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FILED IN...
SKAMANIA CO, WASH

FEB 26 11 56 AM '03

Amason

J. MICHAEL HENSON

RETURN ADDRESS

STATE OF WASHINGTON Department of Licensing
MANUFACTURED HOME APPLICATION

PLEASE CHECK ONE

- TITLE ELIMINATION
- TRANSFER IN LOCATION
- REMOVAL FROM REAL PROPERTY

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
TPO / PLATE NUMBER: 2003 MAKE: GLD West LENGTH/WIDTH(FEET): 40 X 27 VEHICLE IDENTIFICATION NUMBER (VIN): GIOR23 N26750 AB

2 LAND
LEGAL DESCRIPTION ON PAGE 2
MANUFACTURED HOME WILL BE AFFIXED REMOVED
REAL PROPERTY TAX PARCEL NUMBER: 02-05-11-2-4-0110-00

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)
COUNTY NUMBER: 30 NUMBER OF REGISTERED OWNERS: 1 NUMBER OF LEGAL OWNERS: 1

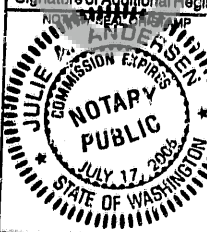
NAME OF REGISTERED OWNER: Cecil J. Henson
NAME OF ADDITIONAL REGISTERED OWNER:

ADDRESS: 16421 Washington / River Rd Washington WA 98671
CITY: Washington STATE: WA ZIP CODE: 98671
NAME OF LEGAL OWNER: Washington Mutual

ADDRESS: 20001 Prairie Street Chatsworth, CA 91311
CITY: Chatsworth STATE: CA ZIP CODE: 91311
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: *Cecil J. Henson*
Signature of Additional Registered Owner and Title, IF APPLICABLE:



NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE
State of Washington County of Skamania Signed or attested before me on 11/20/02
by Cecil J. Henson PRINT NAME OF REGISTERED OWNER Signature: *Julie A. Andersen*
by Julie A. Andersen PRINT NAME OF REGISTERED OWNER NOTARY OR AGE
Title: Notary AND: Count./Office No. OR Dealer No. OR Notary Expiration Date 7-17-2006

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): Marlon Morat BLDG PERMIT OFFICE PHONE #: 509-427-9484 BLDG PERMIT #: 231-02
SIGNATURE / POSITION: *Marlon Morat, Building Inspector* DATE: 2-8-03

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 _____

Signature of Additional Legal Owner and Title, IF APPLICABLE _____

NOTARY SEAL OR STAMP	NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE	
	State of Washington County of _____	Signed or attested before me on _____
	by _____ PRINT NAME OF LEGAL OWNER	Signature _____ NOTARY OFFICER
	by _____ PRINT NAME OF LEGAL OWNER	PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OR Title _____ AND: Notary Expiration Date _____

7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)

Lot 10, HIDEAWAY II, according to the plat thereof, recorded in Book "B" of Plats, Page 4, 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) <i>Angela Moser</i>	COUNTY OFFICE/FS OPERATOR NUMBER <i>30-0108</i>
SIGNATURE <i>Angela Moser</i>	DATE <i>12-26-03</i>

10 TITLE FEES

FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	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) 884-8885.

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7 SIGNATURE OF LEGAL OWNER

SIGNATURE OF LEGAL OWNER INDICATES CONSENT FOR ELIMINATION OF TITLE / REMOVAL FROM REAL PROPERTY.

Legal Owner and Title, IF APPLICABLE Rosa Mora

Signature of Additional Legal Owner and Title, IF APPLICABLE DE Washington Mutual

8 NOTARIZATION CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of California Signed or attested before me on Feb 21, 2003

County of Los Angeles

by Rosa Mora Signature Catalina Escalante

DE Washington Mutual PRINTED NAME OF LEGAL OWNER NOTARY AGENT

PRINTED NAME OF NOTARY Catalina Escalante

County/Office No. OR AND: Dealer No. OR Notary Expiration Date Aug 2004

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DEALER NAME (TYPED OR PRINTED) _____ V/A DEALER NUMBER _____ DATE OF SALE _____

PURCHASE PRICE _____ TAX JURISDICTION/TAX RATE _____ DEALER'S AUTHORIZED SIGNATURE _____

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NAME (TYPED OR PRINTED) _____ COUNTY OFFICE/VPS OPERATOR NUMBER _____

SIGNATURE _____

10 TITLE FEES

FILED FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	COUNTY FEES
					TOTAL FEES & TAX

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Signature of Legal Owner and Title, IF APPLICABLE _____

Signature of Additional Legal Owner and Title, IF APPLICABLE _____

NOTARY SEAL OR STAMP

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of Washington Signed or attested
 County of _____ before me on _____

by _____ Signature _____ NOTARY OR AGENT
PRINT NAME OF LEGAL OWNER

by _____ PRINTED NAME OF NOTARY
PRINT NAME OF LEGAL OWNER

Title _____ AND: County Office No. OR
DEALERSHIP POSITION/AGENT/NOTARY Dealer No. OR
 Notary Expiration Date _____

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DEALER NAME (TYPED OR PRINTED) <i>Golden Pacific Homes</i>	WA DEALER NUMBER <i>4076</i>	DATE OF SALE <i>1-31-03</i>
PURCHASE PRICE <i>41164.00</i>	TAX (IN ADDITION) TAX RATE <i>7.0%</i>	DEALER'S AUTHORIZED SIGNATURE <i>[Signature]</i>

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NAME (TYPED OR PRINTED)	COUNTY OFFICE/FS OPERATOR NUMBER
SIGNATURE	DATE

10 TITLE FEES

FILED FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX

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