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BOOK 218 PAGE 761

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SKAMANIA CO. WASH  
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DEC 28 2 27 PM '01

GARY F. OLSON  
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STATE OF WASHINGTON Department of <b>Licensing</b>		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)					
<b>1 MANUFACTURED HOME</b>					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
\$51795	1973	PARKW	60 X 24	2990	
<b>2 LAND</b>					
LEGAL DESCRIPTION ON PAGE 3					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 04-07-35-0-0-1101-00					
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
			S35, T4N, R7E		
<b>3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)</b>					
ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
30	2		1		
NAME OF REGISTERED OWNER					
David P. Messer					
NAME OF ADDITIONAL REGISTERED OWNER					
Lucy G. Messer					
ADDRESS					
132 Griffing Road					
CITY					
Carson					
STATE					
WA					
ZIP CODE					
98610					
NAME OF LEGAL OWNER					
Riverview Community Bank					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS					
PO Box 1068,					
CITY					
Camas					
STATE					
WA					
ZIP CODE					
98607					
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					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington					
County of Skamania					
Signed or attested before me on 12-11-01					
David P. Messer					
PRINT NAME OF REGISTERED OWNER					
Lucy G. Messer					
PRINT NAME OF REGISTERED OWNER					
Notary Public					
Title					
County/Office No. OR					
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					
SIGNATURE / POSITION					
DATE					
12-28-01					

<b>6 SIGNATURE OF LEGAL OWNER</b>					
SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.					
Signature of Legal Owner and Title, IF APPLICABLE <u>Karen M. Dele</u> <u>2. Vice President</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;"> SUE MAININI  STATE OF WASHINGTON  NOTARY — PUBLIC  My Commission Expires June 1, 2005 </div>		State of Washington County of <u>CLARK</u>		Signed or attested before me on <u>12/12/01</u>	
		PRINT NAME OF LEGAL OWNER <u>RIVERVIEW COMMUNITY BANK</u>		Signature <u>Sue Mainini</u>	
		PRINT NAME OF LEGAL OWNER _____		PRINTED NAME OF NOTARY <u>SUE MAININI</u>	
		DEALERSHIP POSITION/AGENT/NOTARY _____		AND: County/Office No. OR Dealer No. OR Notary Expiration Date _____	
<b>7. LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)</b>					
Full legal: see page 3 attached Parcel I - S 1/2, SE 4, SW 4, Sec. 35, T4N, R7EWM Parcel II SW 4, NW 4 Sec. 35, T4N, R7EWM					
<b>8 DEALER'S REPORT OF SALE</b>					
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).					
<b>9 COUNTY AUDITOR/AGENT LICENSING OFFICE APPROVAL: (Not for use by Subagents)</b>					
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/VFS OPERATOR NUMBER <u>30-01-08</u>		
SIGNATURE <u>Angela Moser</u>			DATE <u>12-28-01</u>		
<b>10 TITLE FEES</b>					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX
<p><b>IMPORTANT:</b> 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 auto; width: 80%;"> <p><b>APPLICANTS:</b> 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.

EXHIBIT "A"

PARCEL I

The South Half of the Southeast Quarter of the Southwest Quarter of the Northwest Quarter, of Section 35, Township 4 North, Range 7 East of the Willamette Meridian, located in Skamania County, Washington.

PARCEL II

A tract of land in the Southwest Quarter of the Northwest Quarter of Section 35, Township 4 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at the Southwest Corner of Lot 3 of the Agnes M. Griffing Short Plat, recorded in Book 2 of Short Plats, Page 185; thence North along the West line 185 feet; thence East parallel with the South line 356 feet to the East line; thence South 185 feet to the Southeast Corner of said Lot 3; thence West along said South Line 356 feet to the point of beginning.