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BOOK 216 PAGE 233

FILE
SKETCH
F. KAMAHIA CO. CITY


OCT 30 11 46 AM '01

CROSER

GARY H. OLSON

RETURN ADDRESS

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					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH (F.T.)	VEHICLE IDENTIFICATION NUMBER (VIN)	
8151216	2000	FLEET	25 X 48	ORFLX48AB52696	
2 LAND					
LEGAL DESCRIPTION ON PAGE				REAL PROPERTY TAX PARCEL NUMBER	
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED				03-08-17-3-0-2321-00	
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
1		G. & D. JARRELL			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
30		1		1	
NAME OF REGISTERED OWNER					
BARBARA L. HUPP					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS		CITY	STATE	ZIP CODE	
Po Box 676		Cash	WA	98610	
NAME OF LEGAL OWNER					
WASHINGTON MUTUAL HOME LOANS, INC.					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS		CITY	STATE	ZIP CODE	
ONE CENTERPOINTE DRIVE, SUITE 120		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 <u>Barbara L. Hupp</u>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <u>James R. Copeland, JR</u>					
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>June 19, 2001</u>	
		Signature <u>James R. Copeland JR</u>		NOTARY OR AGENT	
		PRINTED NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY	
		PRINT NAME OF REGISTERED OWNER		James R. Copeland JR	
		Title <u>Notary</u>		COUNTY/OFFICE No. 01	
		DEALERSHIP POSITION/AGENT/NOTARY		Dealer No. C-1	
				AND: 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 #	
Marlon Morat		509-427-9484		121-99	
SIGNATURE / POSITION		DATE			
Marlon Morat, Building Inspector		7-18-01			

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 _____					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
		State of Washington <u>Oregon</u> County of <u>Clatsop</u>		Signed or attested before me on <u>7/16/01</u>	
		Signature _____		Signature _____	
		PRINT NAME OF LEGAL OWNER _____		PRINTED NAME OF NOTARY _____	
		Title _____		AND: County/Office No. OR _____ Dealer No. OR _____ Notary Expiration Date _____	
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 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 G. AND D. JARRELL short plat, recorded in Book 3 of Short Plats, Page 321 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) <u>Angela Moser</u>			COUNTY OFFICE/VS OPERATOR NUMBER <u>30-01-08</u>		
SIGNATURE <u>Angela Moser</u>			DATE <u>10-30-01</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 to its services.
If you need special accommodation, please call (360) 902-3600 or TDD (360) 664-8885.