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BOOK 213 PAGE 275

FILED FOR RECORD
SKAMAHIA CO. WASH.
BY SKAMAHIA CO. TILL

RETURN ADDRESS

Aug 8 11 08 AM '01

GARY M. OLSON
AUDITOR

Exp. Date
Issued By
Audited By
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Noted By

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 4B.12.210)					
1 MANUFACTURED HOME					
TPO / PLATE NUMBER +18355	YEAR 1973	MAKE Shelb	LENGTH/WIDTH(FEET) 56 X 24	VEHICLE IDENTIFICATION NUMBER (VIN) 1S3921	
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 02-0*-20-3-4-2200-00					
LOT 22	BLOCK 8	PLAT NAME Relocated N. Bonneville		SECTION/TOWNSHIP/RANGE	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER 30	NUMBER OF REGISTERED OWNERS 2		NUMBER OF LEGAL OWNERS 1		
NAME OF REGISTERED OWNER David Foster					
NAME OF ADDITIONAL REGISTERED OWNER Heidi Foster					
ADDRESS CITY STATE ZIP CODE PO Box 138 North Bonneville WA 98639					
NAME OF LEGAL OWNER Riverview Community Bank					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS CITY STATE ZIP CODE PO Box 1068 Camas WA 98610					
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					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
Notary Public State of Washington JAMES R COPELAND JR MY COMMISSION EXPIRES September 13, 2003		State of Washington County of Skamania Signed or attested before me on 8-1-01		Signature JAMES R COPELAND JR PRINTED NAME OF NOTARY AND: County/Office No. OR Dealer No. OR 8-17-01 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)		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 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) DAVE NAIL		BLOG PERMIT OFFICE/PHONE #		BLOG PERMIT #	
SIGNATURE / POSITION Dave Nail City Building Inspector				DATE 8/7/01	

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>Tim S. McKenzie</u>					
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 JAMES R COPELAND, JR MY COMMISSION EXPIRES September 13, 2003		State of Washington County of <u>Skamania</u>		Signed or attested before me on <u>July 31, 2001</u>	
		NAME OF LEGAL OWNER _____		Signature <u>J R Cope</u>	
		NAME OF LEGAL OWNER _____		Signature <u>James R. Cope</u>	
		DEALERSHIP POSITION/AGENCY/NOTARY _____		AND: County/Office No. OR Dealer No. OR Notary Expiration Date <u>9-13-03</u>	
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office.)					
Lot 22, Block 8, PLAT OF RELOCATED NORTH BONNEVILLE, recorded in Book 7 of Plats, Page 16, Skamania County File No. 83466, also recorded in Book 2 of Plats, Page 32, Skamania County File No. 84429, 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) <u>Angela Niose</u>				COUNTY OFFICE/VFS OPERATOR NUMBER <u>30-01-08</u>	
SIGNATURE <u>Angela Niose</u>				DATE <u>8-8-01</u>	
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.