

142008

BOOK 213 PAGE 452

FILED FOR RECORD
SKAMANIA CO. WASH
B SKAMANIA CO. TILLA

RETURN ADDRESS

Misty & Isidro Sanchez

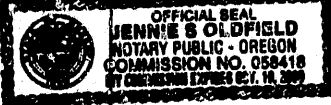
PO BOX 2134

White Salmon, WA. 98672

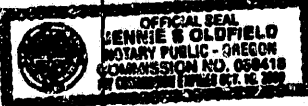
Aug 14 2 48 PM '01

AUDITOR
GARY M. OLSON

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 46.12.210)				<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
1 MANUFACTURED HOME					
TPD / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2000	GreenB	48 X 28	2191-0175-N AB	
2 LAND					
LEGAL DESCRIPTION ON PAGE 3					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 03-10-22-1-1-0198400					
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
1		Paul Short Plat			
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					
Misty Sanchez					
NAME OF ADDITIONAL REGISTERED OWNER					
Isidro Sanchez					
ADDRESS					
PO BOX 2134		White Salmon WA.		STATE 98672 ZIP CODE	
NAME OF LEGAL OWNER					
Washington Federal Savings					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS					
235 E. 3rd Street		The Dalles		STATE OR 97058	
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>Misty Sanchez</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE: <i>Isidro Sanchez</i>					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
		State of Washington County of SKAMANIA Signed or attested before me on 5-24-00 by <i>Misty Sanchez</i> PRINT NAME OF REGISTERED OWNER by <i>Isidro Sanchez</i> PRINT NAME OF REGISTERED OWNER Title <i>Notary</i> DEALERSHIP POSITION/AGENCY/NOTARY			
		Signature <i>Paula Seaman</i> NOTARY OR AGENT PRINTED NAME OF NOTARY County/Office No. OR 10-8-01 AND: Dealer No. OR 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		302-99	
SIGNATURE / POSITION		DATE			
<i>Marlon Morat</i>		8-14-01		By <i>mm</i>	

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>Alicia H. Rundell Manager</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 _____	
		County of <u>Wasco</u>			
		by <u>Alicia H. Rundell Manager</u>		Signature <u>Jennie S. Oldfield</u>	
		PRINT NAME OF LEGAL OWNER		NOTARY OR AGENT	
		by <u>for Washington Federal Savings</u>		<u>Jennie S. Oldfield</u>	
PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY		County/Office No. OR <u>WASCO</u>	
Title _____		AND: Dealer No. OR _____		Notary Expiration Date <u>12-15-01</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 Northeast Quarter of the Northeast Quarter of Section 22, Township 3 North, Range 10 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows: Lot 1 of the Paul Short Plat recorded in Book 3 of Short Plats, Page 351, 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/VS OPERATOR NUMBER		
SIGNATURE			DATE		
10 TITLE FEES					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SURAGENT 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> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <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> </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.

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>Alicia H. Rundell Manager</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 _____	
		County of <u>Wasco</u>			
		by <u>Alicia H. Rundell Manager</u>		Signature <u>Jennie S. Oldfield</u>	
		PRINT NAME OF LEGAL OWNER		NOTARY OR AGENT	
		by <u>for Washington Federal Savings</u>		Signature <u>Jennie S. Oldfield</u>	
		PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY	
		Title _____		County/Office No. OR <u>WA-300</u>	
		IF SALESPERSON, AGENT, OR BROKER		Dealer No. OR _____	
				Notary Registration Date <u>12-10-02</u>	
LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
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)		WA DEALER NUMBER		DATE OF SALE	
<u>Columbia Homes</u>		<u>668-00322</u>		<u>4-9-02</u>	
PURCHASE PRICE	TAX JURISDICTION TAX RATE	DEALER'S AUTHORIZED SIGNATURE			
<u>50265.00</u>	<u>7%</u>	<u>Nichelle Willett</u>			
<input checked="" type="checkbox"/> USE TAX EXEMPT Sale to a Certified Tribal member on this 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/VS OPERATOR NUMBER			
SIGNATURE		DATE			
TITLE FEES					
PLACING FEE	APPLICATION	MOBILE HOME FEE	ILLUMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX
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