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BOOK 235 PAGE 868

FILED IN RECORD
SKAMIA CO. WASH
BY SKAMIA CO. TITLE

RETURN ADDRESS

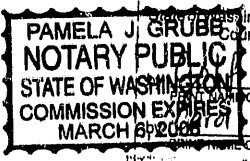
Lynnwood Escrow
P.O. Box 5857
Lynnwood WA 98046
Escrow 70020968

JAN 22 11 21 AM '03

Smoser
J. MICHAEL SMOSER

EXPENSE
STAMP
DATE
TIME

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)	
	2003	Fleetwood	60 X 28	ORFL248A28887-GH13	
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 04 07 26 3 0 1504 00					
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
2		Rich Meadows Sub. Div.			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
30	2		1		
NAME OF REGISTERED OWNER					
David A. Achziger					
NAME OF ADDITIONAL REGISTERED OWNER					
Debra M. Achziger					
ADDRESS		CITY	STATE	ZIP CODE	
122 Meadow Crest Dr		Carson	WA	98610	
NAME OF LEGAL OWNER					
Golf Savings Bank					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS		CITY	STATE	ZIP CODE	
P.O. Box 5810		Lynnwood	WA	98046	
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 <i>David A. Achziger</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE <i>Debra M. Achziger</i>					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
Notary Public State of Washington JAMES R COPELAND, JR. MY COMMISSION EXPIRES September 13, 2003		State of Washington County of Skamania		Signed or attested before me on 9-10-02	
		PRINT NAME OF REGISTERED OWNER		Signature <i>David A. Achziger</i>	
		PRINT NAME OF REGISTERED OWNER		Signature <i>Debra M. Achziger</i>	
		Title		PRINTED NAME OF NOTARY	
		DEALERSHIP POSITION/AGENCY/NOTARY		County/Office No. OR	
				Declarer No. OR	
				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: <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 #	
Marlon Morat		509-422-9484		101-02	
SIGNATURE / POSITION				DATE	
<i>Marlon Morat</i>		Building Inspector		1-8-03	

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>Caul M. Warr, Sr VP</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
		County of <u>Snohomish</u>		Signed or attested before me on <u>12/30/02</u>	
		Savings Bank		Signature <u>Pamela J. Grubb</u>	
		M. Warr, Sr VP		PRINTED NAME OF NOTARY <u>Pamela J. Grubb</u>	
		Title <u>Notary</u>		County/Office No. OR <u>3606</u>	
DEALERSHIP POSITION/AGENT/NOTARY		AND: Dealer No. OR		Notary Expiration Date	
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
Lot 2 Rich Meadows Subdivision According to the Recorded Plat thereof, Recorded in Book B of Plats, Page 106, 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 CUMBRANCES EXCEPT AS SHOWN. ANY REQUIRED SALES TAX HAS BEEN COLLECTED.					
DEALER NAME (TYPED OR PRINTED) <u>Fleetwood Homes</u>			WA DEALER NUMBER <u>4173</u>	DATE OF SALE <u>1-16-02</u>	
PURCHASE PRICE <u>76,357.00</u>	TAX JURISDICTION/TAX RATE <u>7.7%</u>	DEALER'S AUTHORIZED SIGNATURE <u>Phil Meade</u>			
<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>Angela Moser</u>			COUNTY OFFICE/VFS OPERATOR NUMBER <u>30-01-28</u>		
SIGNATURE <u>Angela Moser</u>			DATE <u>1-22-03</u>		
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> <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> <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) 902-3600 or TDD (360) 664-8885.