

146334

BOOK 231 PAGE 280

FILED FOR RECORD
SKAMANIA CO. WASH
BY James & Anna Sue LaFollette

OCT 25 3 34 PM '02

J. MICHAEL CARVISON

RETURN ADDRESS

James H. LaFollette
782 Little Rock Creek Rd
Cook, Wa 98605

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 46.12.210)					
1 MANUFACTURED HOME					
TPO / PLATE NUMBER +105552	YEAR 1996	MAKE GOLDE	LENGTH/WIDTH (FEET) 46 X 38	VEHICLE IDENTIFICATION NUMBER (VIN) N16594	
2 LAND					
LEGAL DESCRIPTION ON PAGE					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 03091800100300					
LOT 3+4	BLOCK	PLAT NAME LaFollette Short Plat		SECTION/TOWNSHIP/RANGE	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS 2		NUMBER OF LEGAL OWNERS 2		
NAME OF REGISTERED OWNER James H. LaFollette					
NAME OF ADDITIONAL REGISTERED OWNER ANNA SUE LaFollette					
ADDRESS 782 Little Rock Creek Rd, Cook, Wa. 98605					
CITY Cook, Wa. 98605					
STATE WA					
ZIP CODE 98605					
NAME OF LEGAL OWNER James H. LaFollette					
NAME OF ADDITIONAL LEGAL OWNER ANNA SUE LaFollette					
ADDRESS 782 Little Rock Creek Rd, Cook, Wa. 98605					
CITY Cook, Wa. 98605					
STATE WA					
ZIP CODE 98605					
GRANTEE					
NAME State of Washington 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 James H. LaFollette					
Signature of Additional Registered Owner and Title, IF APPLICABLE Anna Sue LaFollette					
NOTARY SEAL OR STAMP					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington County of Skamania					
Signed or attested before me on 10/25/02					
by James LaFollette PRINT NAME OF REGISTERED OWNER					
Signature J. Lowry					
by Anna Sue LaFollette PRINT NAME OF REGISTERED OWNER					
Signature J. Lowry					
Title Agent					
DEALERSHIP POSITION/AGENT/NOTARY					
AND: Court/Office No. OR Dealer No. OR Notary Expiration Date 300106					
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 checked="" 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 #					
DATE					
Signature / Position Marion Morat, Building Inspector					
DATE 10-25-02					

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 _____					
Signature of Additional Legal Owner & Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
		State of Washington County of _____		Signed or attested before me on _____	
		by _____ PRINT NAME OF LEGAL OWNER		Signature _____ NOTARY OR AGENT	
		by _____ PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY _____	
		Title _____ DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR Dealer No. OR Notary Expiration Date _____	
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
Lots 3+4 of the La Follette Short Plat, according to the recorded plat in Book 3, page 366 of Short Plats, in the county of Skamania and 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) <i>Peggy Lowry</i>		COUNTY OFFICE/VFS OPERATOR NUMBER <i>300106</i>			
SIGNATURE <i>P. Lowry</i>		DATE <i>10/25/02</i>			
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 (360) 902-3600 or TDD (360) 864-8385.