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FILED FOR RECORD
SKAMAMIA CO. WASH
BY WASHINGTON CO. TITLE

SEP 19 2 13 PM '02

amoser
AULTON
J. MICHAEL GALIVISON

RETURN ADDRESS

Expire
Date
Date
Date

STATE OF WASHINGTON
Licensing
MANUFACTURED HOME APPLICATION

A felony 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)

MANUFACTURED HOME
PROPERTY NUMBER: 255055 YEAR: 2002 MAKE: Manor LENGTH/WIDTH (FEET): 67 X 27 VEHICLE IDENTIFICATION NUMBER (VIN): VMHI2826W23866AB
2 LAND LEGAL DESCRIPTION ON PAGE 2

MANUFACTURED HOME WILL BE AFFIXED REMOVED REAL PROPERTY TAX PARCEL NUMBER: 03-08-20-2-1-0402-00
LOT: BLOCK: PLAT NAME: SECTION/TOWNSHIP/RANGE: S20, T3N, R9E

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE
COUNTY NUMBER: 20 NUMBER OF REGISTERED OWNERS: 2 NUMBER OF LEGAL OWNERS: 1

NAME OF REGISTERED OWNER: Ronald F. Daubenspeck
NAME OF ADDITIONAL REGISTERED OWNER: Betty L. Daubenspeck

ADDRESS: PO Box 142 CITY: Camas STATE: WA ZIP CODE: 98610
NAME OF LEGAL OWNER: Riverview Community Bank

ADDRESS: PO Box 1068 CITY: CAMAS STATE: WA ZIP CODE: 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: *Ronald F. Daubenspeck*
Signature of Additional Registered Owner and Title, IF APPLICABLE: *Betty L. Daubenspeck*

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE
Notary Seal or Stamp: Notary Public, State of Washington, JAMES R COPELAND, My Commission Expires September 13, 2003
State of Washington County of Skamania Signed or attested before me on 4-8-02
Signature: *James R. Cope land*
PRINTED NAME OF REGISTERED OWNER: James R. Cope land
PRINTED NAME OF NOTARY: James R. Cope land
AND: County/Office No. OR 9-17-01 Dealer No. OR 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: the manufactured home has been affixed to the real property as described, a building permit has been issued for this purpose and the attachment will be inspected upon completion.
NAME (TYPED OR PRINTED): Madon Morat BLDG PERMIT OFFICE/PHONE #: 509-427-9484 BLDG PERMIT #: 105-02
SIGNATURE / POSITION: *Madon Morat, Building Inspector* DATE: 9-12-02

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 <i>James R. Copeland JR</i>	
Signature of Additional Legal Owner and Title, IF APPLICABLE	
NOTARY SEAL OR STAMP	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE
Notary Public State of Washington JAMES R COPELAND, JR MY COMMISSION EXPIRES September 13, 2003	State of Washington County of <u>Skamania</u> Signed or attested before me on <u>9-18-02</u>
	PRINT NAME OF LEGAL OWNER _____ Signature _____ NOTARY OR AGENT
	PRINT NAME OF LEGAL OWNER _____ PRINTED NAME OF NOTARY <u>James R. Copeland Jr</u>
	Title <u>Notary</u> AND: County/Office No. OR _____ Dealer No. OR <u>9-17-01</u> DEALER'SHIP POSITION/AGENT/NOTARY Notary Expiration Date
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)	
A tract of land located in the Northwest Quarter of the Northeast Quarter of Section 20, Township 3 North, Range 8 E.W.M., in the County of Skamania, State of Washington, described as follows: Beginning at the Northwest Corner of the NE1/4 of the Said Section 20, thence South 315 feet to the initial point of the tract hereby described; thence East 208 feet; thence South 208 feet; thence West 208 feet; thence North 208 feet to the initial point.	
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>9-19-02</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 (800) 902-3900 or TDD (360) 684-8885.