145964

RETURN ADDRESS

BOOK 99 PAGE 543
FILED FOR FECORD
SKLMANIA OF WASH
BY WAMANA CO. TIM

SEP 17 | 23 PM '02 CMMSER

	J. MICHAEL GARVISON
	Translation of the same
	Wile 5 441 2940 5
	Will Late
	The second
IST STATE OF WASHINGTON BARALLERA OTHER DATA	ME PLEASE CHECK ONE
STATE OF WASHINGTON MANUFACTURED HO	ME WITLE ELIMINATION
ICENSING APPLICATION	TRANSFER IN LOCATION
Anyone who kee angly makes a false statement of a material fact is guilt	, PREMOVAL FROM REAL PROPERT
of a felony, and apoliconviction may be punished by a fine, imprisonment	nt, or both. (ACW 46.12.210)
MANUFACTURED HEME	
	HICLE IDENTIFICATION NUMBER (VIN)
2002 Concept 52 X 28	11829085-AB
	ESCRIPTION ON PAGE2
MANUFACTURED HOME WILL EIE KAFFIXED TREMOVED	03-08-20-4-1-0403-00
LOT BLOCK PLAT NAME	SECTION/TOWNSHIP/RANGE
3 Squires Short Pla	
GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIO	NAL NAMES ON PAGE
COUNTY NUMBER NUMBER OF REGISTERED OWNERS 30	NUMBER OF LEGAL OWNERS
NAME OF REGISTERED OWNER	
Dawn E. Selch	
NAME OF ADDITIONAL REGISTERED OWNER	
ADDRESS OITY	STATE ZIP CODE
PO Box 874 Carson	WA 98610
Riverview Community Bank	
ADDRESS CITY	STATE ZIP GODE
PO Box 1068 Camas	70.00
GRANTEE	WA98607
YAME	
DEPARTMENT OF LICENSING	
DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I / WE AN /EHICLE AND THIS INFORMATION IS ACCURATE:	ARE THE REGISTERED OWNER(S) OF THIS
Signature of Registered Owner and Title, IF APPLICABLE	Mun I held
Signature of Additional Registered Owner and Title, IF APPLICABLE	
NOTARIZATION/CERTIFICATION FO	OR REGISTERED OWNER(S) SIGNATURE
NOTATY PROJEC State of Washington	Signed or attested , 47
State of Washington County of State of Washington	before me on 6 - 9 0 4
IAMES R COPELAND JR	
MY COMMISION EXPIRES OF PRINT NAME OF REGISTERED OWNER	Signature Noraely OR AGENT
September 13,2003 by	Trans A restel One
September 13,2003 by PANT NAME OF REGISTERED OWNER	PRINTED NAME OF NOTARY
Title No d-v	PRINTED NAME OF NOTARY
TITLE NO. J.	PRINTED NAME OF NOTARY County/Office No. OR
TITLE COMPANY CERTIFICATION	PRINTED NAME OF NOTARY County/Office No. OR AND: Dealer No. OR Notary Expiration Date
TITLE COMPANY CERTIFICATION Certify that the legal description of the land and ownership is true and correct pe	PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OR Notary Expiration Date r the real property records.
TITLE COMPANY CERTIFICATION Certify that the legal description of the land and ownership is true and correct pe	PRINTED NAME OF NOTARY County/Office No. OR AND: Dealer No. OR Notary Expiration Date
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IGNATURE OF LEGAL OWNER INDICATES CON					
	SENT FOR ELIMINAT	ION OF T	TE/REMO	AL FRO	M MEAL PROPER
Signature of Legal Owner and Title, IF APP	LICABLE DI	Ly X	MG	enz	w UPBI Man
ignature of Additional Legal Owner and Title, IF APP	LICABLE	1		8	W
	ZATION/CERTIFICAT	TON FOR L	EGAL OWN	ER/\$\\$(ONATURE
T STATE OF Washington	٠		Signed or atte		0
	SK-M-C	<u> </u>	before n	ne on	y · 16 · 02
State of Washington		Slor	ature 🗀	12 -	
JAMES A COPELAND, JANT TAME OF LEG	IAL OI YNER		NERAHY	OR AGE	
MY COMMISION EXPIRES September 13,2008 PRINT Name of LEG	IAL OV.NER	PRIN	TED NAME OF N	OTABY	ope last
136	Vo dino		AND: Coun	ty/Office i	No. OR Q .JT
LAND DESCRIPTION (A least of	DNAGENTINGTARY		Medal		
LAND DESCRIPTION (A legal description of the	land can be obtained	from the l	ocal County	Assess	or's Office
ot 3, Squires' Short Plat record					
hort Plat records being a porti	North, Rang	e 8 Fa	Quarter	of t	he Northeas
eridian.	8	о па	se or th	E MTT	Tamette
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	7 7	-			- 1
	V			-9	
	7				
DEALER'S REPORT OF SALE					
CERTIFY THAT THIS INFORMATION IS CORRECT INY REQUIRED SALES TAX HAS BEEN COLLEC	THE VEHICLE IS CL	EAR OF E	NCUMBRAN	CES EX	CEFT AS SHOWN.
ERINAME (TYPED OR PRINTED)	pes.		A NUMBER		F OF BALE
CHASE PRICE TAX JURISDICYICAVTAX RATE L			h. Th		o or the
THE SUMBLIC TICKNESS RATE	DEALER'S AUTHORIZED SIG	NATURE			***************************************
USE TAX EXEMPT Sale to a Certified Tribal m	ember on the reservable	n (attach n	otosta nel mana		
ify that the above application appears to have been core ecording of this form.	npleted correctly, and th	e applicant	hes sufficient	docume	ntation to proceed wi
(TYPED OR PRINTED)					
Angela Moser	. <i>J</i>	COUNTY OFFICE/VFS OPERATOR NUMBER			
ATURE O			0 014	DATE	
TITLE FEES				9.	17-02
FEE AFPLICATION MOBILE HOME	FEE ELIMINATION	EE TI	IEE TAX		
		- '			SUBAGENT FEES
			برييف سيبرسونيون	-	TOTAL FEES & TAX
				Ĺ	
IMPORTANT: Once the application has be	sen entroved by the	· Carrie	Assalla		
Enterioring Cities, take valle	ADDICATION town to	the Cation	التراف ومستحرك المشا		
Retain proof of the recordin your original application for					•
Suint approautiti 101					
		Shirt I . I I	onolna altic	- A- #16	44
APPLICANTS: Once recorded, voi	u must return to a V	enicie Lic	ensing one	a 10 1110	the
APPI-ICANTS: Once recorded, you Manufactured Hom	u must return to a V le Application, payin s charge a service fe	a oll mania	ired fees. V	e to me	the

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please cal (360) 902-3600 or TDD (360) 664-8885.