

144547

BOOK 223 PAGE 811

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

MAY 21 28 PM '02

RETURN ADDRESS

AUDITOR

J. MICHAEL GARVISON

☒ Registered
☒ Satisfied the
☒ Mortgage
☒ Lien
☒ Other

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 48.12.210)		<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	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
203159	1971	FUQUA	60 X 24	C243071HCS3039	
LEGAL DESCRIPTION ON PAGE 2					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 03-08-21-2-0-3700-00					
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
2	2	Evergreen Acres			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
20	1		1		
NAME OF REGISTERED OWNER					
Elaine J. Nielson, Trustee of the Elaine J. Nielson Family Trust Dated 7-14-00					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS CITY STATE ZIP CODE					
PO Box 382 North Bonneville WA 98639					
NAME OF LEGAL OWNER					
Riverview Community Bank					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS CITY STATE ZIP CODE					
PO Box 1068 Camas WA 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 <i>Elaine J. Nielson, Trustee</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
NOTARY PUBLIC		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
MAY 21 2002		State of Washington County of Skamania Signed or attested before me on Dec 20, 2001			
NOTARY PUBLIC		by Elaine J. Nielson, Trustee Signature Maria P. Spencer			
APR 24 2002		PRINT NAME OF REGISTERED OWNER			
NOTARY PUBLIC		by Notary Public			
APR 24 2002		PRINT NAME OF NOTARY			
NOTARY PUBLIC		AND: County/Office No. OR Dealer No.-CR 12405			
APR 24 2002		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			
Marlon Morat, Building Inspector		1-15-02			

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>Gail Steinmann, AVP</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP LORI A. JACKSON STATE OF WASHINGTON NOTARY — PUBLIC My Commission Expires June 1, 2003		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
		State of Washington County of <u>Clark</u>		Signed or attested before me on <u>12-28-01</u>	
		Gail Steinmann, AVP PRINT NAME OF LEGAL OWNER		Signature <u>Lori A Jackson</u> NOTARY OR AGENT	
		by _____ PRINT NAME OF LEGAL OWNER		Lori A Jackson PRINTED NAME OF NOTARY	
		Title _____ DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. <u>OR 61-03</u> (Notary Expiration Date)	
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
Lot 2 of Block 2, Evergreen Acres, according to the official plat thereof, on file and of record at Page 142, Book A of Plats, 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) <u>Angela Moser</u>			COUNTY OFFICE/VFS OPERATOR NUMBER <u>30-01-08</u>		
SIGNATURE <u>Angela Moser</u>			DATE <u>5-2-02</u>		
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) 684-8385.