

144600

BOOK 223 PAGE 984

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

RETURN ADDRESS

MAY 9 3 25 PM '02

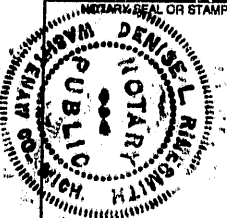
Amro
AUDITOR

J. MICHAEL GARVISON

Loan ID#: 619939063

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 48.12.210)					
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH/FEET	VEHICLE IDENTIFICATION NUMBER (VIN)	
	1999	Harbor	24' X 52'	ORFLW48A25821-HS13	
2 LAND					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED			REAL PROPERTY TAX PARCEL NUMBER		
			02-05-19-2-0-0303-00		
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
			S19, T2N, R5E		
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
30		2		1	
NAME OF REGISTERED OWNER					
Shane R. Jundt					
NAME OF ADDITIONAL REGISTERED OWNER					
Melissa G. Jundt					
ADDRESS					
2891 Skye Road					
CITY					
Washougal					
STATE					
WA					
ZIP CODE					
98671					
NAME OF LEGAL OWNER					
ABN Amro Mortgage Group, Inc.					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS					
777 E. Eisenhower STE 700					
CITY					
Ann Arbor					
STATE					
MI					
ZIP CODE					
48108					
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>Shane R Jundt</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Melissa G Jundt</i>					
NOTARY SEAL OR STAMP					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington					
County of <u>Skamania</u>					
Signed or attested before me on <u>1-31-02</u>					
by <u>Shane R Jundt</u> Signature <u>Jeri L. Connolly</u>					
PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT					
by <u>Melissa G. Jundt</u> Signature <u>Jeri L. Connolly</u>					
PRINT NAME OF REGISTERED OWNER PRINTED NAME OF NOTARY					
Title <u>Notary</u> AND: County/Office No. OR Dealer No. OR Notary Expiration Date <u>4-28-04</u>					
DEALERSHIP POSITION/AGENT/NOTARY					
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 Moret		509-427-9484		283 * 98	
SIGNATURE / POSITION		DATE			
<i>Marlon Moret</i>		3-8-02			
Building Inspector					

JERI L. CONNOLLY
STATE OF WASHINGTON
NOTARY — PUBLIC
My Commission Expires April 28, 2004

1 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>[Signature]</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE: _____					
		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
State of <u>Michigan</u> County of <u>Washtenaw</u>		Signed or attested before me on <u>February 5, 2002</u>			
by _____ PRINT NAME OF LEGAL OWNER		Signature <u>[Signature]</u> NOTARY OR AGENT			
by _____ PRINT NAME OF LEGAL OWNER		DENISE L. RASMITH NOTARY PUBLIC - MICHIGAN CO., MI MY COMMISSION EXPIRES FEB 05, 2006			
Title _____ DEALERSHIP POSITION/AGENT/NOTARY		AND: Dealer No. OR Notary Expiration Date			
2 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
3 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 or this form.					
NAME (TYPED OR PRINTED) <u>Angela Miser</u>		COUNTY OFFICE/VFS OPERATOR NUMBER <u>30-01-08</u>			
SIGNATURE <u>Angela Miser</u>				DATE <u>5-9-02</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> <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) 902-3600 or TDD (360) 664-8885.

EXHIBIT "A"

That portion 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:

BEGINNING at a point on the West Line of the Northwest Quarter of said Section 19 which is North $00^{\circ} 34' 44''$ East 1303.05 feet from the Southwest Corner of said Northwest Quarter, said point being the Southwest Corner of SKAMANIA HIGHLANDS; thence South $88^{\circ} 58' 36''$ East along South Line of SKAMANIA HIGHLANDS 1447.29 feet to the true point of beginning; thence South $00^{\circ} 34' 44''$ West, 436.76 feet; thence North $89^{\circ} 11' 00''$ East, 1239.17 feet to a point on the East Line of the Northwest Quarter of said Section 19; thence North $01^{\circ} 43' 10''$ East along said East Line, 432.03 feet; thence North $88^{\circ} 58' 36''$ West, 1248.42 feet to the TRUE POINT OF BEGINNING.

AKA Lot 2 of the KMS Short Plat recorded in Book 3 of Short Plats, Page 325, Skamania County Records. 1