

146382

BOOK 231 PAGE 432

FILED FOR RECORD
SKAMMIA CO. WASH.
BY SKAMMIA CO. TITLE

Oct 29 2 11 PM '02

J. Michael Garvison
Auditor

RETURN ADDRESS

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)				<input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> REMOVAL FROM REAL PROPERTY	
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
Z114275	1995	MOR	70 X 28	11821037AB	
2 LAND					
LEGAL DESCRIPTION ON PAGE 2					
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	BLOCK	FLAT NAME		SECTION/TOWNSHIP/RANGE	
8		Amedeo Newman Sub			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
20		1		1	
NAME OF REGISTERED OWNER					
Clara P. Dudley					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS					
PO Box 237		CITY		STATE	ZIP CODE
		Carson		WA	98610
NAME OF LEGAL OWNER					
Riverview Community Bank					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS					
PO Box 1068		CITY		STATE	ZIP CODE
		Omas		WA	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 <u>Clara B. Dudley</u>					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington		Signed or attested before me on 10/24/02			
County of Skamania					
by Clara B. Dudley		Signature Julie A. Andersen			
PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT			
by Julie A. Andersen		PRINTED NAME OF NOTARY			
PRINT NAME OF REGISTERED OWNER		County/Office No. OR			
Title Notary		Dealer No. OR			
DEALERSHIP POSITIVE/AGENT/NOTARY		AND: Notary Expiration Date 7/17/2004			
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)		BLOG PERMIT OFFICE/PHONE #		BLOG PERMIT #	
Marlon Morat		509-427-9484		3412	
SIGNATURE / POSITION		DATE			
Marlon Morat, Building Inspector		10-29-02			

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 <u>James R. Cope and JR</u>			
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>10-24-02</u> <u>James R. Cope and JR</u> PRINT NAME OF LEGAL OWNER Signature <u>James R. Cope and JR</u> NOTARY OR AGENT PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OR <u>9-17-02</u> AND: 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 "D" 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) <u>Peggy Laury</u>		COUNTY OFFICE/VFS OPERATOR NUMBER <u>300106</u>	
SIGNATURE <u>Peggy Laury</u>		DATE <u>10/29/02</u>	
10 TITLE FEES			
FILING FEE	APPLICATION	HOME FEE	ELIMINATION FEE
		USE TAX	SUBAGENT FEES
TOTAL FEES & TAX			
IMPORTANT: Once 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) 664-8885.