FILED FOR HEGORD SKAME STOCKASH
BY SKAMANA CO. WASH

RETURN ADDRESS		SEP 6 51 PH 102
		- ARCHAR
		J. MICHAFL GARVISON
		The second second
		MO TON
		Time!
ACENSING	MANUFACTURED F APPLICATION	EXITTLE ELIMINATION TRANSFER IN LOCATION
Anyone who knowingly makes a fall of a felony, and upon conviction ma	se statement of a malerial fact is gr ay be punished by a fine, imprison	ulity PREMOVAL FROM REAL PROPERTY ment, or both, (RCW 46.12.210)
MANUFACTUREDHOME		
l 1	MAKE LENGTH/WIDTH(FGET) GLD West 66 X 27	VEHICLE IDENTIFICATION NUMBER (VIN)
2 LAND		GIOR23 N26548 AB DESCRIPTION ON PAGE 2
MANUFACTURED HOME WILL BE	AFFIXED REMOVED	REAL PROPERTY TAX PARCEL NUMBER 03-07-36-3-3-0201-00
LOT BLOCK	PLAT NAME	SECTION/TOWNS'-IP/RANGE
3 GRANTOR(S) REGISTERED/LEG		TOMAL NAMES ON PAGE
COUNTY NUMBER 30	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
NAME OF REGISTERED OWNER		Prior Commission Inc.
Mel A. Whitworth		
Julie A. Whitworth	CITY	
PO Box 280	Stevenson	STATE ZIP CODE W/. 98648
NAME OF LEGAL OWNER Riverview Community Ba	ri k	25075
NAME OF ADDITIONAL LEGAL OWNER	1410	
ADDRESS	OITY	STATE ZIP CODE
PO Box 1068	Camas	WA 98 <u>607</u>
NAME		
DEPARTMENT OF LICENSII DO SOLEMNLY ATTEST UNDER PE	NALTY OF DED HIDY THE STATE	AM/ARE THE REGISTERED OWNER(S) OF THIS
Opinia in Opinia in Opinia	ACCURATE:	200111
Signature of Registered Own	1	Mel a. W Mwonth
Signature of Additional Registereo Own		FOR REGISTERED OWNER(S) SIGNATURE
Notary Public States	TWiqshington	. Signed or attacted
State of Washington	County of	before me on 8 - 2 7 - 02
JAMES R COPELAND	NAME OF REGISTERED OWNER	Signature NOTATION OF AGUAN
MY COMMISION EXCIPLES	IT NAME OF REGISTERED CVINER	James R. copelant 2
Tille	mental and	PRINTED NAME OF NOTARY County/Office No. OR 9 17 07 AND: Dealer No. OR 9 17 07
DEA THE TOTAL DEPARTMENT OF THE PROPERTY OF TH	LERSHIP POSITION/AGENT/NOTARY	Notary Expiration Date
pendy that the legal description of the la ME (TYPED OR PRINTED)	nd and ownership is true and correct	per thi) real property records.
WIE (TITED ON PHINTED)	TITLE CO	DMPA'N' / PHONE NUMBER
SNATURE / POSITION	Maranta principa med in approvince in a communication of third and to a complete bit under the grain	DATE
nalize this application with a Licens!i	ng Agent within 10 calendar days o	f the date Title Company Representative signs.
POILDING PERMIT OFFICE CERTIF	ICATION I home tias been affixed to the real pro	
Li a building permit i	has been issued for this purpose and	the attachment will be inspected upon a impletion.
DOISIAL DOLO	BLDG PERMIT CFFICE/PHONE #	BLDG PERMIT #
INATURE / POSITION	Manager of the second s	3/30/02
201729 MANUF HOME AFPL (R/8/88) OR Page 1 o	1 2	2/34/6/2

SIGNATURE OF LE	LEGAL OWNER					
C.C.I.C.I.C.I.C.I.C.I.C.I.C.I.C.I.C.I.C	GAL OWNER IN	DICATES CONS	ENT FOR ELIMINA	ON OF T	LE BEHOV	ML FROM REAL PROPI
	of Legal Owner ar				NGDE,	rsell
Signature of Addition	al Legal Owner ar	nd Title, IF APPLI	CABLE	'		
NOTARY SEAL OR S	TAMP		ATIONCERTIFICAT	TION FOR	LEGAL OWNE	R(S) SIGNATURE
-	State	of Washington	r/		Signed or attes	
	tary Public	County of _	UKEMAN	<u> </u>	. before me	
	of Washingto			Sig	nature	Redl
JAMES H	COPELANT	THE DE LEGAL	OWNER	-	NOTATHY	R AGEN
MY COM	IMISION EXPIRED	INT NAME OF LEGAL	OWNER		T-Mes	a copelar
Sept	ember 13,2003 F			Criti	County	/Office No. OF
	Di	ALERSHIP POSITION			AND: Notary	Dealer No. On 9 -/3 Expiration Date
LAND DESCRIPT	ION (A legal des	cription of the la	and can be obtaine	d from the	local County A	Assessor's Office
A tract of 1	and in the	Southwest	Quarter of	the So	uthwest Ou	arter of Secti
oo, rownsurp	2 MOLLIN.	karee / mas	the Wi	1 amat	co Mosedala	iarter of Secti in, in the Cour
	Death Of 1	seemrne ron	described .	as rol.	Lows:	
Lot 1 of the	H. Rehal S	Short Plat,	recorded in	n Book	3 of Shor	t Plats, Page
156, Skamania	a County Ro	cords.	•			
			4			4 1
		7				
					400	. "
DE ALER'S REPO	IT OF SALE					
	THE RESERVE OF THE PERSON OF T	ON IS CORRECT. BEEN COLLECT	THE VEHICLE IS C	LEAR OF	ENCUMBRANC	ES EXCEPT AS SHOW
ALER NAME (TYPED OR	PRINTED)			WA DEAL	ER NUMBER	DATE OF SALE
IRCHASE PRICE	TAX JURISDICT	ION/TAX RATE DE	ALER'S AUTHORIZED SI	GNATURE		
				l.	1	
TTHE TAY EV	EMPT Sale to a C	Certified Tribal me	mber on the reserval	lon (attach	notarized staten	nent of delivery).
C COL TAX EN		SING OFFICE AI	PPROVAL: (Not for	iven hy St	(harranta)	
COCKITADDITO	VAGENT LICEN	Name and Address of the Owner, where the Party of the Owner, where the Party of the Owner, where the Party of the Owner, where the Owner, which is the Owner, whi		dam minus liberary		market and the second
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ertify that the above as a recording of this form	plication appears n.	to have been com	pleted correctly, and t		FFICE/VFS OPERA	
ertify that the above as a recording of this form	plication appears n.	to have been com	pleted correctly, and t			TOR NUMBER
Procedure Application of the formation o	plication appears n.	to have been com	pleted correctly, and t		FFICE/VFS OPERA	
POTITIVE THE BOOK OF THE STATE	Moser Mesu	to have been com		COUNTY	FFICE/VFS OPERA	TOR NUMBER DATE
TITLE FEE	plication appears n.	MOBILE HOME	J	COUNTY	FFICE/VFS OPERA	NOR NUMBER S DATE 9-6-02
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eritly that the above age recording of this form ME (TYPED OR PRINTED) ANATURE TITLE FEES	Moser Mesu	to have been com		COUNTY	OFFICENFS OPERA O ~O (~ O)	DATE 9-10-02 SUBAGENT FEES
anaturie TITLE FEES	PRICATION PELICATION	MOBILE HOME	FEE ELIMINATION	FEE	OFFICE/VFS OPERA	STOR NUMBER DATE 9-10-02 SUBAGENT FEES TOTAL FEES & TAX
ericording of this form	PRICATION Once the app	MOBILE HOME A	ELIMINATION	FEE	USE TAX	SUBAGENT FEES TOTAL FEES & TAX
TITLE FEES	PELICATION Once the app Licensing Off Fietain proof	MOBILE HOME F	en approved by the application form to the policy of the p	FEE County of the County	USE TAX Auditor / Very tay to the coording of the coordinate of the coo	DATE 9-10-02 SUBAGENT FEES TOTAL FEES & TAX
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The Department of Licensing has a policy of providing equal access to its cervices. If you need special accommodation, please cal (360) 902-3600 or TDD (360) 664-8685.