

142007

BOOK 213 PAGE 450

FILED FOR RECORD
SKAMANIA CO WASH
BY SKAMANIA CO, TILL

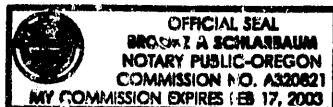
RETURN ADDRESS

Eric Johnson

AUG 14 2 31 PM '01

GARY M. OLSON
AUDITOR

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 48.12.219)		<input checked="" type="checkbox"/> TITLE ELIMINATION		<input type="checkbox"/> TRANSFER IN LOCATION	
		<input type="checkbox"/> REMOVAL FROM REAL PROPERTY			
1. MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	1999	Redmn	50X28	11826080AB	
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 03-08-17-4-0-1801-00					
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
1		Golf A. Knowles			
3. GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
30		1		1	
NAME OF REGISTERED OWNER Eric Johnson					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS					
141 Dillingham Loop Carson WA 91610					
NAME OF LEGAL OWNER WASHINGTON MUTUAL BANK					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS					
5285 SW MEADOWS ROAD SUITE 451 LAKE OSWEGO OR 97035					
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 <i>Eric Johnson</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
State of Washington County of Skamania		Signed or attested before me on November 29, 2000			
Notary Public State of Washington JAMES R COPELAND, JR MY COMMISSION EXPIRES September 13, 2003		Signature <i>James R. Copeland Jr</i> NOTARY OR AGENT PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OH 9-15-01 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 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		233-00	
SIGNATURE / POSITION		DATE			
<i>Marlon Morat</i> Building Inspector		3-6-01			



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>Brock A. Schlarbaum</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>		Signed or attested before me on <u>12-1-00</u>	
		County of <u>Clackamas</u>			
		by _____		Signature <u>Brock A. Schlarbaum</u>	
		PRINT NAME OF LEGAL OWNER		NOTARY OR AGENT	
		by _____		PRINTED NAME OF NOTARY	
		PRINT NAME OF LEGAL OWNER		<u>Brock A. Schlarbaum</u>	
		Title _____		County/Office No. 01	
		DEALERSHIP POSITION/AGENT/NOTARY		AND: Dealer No. OR	
				Notary Expiration Date <u>Feb 17-03</u>	
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 Southwest Quarter of the Southeast Quarter of Section 17, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:					
Lot 1 of the Gary A. Knowles Short Plat, recorded in Book 3 of Short Plats, Page 77, 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		
SIGNATURE			DATE		
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 to its services. If you need special accommodation, please call (360) 902-3600 or TDD (360) 664-8865.