142177

BOOK 214 PAGE 197
FILED FOR RECORD
SKAMANIA CO. WASH
BY SHAMANIA CO. TITLE

RETURN ADDRES	· · · · · · · · · · · · · · · · · · ·		Aug 30 9 51 AN '01 Ancole Auditor					
				-	GARY M.	OLSON		
				- -	i,	aderna (In-		
STATE OF WASH	<u>sing</u>	AP	ACTURED H PLICATION a material fact is go		PLEAS ITLE ELIMINA RANSFER IN	ATION		
of a felony, and up	on conviction ma	y be punished	by a fine, imprison:	ment, or both. (I	₹Cv. 46.12.210)		
MANUFACTUI		MAME	LENGTH/WIÜTH(FEET)	VEHICLE IDENTIFIE	CATION ISJMBER (/(N)		
93299	1967	NASHU 45 X 10		LTB2FK12830W				
LAND	• • • • • • • • • • • • • • • • • • •		LEGA	L'OESCRIPTION	THE RESERVE AND PERSONS ASSESSED.	ol .		
MANUFACTURED		AFFIXED	REMOVED	03-08-2	Y TAX PARCEL NU 5-0-0-1202	CHARLES TO SECURE AND ADDRESS OF THE PARTY O		
or 1	GLOCK	PLAT NAME	TZEL SHORT P	υτ.Δπ	26/3N/	Winship/fiange / Q E		
GRANTOR(S)	RIGISTEREDILE	ALOWNER(S) ADDI	TIONAL NAMES		OE		
PERMUN YTHUCO		NUMBER O	F REGISTERED OWNERS	N	IMBER OF LEGAL C	WHERE		
NAME OF REGISTERED			AW					
DOUGLAS L SI NAME OF ADDITIONAL F	HIELDS REGISTERED OWNER							
CINLY K SHI	ELDS				<u> </u>			
NDDRESS 122 KATHY LA			STEVENSON		WA	ZIP CODE 98648		
NAME OF LEGAL OWNER RIVERVIEW CO		av .		7				
IAME OF ADDITIONAL L	EGAL OWNER	<u> </u>	7		N-11-11-11-11-11-11-11-11-11-11-11-11-11			
ODRESS			CITY		STATE	ZIP CODE		
PO BOX 1068		- International Control	CAMAS		WA	98607		
GRANTEE IAME		Name and Address of the Owner, where						
DEPARTMENT (OF LICENSING				The "			
EMICLE AND THIS	TTEST UNDER PE BINFORMATION IS of Registered Own	S ACCURATE:		AMARE THE F	1EGISTERED C	OWNER(S) OF THIS		
Signature of Addition	nal Registered Own	erand Title. IF	APPLICABLE /	mseit	55/11	an		
NOTHY SEASON	E/ADP.		ONCERTIFICATIO	N FOR DEGISTE	RED OWNER(S) SIGNATURE		
AOTAR		of Washington County of	Skamani	Sign	ed or attested before me on _	8-17-01		
PUBLIC		onglas	L. Shield	S Signature	[Mia]	Rences		
100 24.2	BY C	indu K	Shields	Mar	-ia P.	Spencer		
OF WAS	Title	NT NAME OF REGI NOTON ALERSHIP POSITION	STEPPED OWNER TO THE PUBLIC WAGENTANDTAIN	PRINTED	County/Office County/Office Deale Notary Expiral	No. OR 4-24-05		
TITLECOMPAN	YCERTIFICATION	<u> </u>				ion Date		
certify that the legal	description of the la	and and owners	hip is true and correc	t per the real pro COMPANY / PHONE				
			11142	COMPANY / PHONE	NUMBER			
GNATURE / POSITION						DATE		
			in 10 calender days	ा the date Title	Company Rep	resentative algns.		
	AT OFFICE CERTI	d home has be	en affixed to the real p	property as desc.	bed.			
ME (TYPED OR PRINTE			ed for this purpose an		Will be Inspecte			
Yarlon BNATURE / POSITION	Wound	<u></u>	509-42	29484				
Marles	APPL (R/8/98)OR Page	at t	ulding I	unspect.	2Y 9	8-24-D1		

6 SIGNA	TURE OF LEGAL	OWNER	-			-				
SIGNATU	RE OF LEGAL OW	NEW INDI	CATES CO	NSENT FO	RELIMINATIO	ON OF	TLE/REMOV	ALFRON	REAL PROP	ERIN
14 to 3	Signature of Legal (Owner and	Title, IF AP	PLICABLE	Total.	X.1	Mesenz	e l	Phonen	ager
Signature	of Additional Legal (Ownerand	Title, IF API	PLICABLE	<u> </u>					
NOTAR	Y SEAL OR STAMP		NOTA	NOITAXI	CERTIFICAT:	ONFOR	LEGAL OWNE	R(S) SIG	NATURE	
St	Notary Public ate of Washingt	on l	Washingto County o	1 _ J.K	-nan-		Signed or atte before 17	ested ne on8	-27-)/ D.
JAME	SRCCPELAN	ID, MA	NAME OF L	EGAL OWNER		Sig	nature	OR AGE IT	7-	<u>U</u>
1971	COMMISSION EXPT	TES V					James	A.	codela	. Li
	September 13,2003	PRIN	NAME OF LE	EGAL OWNER		PR	NTED NAME OF N	OTARY	00	
		Title	EDELID DOE	TION/AGENT/	VOTAGY.		AND:	ty/Office No Dealer No	OR Y	170
LAND	DESCRIPTION (A)					from the	N.ARI	Expiration	Date In Office	
	t of land in									
wasni;i Lot l	8 East of the grown, description of Teitzel State County Re	ibed as Short P	lat re	WS:		- 1	h			1
	Program of November 1 december 2				•					١,
	R'S REPORT OF S		10 00555							
ANY RE	Y THAT THIS INFO QUIRED SALES TA	X HAS BE	EN COLLI	ECTED.	emicle is cl	EAR OF	ENCUMBRAN	ICES EXC	EPT AS SHO	WN.
EN.EFI NAMI	E (TYPED OR PRINTED)	L. T	1			i .	LER NUMBER	DATE	OF SALE	******
UNCHASE PI					NUTHORIZED SIG	A.				
COUNT	SETAX EXEMPT S Y AUDITOR/AGEN	T LICENCE	ACCUSTON	member o	the reservation	on (attacl	notarized state	ment of d	elivery).	······
ertify that t	the above application	appears to	havebeen	e APPROV	orrectly, and th	e applies	idhagents) inthas sufficient	document	lation to propo	ard saidh
ie iecoluli,	goruna tonn.	****								su will i
<u> </u>	haeg 1	Mose	ex			COUNTY	SO-O	MUN RATOR NUM	BER	***************************************
TITLE	Inog C.	Ille	Ser					BATE	300	
LING YEE	PLICATIO	ON	MOBILE HO	ME FEE	ELIMINA (ION	FEE	USE TAX	Ts.	UBACENT FEES	
. 11				**************************************	ilki	***	· · · · · · · · · · · · · · · · · · ·	Ť	OTAL FEES & TA	х
MPO	Licen Retal	sing Offic n proof ol	e, take yo f the recor	our applica ding fees	ition form to paid, if the I	the Co Recordi	ty Auditor / Vounty Recording Office retails the recorde	ng Office. Sins		
	APPLICANTS:	Menuf	actured H	ome Appli	return to a \ cation, payir e a service (na ali re	Licensing offi quired fees.	ce to file Vehicle	the	
)F	or full instruction r Transfer in Loc	s on comp ation, see	pleting this form TD-	form for 420-730,	Title Elimina Manufacture	tion, Re d Home	moval from f Application	Real Prop Instruction	perty ons.	

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 TDD (360) 664-8885,