## 142008

RETURN ADDRESS

BOOK 23 PAGE 452 FILED FOR RECORD SKAMANIA CO. WASH BERAMANIA CO. WILLA

Aug 14 2 48 PM '01

MIRLY & IRIOTO SANCHEZ	
POBOX_2134	AUDITOR
White Salmon, WA. 98672	GARY M. OLSON
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	- Indirec
	Fined
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MANUFACTURED !	HOME PLEASE CHECK ONE
I APPLICATION	TATITIE EI MINATION R
ICEIDING APPLICATION	LINAMS EN IN LOCATION
Anyone who knowing: / makes a false statement of a material fact is g	uilty PREMOVAL FROM REAL PROPERTY
of a felony, and upon conviction may be punished by a fine, imprison	ment, or both. (RCW 48.12.210)
MANUFACTUREDHOME	
TPO / PLATE NUMBER YEAR MAKE LENGTH/WIDTH(FEET)	The state of the s
2600   GreenB   48   X 28     2 LAND   LEGA	2191-0175-N AB
	PEAL PROPERTY TAX PARCEL NUMBER VI PLAT
MANUFACTURED HOME WILL BE A AFFIXED REMOVED	03-10-22-1-1-0198-00
LOT BLOCK PLAT NAME	SECTION/TOWNSHIP/RANGE
1 Paul SHort Plat	
3 CHANTOR(S) REGISTERED/LEGAL OWNER(S) ADDI COUNTY NUMBER OF REGISTERED OWNERS	TIONAL NAMES ON PAGE  NUMBER OF LEGAL OWNERS
30 2	NUMBER OF LEGAL OWNERS
NAME OF REGISTERED OWNER	
Misty Sanchez	
NAME OF ADDITIONAL REGISTERED OWNER	
Isidro Sanchez	
ADDRESS BOX 2134 White Salmon W	A. STATE ZIP CODE
NAME OF LEGAL OWNER	
Washington Federal Savings	
NAME OF ADDITIONAL LEGAL OWNER	
ADDRE 16 CITY	STATE ZIP CODE
235 E. 3rd Street The Dalles	OR 97058
NAME	
DEPARTMENT OF LICENSING	
I DO SULEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I/W	E AMAIRE THE REGISTERED OWNER(S) OF THIS
VEHICLE AND THIS INFORMATION IS ACCURATE:	Ni D
Signature of Registered Owner and Title, (FAPPLICABLE	/ man dareheis
Signature of Additional Registered Owner and Title, IF APPLICABLEX	ilo Suchoz
MOTERY PRAY OF STRAIN	ON FOR REGISTERED OWNER(S) SIGNATURE
State of Washington CI/ 01/01 0	MAR Signed or attested 5.24.7
County of SCHOCK	before me on
Mistu Sanch	117. WILLOW VOONON 1
NOTARY PRINT NAME OF REGISTEREPOWNER	Signature WOTARY, OR AGENT
of PUBLIC Jaby LSI ONO SINCK	UZ PUULA SEAMAN
PRINT NAME OF REGISTERED OWNER	PRINTED NAME OF NOTABY
Title NU JU	AND: County/Office No. OR 10
DEALERSHIP POSITIONAGENWOOTARY  TITLE COMPANY CERTIFICATION	Notary Expiration Date
certify that the legal description of the land and ownership is true and corre	ct per the real r coperty records
	COMPANY / PHONE NUMBER
SIGNATURE / POSITION	DATE
Finallys this application with a Licensing Agent within to astronomy	
Finalize this application with a Licensing Agent within 10 calendar days  BUILDING PERMIT OFFICE CERTIFICATION	
	property as described.
	The same and the s
NAME (TYPLE) OR PRINTED) BLDG PERMIT OFFICE/PHON	E # BLDG PERMIY #
Marion Morat 509-427	- 9484 303-99
May low Mona & Rulling Tre	portor 8-14-01 Rulling
0-420-729 MANUF HOME APPZ (F/8/88)OR Page 1 of 2)	poctor 8-14-01 Rulin

6 SIGNATURE OF LEGAL O	WNER			
SIGNATURE OF LEGAL OWN	ER INDICATES CONSENT FO			
Signature of Legal Or	wner and Title, IF APPLICABLE	Alicia	71. Hund	lell Manage
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	PRINT NAME OF LEGAL OWNER  by Fry Winshamoton Fros PRINT NAME OF LEGAL OWNER  THIS DEALERSHIP POSITION/AGENTA	eval Savingr P		Oldfield
	gal description of the land car	_		
Section 22, Townsh	the Northeast Quar ip 3 NOrth, Range 1 kamania, State of W	O East of the	Willamette	Meridian.
Lot I of the Paul : Skamania County Rec	Short Plat recorded cords.	in Book 3 of	Short Plats	, Page 351,
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URCHASE PRICE TAX	URISDICTIONTAX PATE DEALER'S	AUTHORIZED SIGNATURE	7 /	<u> </u>
	ale to a Certified Tribal member o			nt of dell:(ery).
	LICENSING OFFICE APPRO			
centry that the above application ne recording of this form,	appears to have been completed	correctly, and the applic	ant has sufficient doc	umentation to proceed witi
AME (TYPED OR PHINTED)		COUNT	Y OFFICENES OPERATO	R NUMBER
IGNATURE			<u> </u>	DATE
O TITLE FEES				
LING FEE APPLICATIO	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
<del></del>				TOTAL FEES & TAX
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APPLICANTS:	Once recorded, you mus Manufactured Home App licensing subagents char	lication, paying a!		
For full approaching or Transfer in Local	s on completing this form for ation, see form TD-420-730,	r Title Elimination, f Manufactured Hor	Removal from Rea ne Application Ins	l Property tructions.

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please cal (360) 902-3600 or FDD (360) 664-8885.

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Signature of A	ddistornal Legal C	wher and Tide, I	FAUPLICABLE.			
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The Deputtment of Licenskig has a policy of providing equal access to its services. If you net, I special accommodation, please cet (360) 902-3600 or TDD (360) 964-888

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