

148033

BOOK 239 PAGE 149

FILED IN RECORD
SKAN WASH
BY SHAWANA CO. TITLE

RETURN ADDRESS

MAR 20 2 45 PM '03

J. MICHAEL GARVISON

☒ Insured
☒ Additional Use
☒ Direct
☒ Titled
☒ Waived

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)					
1 MANUFACTURED HOME					
TPO / PLATE NUMBER	YEAR	MAKE	LENGTH/WIDTH (FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)	
	2003	Skyline	56 X 28	B891-0331-R AB	
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 03-10-22-1-1-0703-00					
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
3		Virginia Tate Short Plat			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
30		1		1	
NAME OF REGISTERED OWNER					
Michael R. Allen					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS CITY STATE ZIP CODE					
PO Box 1682 Fairview OR 97024					
NAME OF LEGAL OWNER					
Aegis Wholesale Corporation					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS CITY STATE ZIP CODE					
10220 SW Greenburg Road #320 Portland OR 97223					
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>Michael Allen</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
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 <i>Shawana</i> Signed or attested before me on <i>2-10-03</i> Signature <i>J. R. Copeland Jr.</i> NOTARY OR AGENT PRINTED NAME OF NOTARY County/Office No. OR Dealer 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		509-427-9484		195-02	
SIGNATURE / POSITION		DATE			
<i>Marlon Morat</i> Building Inspector		2-20-03			

148033

BOOK 239 PAGE 149

FILED IN RECORD
SKANEATELE, WASH
BY SHARON A. COPELAND, CLERK

MAR 20 2 45 PM '03

J. MICHAEL GARVISON

RETURN ADDRESS

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 4B.12.010)		<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	Skyline	56 X 28	B891-0331-R AB	
2 LAND					
LEGAL DESCRIPTION ON PAGE 2					
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REAL PROPERTY TAX PARCEL NUMBER 03-10-22-1-1-0703-00					
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE		
3		Virginia Tate Short Plat			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS		
30	1		1		
NAME OF REGISTERED OWNER					
Michael R. Allen					
NAME OF ADDITIONAL REGISTERED OWNER					
ADDRESS CITY STATE ZIP CODE					
PO Box 1682 Fairview OR 97024					
NAME OF LEGAL OWNER					
Aegis Wholesale Corporation					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS CITY STATE ZIP CODE					
10220 SW Greenburg Road #320 Portland OR 97223					
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>Michael Allen</i>					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
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 2-10-03 Signature <i>J. R. Copeland</i> NOTARY OR AGENT PRINTED NAME OF NOTARY County/Office No. OR Dealer No. OR Notary Expiration Date 1-13-03			
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)		BLOG PERMIT OFFICE/PHONE #		BLOG PERMIT #	
Marlon Morat		509-427-9484		195-02	
SIGNATURE / POSITION		DATE			
<i>Marlon Morat, Building Inspector</i>		2-20-03			

BOOK 239 PAGE 150 THURS

FEB 12 2003

10:00

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>Carolyn M. Busk</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
		State of <u>Oregon</u>		Signed or attested before me on <u>2-14-03</u>	
		County of <u>Washington</u>		Signature <u>Vickie L. Hunter</u>	
		PRINT NAME OF LEGAL OWNER <u>Carolyn Busk</u>		NOTARY OR AGENT	
		PRINT NAME OF LEGAL OWNER _____		PRINTED NAME OF NOTARY <u>Vickie L. Hunter</u>	
Title _____		DEALERSHIP POSITION/AGENT/NOTARY _____		AND: County/Office No. OR _____ Dealer No. OR _____ Notary Expiration Date <u>8-31-03</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 22, Township 3 North, Range 10 East of the Willamette Meridian, in the County of Skamania, State of Washington, Described as follows: Lot 3 of the Virginia Tate Short Plat, recorded in Book 3 of Short Plats, Page 107, 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)		WA 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/VS OPERATOR NUMBER			
<u>Angela Moser</u>		<u>30-01-018</u>			
SIGNATURE <u>Angela Moser</u>		DATE <u>2/12/03</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) 902-5600 or TDD (360) 664-8885.

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 OR AGENT
	by _____ PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY _____ County/Office No. OR Dealer No. OR Notary Expiration Date _____
	Title _____ DEALERSHIP POSITION/AGENT/NOTARY		AND _____
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 22, Township 3 North, Range 10 East of the Willametta Meridian, in the County of Skamania, State of Washington, Described as follows: Lot 3 of the Virginia Tate Short Plat, recorded in Book 3 of Short Plats, Page 107, 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) <i>Columbia Mtg Homes</i>		WA DEALER NUMBER <i>6102-0632</i>	DATE OF SALE <i>10-14-02</i>
PURCHASE PRICE <i>55,500.00</i>	TAX JURISDICTION TAX RATE <i>7%</i>	DEALER'S AUTHORIZED SIGNATURE <i>Michelle Walcott</i>	
<input checked="" 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 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> <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 Instruction</p>			

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