

144061

BOOK 221 PAGE 905

FILED FOR RECORD
SKAMAHIA CO. WASH
BY SKAMAHIA CO. TITLE

MAR '9 2 23 PM '02

AMUSER
AUDITOR
J. MICHAEL GARVISON

RETURN ADDRESS

ROATH, CRABTREE FENNEL
3535 Factoria Blvd. SE
Suite 100
Bellevue, WA 98006

Attn: Daryl W. Lyman

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 9000849	YEAR 1979	MAKE MARLE	LENGTH/WIDTH/FEET 14X66	VEHICLE IDENTIFICATION NUMBER (VIN) 01420FLK290089	
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 03-08-17-40-1805-0			
LOT 3	BLOCK	PLAT NAME OR SECTION/TOWNSHIP/RANGE SHORT PLAT: Book 3 Page 185		QUARTER/QUARTER SECTION 4th SE 1/4 17-3-8	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER	NUMBER OF REGISTERED OWNER(S) 1		NUMBER OF LEGAL OWNERS 1		
NAME OF REGISTERED OWNER INVESTORS FINANCIAL LIMITED PARTNERSHIP		DOL CUSTOMER ACCOUNT NUMBER			
NAME OF ADDITIONAL REGISTERED OWNER		DOL CUSTOMER ACCOUNT NUMBER			
ADDRESS P.O. Box 8507		CITY BOISE	STATE ID	ZIP CODE 83707-2507	
NAME OF LEGAL OWNER INVESTORS FINANCIAL LIMITED PARTNERSHIP		DOL CUSTOMER ACCOUNT NUMBER			
NAME OF ADDITIONAL LEGAL OWNER		DOL CUSTOMER ACCOUNT NUMBER			
ADDRESS P.O. Box 8507		CITY BOISE	STATE ID	ZIP CODE 83707-2507	
GRANTEE NAME					
I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I / WE ARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:					
Signature of Registered Owner and Title, IF APPLICABLE		8/2/02 Pres/CEO			
Signature of Additional Registered Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
ERIC R. SWANSON NOTARY PUBLIC STATE OF IDAHO		State of Washington / Idaho County of Ada Signed or attested before me on 3/7/02 PRINT NAME OF REGISTERED OWNER / INVESTORS FINANCIAL S.R. Taylor / Pres. CEO Signature [Signature] PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY Title AND: County/Office No. OR Dealer No. OR 12/30/01 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) Marlon Morat		BLDG PERMIT OFFICE/PHONE # 509-427-9484		BLDG PERMIT #	
SIGNATURE / POSITION Marlon Morat		Building Inspector		DATE 3-1-02	

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					
Signature of Additional Legal Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
<div style="border: 2px solid black; padding: 5px; text-align: center;"> ERIC R. SWANSON NOTARY PUBLIC STATE OF IDAHO </div>		State of Washington IDAHO		Signed or attested before me on 2/7/02	
		County of ADA		Signature	
		by R. Taylor PRINT NAME OF LEGAL OWNER		NOTARY AGENT	
		by PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY	
DEALERSHIP POSITION/AGENT/NOTARY		AND:		County/Office No. OR Dealer No. OR Notary Expiration Date 12/30/14	
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's					
A tract of land in the SE 1/4 of Section 17, Township 3 N, Range 8 E.W.M. in the County of SKAMANIA, state of Washington, described as follows:					
Lot 3 of the Short Plat, recorded in Book 3 of Short Plats, Page 185, 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 checked="" 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)			COUNTY OFFICE/VFS OPERATOR NUMBER		
SIGNATURE			DATE		
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> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <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> </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) 902-3800 or TTY (360) 684-8885.