <u>Agent</u> DEALERSHIP POSITION/AGENT/NOTARY		AND:			
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 type="checkbox"/> a building permit has been issued for this purpose and the attachment will be inspected upon completion.					
NAME (TYPED OR PRINTED) Marlon Micrat		BLDG PERMIT OFFICE/PHONE # 509-427-9484		BLDG PERMIT #	
SIGNATURE / POSITION Marlon Micrat, Building Inspector		DATE 5-21-01			

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>Doris E. Donnell</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE <u>Rodger D Donnell</u>					
NOTARY SEAL OR STAMP		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 Dealer No. OR Notary Expiration Date	
		Title _____ 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 2 of Corrine V. Yule short plat as recorded in Book 2 of Short Plats at page 111, records of Skamania County, 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) <u>Angela Moser</u>			COUNTY OFFICE/VFS OPERATOR NUMBER <u>30-01-08</u>		
SIGNATURE <u>Angela Moser</u>			DATE <u>5-21-01</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: 10px 0;"> <p>APPLICANT/S: 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.