

146656

BOOK 232 PAGE 609
FILED FOR RECORD
SKAMANA CO. WASH
BY Pacific NW Title

RETURN ADDRESS

Pacific Northwest Title

9020 SW Washington Sq. Rd., Ste 120

Tigard, OR 97223

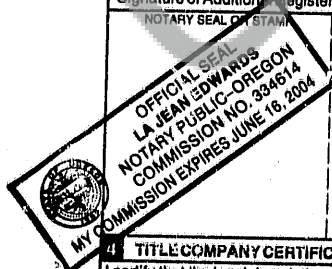
ATTN: WLH

Nov 20 11 39 AM '02

Amoser
J. MICHAEL GARVISON

☒ Title
☒ Location
☒ Removal
☒ Other

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 48.12.210)		<input checked="" type="checkbox"/> TITLE ELIMINATION		<input type="checkbox"/> TRANSFER IN LOCATION	
		<input type="checkbox"/> REMOVAL FROM REAL PROPERTY			
1 MANUFACTURED HOME					
PLAT / PLATE NUMBER 6189769	YEAR 2000	MAKE Palm	LENGTH/WIDTH (FEET) X	VEHICLE IDENTIFICATION NUMBER (VIN) 1H204345	
2 LAND					
LEGAL DESCRIPTION ON PAGE					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED		REAL PROPERTY TAX PARCEL NUMBER 020527000400200			
LOT 13	BLOCK	PLAT NAME River Edge Acres	SECTION/TOWNSHIP/RANGE V		
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS 2		NUMBER OF LEGAL OWNERS 1	
NAME OF REGISTERED OWNER Peter J. Kingsbury					
NAME OF ADDITIONAL REGISTERED OWNER Lisa J. Kingsbury					
ADDRESS 1912 Cedar Falls Rd. Washington, WA 98671					
NAME OF LEGAL OWNER Washington Mutual Bank					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS 811 SW 6th Ave 200/97810 WA Portland, OR 97204					
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>Peter J. Kingsbury</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Lisa J. Kingsbury</i>					
NOTARY SEAL OR STAMP					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington		Signed or attested before me on 25 July 2001			
County of Sharamia					
by Peter L. Kingsbury		Signature			
PRINT NAME OF REGISTERED OWNER		NOTARY OR AGENT			
by Lisa J. Kingsbury		Signature			
PRINT NAME OF REGISTERED OWNER		PRINTED NAME OF NOTARY			
Title		AND: County/Office No. OR			
DEALERSHIP POSITION/AGENT/NOTARY		Dealer No. OR			
		Notary Expiration Date 6/1/02			
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 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)		BLOG PERMIT OFFICE/PHONE #		BLOG PERMIT #	
Karlton Morat		509-432-9484		191-00	
SIGNATURE / POSITION		DATE			
Karlton Morat, Building Inspector		11-13-02			



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 and Title, IF APPLICABLE

NOTARY SEAL OR STAMP

OFFICIAL SEAL

S. J. LEE

NOTARY PUBLIC-OREGON
COMMISSION NO. 313587
MY COMMISSION EXPIRES JUNE 15, 2002

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of ~~Washington~~ ^{Oregon}
County of ClackamasSigned or attested
before me on 1-21-02by Suzanne M. Hall
PRINT NAME OF LEGAL OWNERSignature [Signature]
NOTARY OR AGENTby
PRINT NAME OF LEGAL OWNERSignature [Signature]
PRINT NAME OF NOTARYTitle
DEALERSHIP POSITION/AGENT/NOTARYAND: County/Office No. OR
Dealer No. OR
Notary Expiration Date 6/15/02**7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)**Lot 13, River Edge Acres, according to the recorded plat thereof,
recorded in Book B of Plats, Page 96, 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)

WA DEALER NUMBER

DATE OF SALE

PURCHASE PRICE

TAX JURISDICTION/TAX RATE

DEALER'S AUTHORIZED SIGNATURE

☐ **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/VFS OPERATOR NUMBER

SIGNATURE

DATE

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.