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BOOK 819 PAGE 521

FILED IN RECORD
SKAMANIA CO. WASH.
BY SKAMANIA CO. TITLE

JAN 22 12 43 PM '02

Smoose
AUDITOR

J. Michael Garvison

RETURN ADDRESS

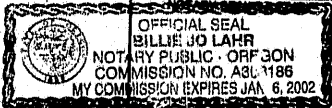
STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE	
<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY					
Anyone who knowingly makes a false statement of a material fact is guilty of a felony, and upon conviction may be punished by a fine, imprisonment, or both. (RCW 46.12.210)					
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2001	Marlette Riverdale	44 X 26'8"	H-020287 A/B	
2 LAND					
LEGAL DESCRIPTION ON PAGE 2					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 03-75-36-2-3-1912-00					
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
14		Skaalheim Tracts			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER		NUMBER OF REGISTERED OWNER(S)		ADDITIONAL NAMES ON PAGE	
30		2		1	
NAME OF REGISTERED OWNER					
DANIEL J. DAVENPORT					
NAME OF ADDITIONAL REGISTERED OWNER					
JESSICA A. DAVENPORT					
ADDRESS		CITY	STATE	ZIP CODE	
PO Box 1145		Stevenson	WA	98648	
NAME OF LEGAL OWNER					
MORTGAGE MARKET, INC.					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS		CITY	STATE	ZIP CODE	
9020 SW WASHINGTON SQUARE DR. #550		TIGARD, OR		97223	
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 and attested before me on 10/17/01	
by Daniel J. Davenport		Signature		Mark P. Spencer	
PRINT NAME OF REGISTERED OWNER		by Jessica A. Davenport		PRINTED NAME OF NOTARY	
by Jessica A. Davenport		Title Notary Public		AND: County/Office No. OR Dealer No. OR Notary Expiration Date 4/24/2005	
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			
Angela Moser					
SIGNATURE / POSITION		DATE			
Angela Moser		1-22-02			
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 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 #	
GEORGE D. NAIL					
SIGNATURE / POSITION		DATE			
George D. Nail		1/11/02			

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 MORTGAGE MARKET

Signature of Additional Legal Owner and Title, IF APPLICABLE _____

**NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE**State of Washington
County of _____Signed or attested
before me on _____by _____
PRINT NAME OF LEGAL OWNERSignature _____
NOTARY CERTIFICATEby _____
PRINT NAME OF LEGAL OWNERBILLY JO LAHR
PRINTED NAME OF NOTARYTitle _____
DEALERSHIP POSITION/AGENT/NOTARYCounty/Office No. OR _____
Dealer No. OR 1-6-02
Notary Expiration Date**7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)**

Lot 14 Skaalheim Tracts, according to the recorded Plat thereof, recorded in Book A of Plats, Page 143, in the County of Skamania, State of Washington.

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

☐ **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)

COUNTY OFFICE/FS OPERATOR NUMBER

SIGNATURE

DATE

10 TITLE FEES

FILING FEE

APPLICATION

MOBILE HOME FEE

ELIMINATION FEE

USE TAX

SUBAGENT FEES

TOTAL FEES & TAX

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.

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.

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.

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.


 FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE
 NEW YORK OFFICE
 COMMUNICATIONS SECTION
 TELETYPE UNIT
 JAN 6 1968