

BOOK 223 PAGE 442

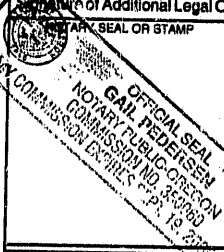
APR 24 1 54 PM '02

Smose
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"/> REMOVE 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)	
	1998	FUQUA	66'8" X 37'9"	16010	
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 03-08-17-2-3-0424-00		
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
24		Russells Meadow Sub			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
30	1		1		
NAME OF REGISTERED OWNER					
James D. Moore					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS					
PO Box 101					
CITY					
Stevenson					
STATE					
WA					
ZIP CODE					
98648					
NAME OF LEGAL OWNER					
Countrywide Home Loans					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS					
8905 SW Nimbus Ave. #150					
CITY					
Beaverton					
STATE					
OR					
ZIP CODE					
97008					
GRANTEE					
NAME					
Department of Licensing					
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 <i>James D. Moore</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
Notary Public State of Washington JES R COPELAND, JR MY COMMISSION EXPIRES September 13, 2003		State of Washington County of <i>Stevenson</i> Signed or attested before me on <i>7-14-03</i> Signature <i>J R Cope</i> NOTARY OR AGENT <i>J-R-Cope</i> PRINTED NAME OF REGISTERED OWNER <i>J-R-Cope</i> PRINTED NAME OF REGISTERED OWNER Title <i>Notary</i> DEALERSHIP POSITION/AGENT/NOTARY			
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					
I certify this application with a Licensing Agent within 10 calendar days of the date Title Company Representative signs. 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) SIGNATURE / POSITION BUILDING PERMIT OFFICE/PHONE # BUILDING PERMIT # DATE					
Marlon Morat Building Inspector 504-427-9484 129-00 4-4-02					

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 <u>Sandra Oakley</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
State of <u>Washington</u>		Signed or attested before me on <u>March 19, 2002</u>			
County of <u>Washington</u>		Signature <u>Gail Pedersen</u>			
by <u>Sandra Oakley</u>		NOTARY OR AGENT			
PRINT NAME OF LEGAL OWNER		<u>Gail Pedersen</u>			
by _____		PRINTED NAME OF NOTARY			
PRINT NAME OF LEGAL OWNER		AND: County/Office No. OR _____			
The <u>Notary</u>		Dealer No. OR <u>September</u>			
DEALERSHIP POSITION/AGENT/NOTARY		Notary Expiration Date <u>12/19/2005</u>			
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
Lot 24 Russell's Meadow Subdivision according to the recorded Plat thereof recorded in Book of Plats, Page 102, in the County of Skamania, State of Washington.					
Together with an undivided 1/31 interest in the Pond, known as Lots 2 & 3 of the Russell's Meadows Subdivision, recorded in Book B of Plats, Page 102, 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			
<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)			COUNTY OFFICE/VFS OPERATOR NUMBER		
<u>Angela Moser</u>			<u>30-01-08</u>		
SIGNATURE <u>Angela Moser</u>			DATE <u>4-22-02</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.