

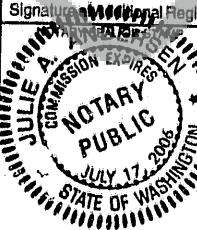
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BOOK 231 PAGE 432

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

RETURN ADDRESS

Oct 29 2 11 PM '02
P. Lawry
AU. FOR
J. MICHAEL GARVISON

MANUFACTURED HOME APPLICATION				PLEASE CHECK ONE
STATE OF WASHINGTON Department of LICENSING				
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				
TP# / PLATE NUMBER	YEAR	MAKE	LENGTH/W/DTL/FEET	VEHICLE IDENTIFICATION NUMBER (VIN)
7114275	1995	MOB	70 X 28	11821037AB
2 LAND MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED REAL PROPERTY TAX PARCEL NUMBER 03-08-20-1-4-0209-00				
LOT 8	BLOCK	FLAT NAME	SECTION/TOWNSHIP/RANGE	
<i>Amended Newman Sub</i>				
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE				
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
20	1		1	
NAME OF REGISTERED OWNER	<i>Clara P. Dudley</i> <i>Riverview Community Bank</i>			
ADDRESS	CITY	STATE	ZIP CODE	
PO Box 237	Carson	WA	98610	
NAME OF LEGAL OWNER				
ADDRESS	CITY	STATE	ZIP CODE	
PO Box 1068	Comas	WA	98607	
GRANTEE				
NAME				
DEPARTMENT OF LICENSING I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I/WE ARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE:				
<i>Clara B. Dudley</i>				
<i>Julie A. Andersen</i>				
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE				
		State of Washington County of Skamania Signed or attested before me on <u>10/24/02</u> by <u>Clara B. Dudley</u> PRINT NAME OF REGISTERED OWNER Title <u>Notary</u> DEALESHIP POSITION, AGENT/NOTARY		
		Signature <u>Julie A. Andersen</u> NOTARY OR AGENT PRINTED NAME OF NOTARY AND: County/Office No. OR Dealer No. OR Notary Expiration Date <u>7/17/2003</u>		
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) <u>Marlon Morat</u> TITLE COMPANY / PHONE NUMBER <u>509-427-9484</u>				
SIGNATURE / POSITION <u>Marlon Morat, Building Inspector</u> DATE <u>10-29-02</u>				
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) <u>Marlon Morat</u> BLDG PERMIT OFFICE/PHONE # <u>509-427-9484</u> BLDG PERMIT # <u>3412</u> SIGNATURE / POSITION <u>Marlon Morat, Building Inspector</u> DATE <u>10-29-02</u>				

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 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> PRINT NAME OF LEGAL OWNER <u>Anthony McKenzie</u> by <u>James R. CopeLand Jr</u> PRINT NAME OF NOTARY <u>Anthony McKenzie</u> Title <u>Notary</u> DEALERSHIP POSITION/AGENT/NOTARY	Signed or attested before me on <u>10-28-07</u> Signature <u>James R. CopeLand Jr</u> PRINTED NAME OF NOTARY <u>Anthony McKenzie</u> AND: County/Office No. OR Dealer No. OR <u>9-17-07</u> Notary Expiration Date	

7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)

Lot 8 of the AMENDED NEWMAN SUBDIVISION, according to the recorded plat thereof, recorded in Book "B" of Plats, Page 85, in the County of Skamania, State of Washington.

EXCEPT that portion conveyed to Skamania County by instrument recorded in Book 52, Page 840.

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)	COUNTY OFFICE/FB OPERATOR NUMBER				
SIGNATURE	300106				
DATE, <u>10/29/07</u>					
10 TITLE FEES					
FILING FEE	APPLICATION	M HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX

IMPORTANT: Once your 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.

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.

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.

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) 604-8885.