

FILED FOR RECORD  
SKAMIA CO. WASH

BY Tracy Johnson

Aug 3 10 47 AM '01

U. Bartels

AUDITOR  
GARY M. OLSON

## RETURN ADDRESS

Keith Johnson  
82 Salmon Falls Rd.  
Ottstergal, WA 98671

☒ Inspected  
☒ Measured  
☒ Indexed  
☒ Filed  
☒ Registered

STATE OF WASHINGTON Department of <b>Licensing</b>		<b>MANUFACTURED HOME APPLICATION</b>		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 checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
<b>1 MANUFACTURED HOME</b>					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
+91853	1986	Hestwood	66 X 28	#WAFL 2AF316316 249	
<b>2 LAND</b>					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				REAL PROPERTY TAX PARCEL NUMBER	
				010510 000600 00	
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
			10/1 North / SE		
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
30	2		2		
NAME OF REGISTERED OWNER					
Keith D. Johnson Jr.					
NAME OF ADDITIONAL REGISTERED OWNER					
Tracy A. Johnson					
ADDRESS CITY STATE ZIP CODE					
82 Salmon Falls Rd. Ottstergal, WA 98671					
NAME OF LEGAL OWNER					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS CITY STATE ZIP CODE					
GRANTEE					
NAME					
STATE OF WASHINGTON					
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 <input checked="" type="checkbox"/> Keith D. Johnson Jr.					
Signature of Additional Registered Owner and Title, IF APPLICABLE <input checked="" type="checkbox"/> Tracy A. Johnson					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
ELIZABETH A. FILION STATE OF WASHINGTON NOTARY — PUBLIC My Commission Expires Nov. 4, 2003		State of Washington County of Clark Signed or attested before me on 8/1/01 by Keith D. Johnson, Jr. Signature Elizabeth A. Filion PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT by Tracy A. Johnson Signature Elizabeth A. Filion PRINT NAME OF REGISTERED OWNER Title Br. Mgr. AND: County/Office No. OR DEALERSHIP POSITION/AGENT (NOTARY) Dealer No. OR 11-4-2003 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)		BLDG PERMIT OFFICE/PHONE #		BLDG PERMIT #	
Marlon Morat		509-427-9484			
SIGNATURE / POSITION		DATE			
Marlon Morat		Building Inspector		8-3-01	

<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 _____					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP		<b>NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE</b>			
		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 _____	
		Title _____ DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. OR Notary Expiration Date _____	
<b>7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)</b>					
Sec 10, T1N, R5 EWM Complete legal on page 3					
<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) <i>Angela Moser</i>			COUNTY OFFICE/VFS OPERATOR NUMBER <i>30-01-08</i>		
SIGNATURE <i>Angela Moser</i>			DATE <i>8-3-01</i>		
<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> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <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 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.



## MANUFACTURED HOME APPLICATION ADDITIONAL ATTACHMENT

### Legal Description of Land

Use this form when a legal description from the county is not legible, and/or a statutory warranty deed is not available, to provide the legal description of the land. This form must be recorded with the Manufactured Home Application and a certified copy presented to a vehicle licensing agency as part of the supporting documentation for a Manufactured Home application.

CHECK THE TYPE OF APPLICATION:

- ☒ Title Elimination  
☐ Removal From Real Property  
☐ Transfer In Location

LAND: PROPERTY TAX PARCEL NUMBER:

0105100026000

LEGAL DESCRIPTION:

Commencing at the SW corner of the following described property: The Northeast Quarter of the Northwest Quarter (NE4NW4) of Section 10, T1N, R5 E.7.M. EXCEPTING that portion thereof lying easterly of the county road designated as St. Hwy. No. 8 on June 17, 1919, as conveyed to Alack Martelli by deed recorded at Pg. 336 of Book "R" of Deeds. AND ACCEPTING that portion lying westerly of that certain county road known and designated as Cape Horn Cut-Off Rd. SUBJECT to mineral rights to the State of Washington. ALSO SUBJECT to Bonneville-Camas-Vancouver right of way if applicable. (Power Lines) ALSO SUBJECT to any timber contracts. THENCE North along said Cape Horn Cut-Off Road 500 ft.; thence in an easterly direction to a point directly north of the westerly right of way of State Highway No. 120; thence south 550 ft.; thence west to the POB.