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

Nov 1 11 42 AM '02

Amoser
J. MICHAEL GARVISON

RETURN ADDRESS

STATE OF WASHINGTON Department of Licensing		MANUFACTURED HOME APPLICATION		PLEASE CIRCLE 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 48.12.210)					
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
209204	2001	FLEET	27 X 60	ORFLY48A27542LP13	
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 02-05-33-0-0-1800-00					
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
2		Hoffman Short Plat		S33, T2N, R5E	
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
30	1		1		
NAME OF REGISTERED OWNER					
Tom Alfred Williams					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS CITY STATE ZIP CODE					
252 Hanlon Road Washougal WA 98671					
NAME OF LEGAL OWNER					
WELLS FARGO HOME MORT. 'AGE					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS CITY STATE ZIP CODE					
12550 SE 93rd Ave. Clackamas OR 97015					
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:					
Signature of Registered Owner and Title, IF APPLICABLE <i>Tom Alfred Williams</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington <i>Skamania</i> Signed or attested before me on <i>4/19/02</i>					
County of <i>Skamania</i> Signature <i>Maria P. Spencer</i>					
by <i>TOM ALFRED WILLIAMS</i> PRINT NAME OF REGISTERED OWNER					
by <i>Maria P. Spencer</i> PRINT NAME OF NOTARY					
Title <i>Notary Public</i> AND: County/Office No. OR <i>4/24/05</i>					
DEALERSHIP / AGENT / NOTARY					
4 TITLE COMPANY CERTIFICATION					
I certify that the legal description of the 'and 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 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 #					
<i>Marlon Morat</i> <i>509-429-9484</i> <i>118-01</i>					
SIGNATURE / POSITION DATE					
<i>Marlon Morat</i> <i>Building Inspector</i> <i>4-16-02</i>					

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>Sue Ward, Joan Clasen</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
 OFFICIAL SEAL MINDY R. CONNER NOTARY PUBLIC COMMISSION NO. 321701 MY COMMISSION EXPIRES MAR 17 2003		State of Washington County of <u>Clackamas</u>		Signed or attested before me on <u>10/30/02</u>	
		Signature <u>Sue Ward</u>		Signature <u>Mindy R. Conner</u>	
		PRINTED NAME OF LEGAL OWNER <u>Sue Ward</u>		PRINTED NAME OF NOTARY <u>Mindy R. Conner</u>	
		Title <u>Notary</u>		AND: County/Office No. OR Dealer No. OR Notary Expiration Date <u>3/17/03</u>	
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
A tract of land in the Northeast Quarter of Section 33, Township 2 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows: Lot 2 of the Hoffman Short Plat recorded in Book 3 of Short Plats, Page 350, Skamania County Records.					
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)			VIA 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/PS OPERATOR NUMBER		
SIGNATURE			DATE		
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> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <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> </div> <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) 902-3601 or TDD (360) 884-8885.