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BOOK 231 PAGE 885

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

Nov 7 9 36 AM '02

J. Michael Garvison
AUDITOR

RETURN ADDRESS

STATE OF WASHINGTON 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					
TPD / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH/HEIGHT	VEHICLE IDENTIFICATION NUMBER (VIN)	
	1998	Fleetwood	28x60	WAFLW31158580G13	
2 LAND					
LEGAL DESCRIPTION ON PAGE					
MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 02072034230000					
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
23	8	Relocated North Bonneville			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
30	2				
NAME OF REGISTERED OWNER					
Michael S. Coogan					
NAME OF ADDITIONAL REGISTERED OWNER					
Lela A. Coogan					
ADDRESS	CITY		STATE	ZIP CODE	
823 Celilo	North Bonneville		WA	98648	
NAME OF LEGAL OWNER					
Riverview Savings Bank					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS	CITY		STATE	ZIP CODE	
700 NE 4th Avenue	Camas		WA	98607	
GRANTEE					
NAME					
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 <i>Michael S. Coogan</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Lela A. Coogan</i>					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington					
County of <u>CLARK</u>					
Signed or attested before me on <u>Aug. 20, 2002</u>					
by <u>Michael S. Coogan</u> Signature <i>Colleen Appel</i>					
PRINT NAME OF REGISTERED OWNER					
Lela A. Coogan					
by <u>Colleen Appel</u> Signature <i>Colleen Appel</i>					
PRINT NAME OF NOTARY					
Title <u>Notary Public</u>					
DEALERSHIP POSITION/AGENT/NOTARY					
AND: County/Office No. OR <u>Oct 23, 2004</u>					
Notary Expiration Date					
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: ☐ the manufactured home has been affixed to the real property as described,					
☐ 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 #					
SIGNATURE / POSITION					
DATE					
<i>David Nail / Building Inspector</i>					
<u>9/3/02</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 <u>Karen M Nelson</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
LORI A. JACKSON STATE OF WASHINGTON NOTARY PUBLIC My Commission Expires June 1, 2007		State of Washington County of <u>Clark</u>		Signed or attested before me on <u>10-16-02</u>	
		by <u>Karen M Nelson SVP</u> PRINT NAME OF LEGAL OWNER		Signature <u>Lori A Jackson</u> NOTARY OR AGENT	
		by _____ PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY <u>Lori A Jackson</u>	
		Title <u>Notary Public</u> DEALERSHIP POSITION/AGENT/NOTARY		AND: County/Office No. OR _____ Dealer No. OR <u>6-1-03</u> Notary Expiration Date _____	
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
Lot 23, Block 8, Plat of Relocated North Bonneville recorded in Book 8 of Plats, page 16 also recorded in Book 8 of Plats page 32, in the County of Skamania, 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) <u>Elewood Retail</u>			WA DEALER NUMBER <u>4173</u>		DATE OF SALE <u>3-7-98</u>
PURCHASE PRICE <u>\$53,900.00</u>		TAX JURISDICTION/TAX RATE <u>7.6</u>		DEALER'S AUTHORIZED SIGNATURE <u>Karen M Nelson</u>	
☐ 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 Lowry</u>			COUNTY OFFICE/VFS OPERATOR NUMBER <u>30 0106</u>		
SIGNATURE <u>Peggy Lowry</u>			DATE <u>11/17/02</u>		
10 TITLE FEES					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX
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. 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.