141635

BOOK 212 PAGE 137

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

JUL 9 10 05 AM '01
A Moser
AUDITOR
GARY M. OLSON

RETURN ADDRESS

STATE OF WASHINGTON Department of **Licensing**

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 46.12.210)

1 MANUFACTURED HOME

TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
	2001	Hickory	56.5 X 27	ORFL148A28038-HI13

2 LAND

LEGAL DESCRIPTION ON PAGE ____

MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVED

REAL PROPERTY TAX PARCEL NUMBER: 03-08-28-2-2-0402-00

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
3		Cliff's Meadow Tracts	

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
BRYAN J. CHARLTON

NAME OF ADDITIONAL REGISTERED OWNER
LILA L. CHARLTON

ADDRESS	CITY	STATE	ZIP CODE
PO Box 513	Carson	WA	98610

NAME OF LEGAL OWNER
NATIONAL CITY MORTGAGE COMPANY

NAME OF ADDITIONAL LEGAL OWNER

ADDRESS	CITY	STATE	ZIP CODE
1 SW COLUMBIA STREET STE 440	PORTLAND	OR	97258

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: Bryan J Charlton

Signature of Additional Registered Owner and Title, IF APPLICABLE: Lila L Charlton

NOTARY SEAL OR STAMP

Notary Public
State of Washington
JAMES R COPELAND, JR.
MY COMMISION EXPIRES
September 13,2003

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington
County of Skamania

Signed or attested before me on May 16, 2001

by ____ PRINT NAME OF REGISTERED OWNER

Signature ____ NOTARY OR AGENT

PRINTED NAME OF NOTARY: James R. Copeland JR

Title Notary DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. OR Dealer No. OR Notary Expiration Date 9-13-03

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:
☒ 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	509-427-9484	41-01

SIGNATURE / POSITION: Marlon Morat, Building Inspector — DATE: 6-26-01

TD-420-339 MANUF HOME APPL (FW)(06)OR Page 1 of 2

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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 X Lisa Hoffman - Commonwealth United

Signature of Additional Legal Owner and Title, IF APPLICABLE

NOTARY SEAL OR STAMP

OFFICIAL SEAL
RHONDA HARMON
NOTARY PUBLIC-OREGON
COMMISSION NO. 332787
MY COMMISSION EXPIRES MARCH 19, 2004

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington, County of Oregon, Multnomah

Signed or attested before me on 5/17/01

by Lisa Hoffman for Commonwealth United
PRINT NAME OF LEGAL OWNER

Signature Rhonda Harmon
NOTARY OR AGENT

by
PRINT NAME OF LEGAL OWNER

Rhonda Harmon
PRINTED NAME OF NOTARY

Title Notary
DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. OR Dealer No. OR Notary Expiration Date 3-19-04

7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office

Lot 3 of the Cliffs Meadow Tracts, according to the recorded plat thereof recorded in Book B of Plats, Page 86, in teh 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

☐ 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/VFS OPERATOR NUMBER
Angela Moser	30-01-08
SIGNATURE Angela Moser	DATE 7-9-01

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.

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Signature of Legal Owner and Title, IF APPLICABLE X Lisa Hoffman Commonwealth United

Signature of Additional Legal Owner and Title, IF APPLICABLE

NOTARY SEAL OR STAMP

OFFICIAL SEAL
RHONDA HARMON
NOTARY PUBLIC-OREGON
COMMISSION NO. 332787
MY COMMISSION EXPIRES MARCH 19, 2004

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington Oregon
County of Multnomah

Signed or attested before me on 5/17/01

by Lisa Hoffman for Commonwealth United
PRINT NAME OF LEGAL OWNER

Signature Rhonda Harmon
NOTARY OR AGENT

by
PRINT NAME OF LEGAL OWNER

Rhonda Harmon
PRINTED NAME OF NOTARY

Title Notary
DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. OR Dealer No. OR

Notary Expiration Date 3-19-04

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DEALER NAME (TYPED OR PRINTED)

Columbia Grace Affordable Homes Inc

WA DEALER NUMBER 1430

DATE OF SALE 2-15-01

PURCHASE PRICE 46,854.00

TAX JURISDICTION/TAX RATE 7%

DEALER'S AUTHORIZED SIGNATURE

USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery).

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NAME (TYPED OR PRINTED)

COUNTY OFFICE/VFS OPERATOR NUMBER

SIGNATURE

DATE

10 TITLE FEES

FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES