RETURN ADDRESS

BOOK 218 PAGE 972

FILED FOR RECORD SKAMAN TO WASH A WASH Băramania co, fifth

2 44 PH '02 A. Moser AUCTIOR

J. MICHAEL GARVISON BREARD IA *Amod

daired MANUFACTURED HOME XX TITLE ELIMINATION *licensing* **APPLICATION** TRANSFER IN LOCATION
TREMOVAL FROM REAL PROPERT Anyone who knowingly makes a false statement of a material fact is guilty of a falony, and upon conviction may be punished by a fine, imprisonment, or both. (RCW 46.12.210) MANUFACTUREDHOME MAKE LENGTHWIDTH(FEET) MIHICLE IDENTIFICATION NUMBER (VIN) 80045 1984 BERKS 24 ORFL2 34482299 2 LAND SCRIPTION PAGE PEAL PROPERTY TAX PARCEL NUMBER 02-05-19-2-0-0300-00 MANUFACTURED HOME WILL BE XXX AFFIXED THE REMOVED SECTION/TOWNSHIP/RANGE 319, 3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON MAGE 30 NAME OF REGISTERED OWNER . Lawson Micole Y. Holsclaw ZIP CODE 4405 Mccallister Place Washougal 98671 Washington Mutual STATE ZIP CODE 1201 Main Street Vancouver 98660 GRANTEE DEPARTMENT OF LICENSING
IDO SOLEMNLY ATTES, UNDER PENALTY OF PEHJUNY THAT I/WE AWARE 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 Signed or attested R COPELAND, Kn Marih State of Washington COMMISSION 40/5c/a County/Office No. OR Dealer No. OR Notary Expiration Date S AND: 4 TITLE COMPANY CERT ICATION l certify tilet the الدي علم المالة n of the land and ownership is true and correct per the real property records. NAME (TYPED OR PRINTED SIGNATURE / POSITION Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs. 5 BUILDING PERMIT OFFICE CERTIFICATION it the manufactured home has been affixed to the real property as described. I certify that: a building permit has been issued for this purpose and the attachment will be inspected upon completion. BLDG PERMIT OFFICE/PHONE BLDG PERMIT A

6 SIGNATURE O					
SIGNATURE OF L	EGAL OWNER IN	DICATES CONSENT F	OR ELIMINATION	OF TITLE / REMOVA	I. FROM REAL PROPERTY
		nd Title, IF APPLICABLE	\bigcirc	ta Wessle	1 Coordinator
Signature of Additio	nai Legal Ovmer ar	nd Title, !F APPLICABL!	<u> </u>		
NOTARY SEAL OR	STAMP			FOR LEGAL OWNER	S/C\CIONATURC
	Stute	of Washington	- CENTIFICATION		
}~~~		Comptyof Cl	auty	Signed or attes before me	
X	Notary Public		,	Clamation Oti .	
3	STEPHANIE M CA	AME OF LEGAL OWNER	R	Signature	RAGENT OLUTY
My Appo	ointment Educates A	MN 17.2003 \$		Strangir	em Smith
	- P	INT NAME OF LEGAL DWINE	A	PRINTED NAME OF NO	TARY /Office No. OR
	Title.	ALERSHIP POSITION/AGEN		AND:	Dealer No. OR
AND DESCRIP					Expiration Date
CHILD DESCUIL	TION (A legal cit	cription of the land co	in be obtained from	n the local County /	issessor's Office
, *	: w// /e	518, T 2 N.	Pyz	3) `
DEALER'S REP					
ANY REQUIRED	THIS INFORMATION SALES TAX HAS	DN IS CORRECT, THE BEEN COLLECTED.	VEHICLE IS CLEAF	r of Encumbranc	ES EXCEPT AS SHOWN.
EALER NAME (TYPED O			W	DEALER NUMBER	DATE OF SALE
URCHASE PRICE	-4.F	TIONTAX RATE DEALERS		_ 1	
USETAXE	XEMPT Sale to a	Certified Tribal member	on the reservation (s	attach notarized state	ment of delivery).
COUNTY AUDIT	DR/AGENT LICEN	ISING OFFICE APPRO	VAL: (Not for use	by Subagenta)	
to recording of fulls ic	m.	s to have been completed	correctly, and the ap	plicanthas sufficient	documentation to proceed with
AME (TYPED OR PRINTS	ED)		co	UNTY OFFICENES OPER	ATOR NUMBER
GNATURE					
GNATURE			- 1		DATE
TITLEFEES					
ING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
		and the state of t		<u>-</u>	TOTAL FEES & TAX
IMPORTANT:	Licensing Of Retain proof	plication has been a flice, take your appli of the recording fee application form, ob	cation form to the s paid. If the Rec	County Recordin	g Office. ins
APPL	Nan	e recorded, you mus sufactured Home Ap asing subagents cha	plication, paying a	all required fees. \	e to file the rehicle
For full in or Transf	structions on co er in Location, s	mpleting this form fo ee form TD-420-730	r Title filimination , Manulactured F	n, Removal from F lome Application I	leal Property nstructions.

The Department of Licenchy has a policy of providing equal access to its services. If you need special accommissation, please cel (360) 902-3600 or TDD (360) 904-36.5,

TD-420-729 MANUF HOME APPL (R/8/96)OR Page 2 cl 2

EXHIBIT "A"

PARCEL I

A portion of the Southwest Quarter of the Northwest Quarter of Section 19, Township 2 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 3 of the Corrected KMS Short Plat, recorded in Book 3 of Short Plats, Page 352 Skamania County Records.

PARCEL II

That portion of the Southwest Quarter of the Southwest Quarter of the Northeast Quarter of Section 19, Township 2 North, Range 5 East of the Willamette Meridian lying North of the South line of Nagel road, and lying between the Westerly line of Skye Road and the West line of said Northeast Quarter, situated in Skamania Councy, Washington.