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BOOK 213 PAGE 277

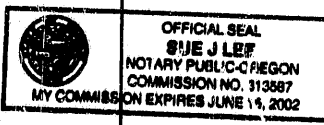
FILED FOR RECORD
SKAMANIA CO. WASH.
BY SKAMANIA CO. TITLE

RETURN ADDRESS

AUG 8 1 36 PM '01

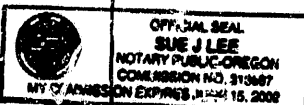
Moser
AUDITOR
GARY M. OLSON

| | | | | | |
|--|-----------------------------|--|---|---|--|
| 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 46.12.210) | | | | | |
| 1 MANUFACTURED HOME | | | | | |
| TPO / PLATE NUMBER | YEAR | MAKE | LENGTH/WIDTH(FEET) | VEHICLE IDENTIFICATION NUMBER (VIN) | |
| | 2001 | Greenhriar | 44 X 28 | 2191-0350-N AB | |
| 2 LAND | | | | | |
| MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED | | | REAL PROPERTY TAX PARCEL NUMBER 04-07-27-0-0-0802-00 | | |
| LOT | BLOCK | PLAT NAME | SECTION/TOWNSHIP/RANGE | | |
| 2 | | Walter Morat Short Plat | | | |
| 3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) | | | | | |
| COUNTY NUMBER | NUMBER OF REGISTERED OWNERS | | NUMBER OF LEGAL OWNERS | | |
| 30 | 1 | | 1 | | |
| NAME OF REGISTERED OWNER Clay Moser | | | | | |
| NAME OF ADDITIONAL REGISTERED OWNER | | | | | |
| ADDRESS P.O. Box 134 401 Hatten Road | | | | | |
| CITY | | STATE | | ZIP CODE | |
| Carson | | WA | | 98610 | |
| NAME OF LEGAL OWNER Washington Mutual | | | | | |
| NAME OF ADDITIONAL LEGAL OWNER | | | | | |
| ADDRESS 5285 SW Meadows Road STE 451 | | | | | |
| CITY | | STATE | | ZIP CODE | |
| Lake Oswego | | OR | | 97035 | |
| GRANTEE | | | | | |
| NAME | | | | | |
| DEPARTMENT 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>Clay Moser</u> | | | | | |
| 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 <u>Skamania</u> Signed or attested before me on <u>8-14-00</u> Signature <u>Clay Moser</u> PRINT NAME OF REGISTERED 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> | | | |
| 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) | | BLDG PERMIT OFFICE/PHONE # | | BLDG PERMIT # | |
| Morton Morat | | 509-432-9484 | | 89-00 | |
| SIGNATURE / POSITION | | DATE | | | |
| Morton Morat, Building Inspector | | 1-4-01 | | | |

| | | | | | |
|--|---------------------------|--|-----------------------------------|--|------------------|
| 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>Suzanne M. Hall</u> | | | | | |
| Signature of Additional Legal Owner and Title, IF APPLICABLE _____ | | | | | |
| NOTARY SEAL OR STAMP | | NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE | | | |
|  | | State of <u>Oregon</u> County of <u>Clackamas</u> | | Signed or attested before me on <u>8/28/00</u> | |
| | | by <u>Suzanne M Hall</u> | | Signature <u>[Signature]</u> | |
| | | by <u>Suzanne M Hall</u> | | Signature <u>Sue J Lee</u> | |
| | | PRINT NAME OF LEGAL OWNER | | PRINTED NAME OF NOTARY | |
| by <u>Suzanne M Hall</u> | | PRINT NAME OF LEGAL OWNER | | Dealer No. OR | |
| Title <u>Operation Manager</u> | | AND: <u>Sue J Lee</u> | | Notary Expiration Date <u>6-15-2002</u> | |
| DEALERSHIP POSITION (AGENT/NOTARY) | | | | | |
| 7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office) | | | | | |
| A tract of land in the Southeast Quarter of the Northeast Quarter of Section 27, Township 4 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows: Lot 2 of the Walter Morat Short Plat, recorded in Book 3 of Short Plat, Page 266, Skamania County Records. | | | | | |
| 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) | | | COUNTY OFFICE/VFS OPERATOR NUMBER | | |
| <u>Angela Moser</u> | | | <u>30-01-08</u> | | |
| SIGNATURE <u>Angela Moser</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 |
| <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> <p>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.</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> | | | | | |

The Department of Licensing has a policy of providing equal access.
If you need special accommodation, please call (360) 22-3600 or 1-800-360-3600.

Vices,
664-8835.

| | | | | | |
|--|---|-----------------|-----------------|---------|------------------|
| 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>Suzanne M. Hall</u> | | | | | |
| Signature of Additional Legal Owner and Title, IF APPLICABLE _____ | | | | | |
| NOTARY SEAL OR STAMP | NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE | | | | |
|  | State of Washington County of <u>Skamania</u> Signed or attested before me on <u>8/23/00</u> | | | | |
| | by <u>Suzanne M. Hall</u> Signature <u>Sue J. Lee</u> | | | | |
| | by <u>Suzanne M. Hall</u> Signature <u>Sue J. Lee</u> | | | | |
| | Title <u>Operation Manager</u> AND: County Office No. OR Notary Expiration Date <u>3-15-2008</u> | | | | |
| LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office) | | | | | |
| A tract of land in the Southeast Quarter of the Northeast Quarter of Section 27, Township 4 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows: Lot 2 of the Walter Morat Short Plat, recorded in Book 3 of Short Plat, Page 266, Skamania County Records. | | | | | |
| 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 (TYPE OR PRINTED) <u>Columbia Mfg. Homes</u> | VEHICLE NUMBER <u>98-0632</u> DATE OF SALE <u>3-2-00</u> | | | | |
| PURCHASE PRICE <u>49,625.00</u> TAX AND COLLECTIONS <u>7%</u> | DEALER'S AUTHORIZED SIGNATURE <u>Michelle Weller</u> | | | | |
| I USE TAX EXEMPT Sale to a Certified Tribal member on the reservation (attach notarized statement of delivery). | | | | | |
| 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 (TYPE OR PRINTED) | COUNTY OFFICE/VEHICLE OPERATOR NUMBER | | | | |
| SIGNATURE | DATE | | | | |
| TITLE FEES | | | | | |
| PLAND 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> <p>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.</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> | | | | | |

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (509) 502-3500 or TDD (360) 694-8665.