FILE COLF LEGURD SKAN FER TO WASH BY SHAMAWA FOR ARCH.

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					PLEASE CHECK ON	77.3
	<u> </u>	AP	ACTURED IN PLICATION OF COMMENT O		TLE ELIMINATION RANSFER IN LOCATION EMOVAL FROM REAL PRO	
of a felony, and up	on c)nviction n	nay be punished	i by a fine, imprisor	iment, or both. (F	ICW 46.12.210)	
MANUFACTU	REDHOME					···
TPO / PLATE NUMBER	YEAR	MAKE	LLNGTHWIDTH(FEET)	VEHICLE IDENTIFIC	CATION NUMBER (VIN)	
2 14015	2003	Skyline	56 X 28		-0331R AB	
2 LAND			LEGA	L DESCRIPTION		
MANUFACTURED	HOME WILL BE	YAT AFFIXED	REMOVED		Y TAX PARCEL NUMBER 2-1-1-0703-00	-
LOT	BLOCK	PLAT NAME			SECTION/TOWNSHIP/RANGE	
3		Virgin	ia Tate Shor	t Plat		
3 GRANTOR(S)	REGISTERED/LE			TIONAL NAMES		
COUNTY NUMBER	2	NUMBER C	F REGISTERED OWNER	NU	MBER OF LEGAL OWNERS	
30 NAME OF REGISTERED	OWNER		1			
			a Nasa			
Michael R.	EGISTERED OWNER					
				7		
AODRESS			CITY		STATE ZIP COUE	
PO Box 1682		Fa	irview		OR 97024	
NAME OF LEGAL OWNER	•					
Aegis Whole NAME OF ADDITIONAL LI	esale Corpo EGALOWNER	pration	/ - / -			
ADDRESS						
		Home.	CITY	- 4	STATE ZIP CODE	
10220 SW Gre	enburg Kos	id #320	Portland		OR 97223	
VAME						
Department	of Licens	ine		7 7		
DO SOLEMNLY AT	TEST UNDER P	ENALTY OF PE	RJURY THAT I/W	AMARE THE P	EGISTERED OWNER(S) OF TH	iis
EHICLE AND THIS	INFORMATION	IS ACCURATE	Λ		$(X)_{\alpha}$	
Signature	of Registered Ow	mer and Title, IF.	APPLICABLE	Mohael	Meller	
Clarenture of Addition	al Davidskins del.					
Signature of Addition NOTARY SEAL OR 8	TAMP I					
	!		OWCERTIFICATIO		RED OWNER(S) SIGNATURE	İ
-	SIBIE	of Washington County of	Starra	A Journal Signs	od or attested $\lambda - 10 - 0$	3
IVOU	ary Public	. '				, .
State of	f Washington	1		Signature	2 12 lel	۲ ۲
JAMES A	COPELAND	NIN PRIME OF HEG	STERED OWNER		NCDARY OR AGENT	,
i aay com	MISION EXPAPE	INT NAME OF REG	STERED OWNER	TO A	ME OF NOTARY	-
Septe	rnber 13,2003		obers		County/Office No. OR Q	*
<u> </u>		EALERSHIP POSITIO		AND	Dealer No. OR / /_ Notary Expiration Date	2
TITLECOMPANY	CERTIFICATIO	N				
certify that the legal of	description of the	land and owners	hip is true and corroc			
AME (TYPED OR PRINTE	u)		TITLE	COMPANY / PHONE N	UMBER	
NATURE / POSITION						
					DATE	- 1
inalize this applicat	ion with a Licen	eing Agent with	in 10 calendar dava	of the data Title	Company Representative sign	
BUILDING PERM	IT OFFICE CERT	TFICATION				
certify that:	he manufactur	ed home has be	en affixed to the real p	roperty as describ	ad.	
	a building perm	it has been issue	ed for this purpose an	d the attachment v	vill be inspected upon completion	n.
ME (TYPED OR PRINTER		اخ سانستان	PERMIT OFFICE/PHONE	44.4	BLDG PERMIT #	
MATURE / PC SITION	orat	609	-421-948	4	195-02	
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RETURN ADDRESS

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STATE OF WASHINGTON M	ANUFACTURED H	OME PLEASE CHECK ONE	
LICENSING Anyone who knowingly makes a false of a felony, and upon conviction may be	APPLICATION statement of a material fact is qui	XXITITLE ELIMINATION TRANSFER IN LOCATION REMOVAL FROM REAL PROPI	ERTY
MANUFACTURED HCME	,		
TPO / PLATE NUMBER YEAR MAK		VEHICLE IDENTIFICATION NUMBER (VIN)	
2 LAND		B891-0331-R AB DESCRIPTION ON PAGE 2	
MANUFACTURED HUME WILL BE XX		REAL PROPERTY TAX PARCEL NUMBER	
	PLAT NAME	03-10-22-1-1-0703-00 SECTION/TOWNSHIP/RANGE	
3	Virginia Tate Short		
3 GRANTOR(S) REGISTERED/LEGA		ONAL NAMES ON PAGE	
COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS	
NAME OF REGISTENED OWNER			
Michael R. Allen			
NAME OF ADDITIONAL REGISTERED OWNER			
ADDRESG	CITY	STATE ZIP CODE	
PO Box 1682	Fairview	OR 97024	
NAME OF LUGAL OWNER	raliview	UN 27.02+	
Aegis Wholesale Corpora	tion		
NAY'E OF ADDITIONAL LEGAL OWNER			
ADDRESS	CITY	STATE ZIP CODE	
10220 SW Greenburg Road	#320 Portland	OR 97223	
NAME			
VEHICLE AND THIS INFORMATION IS	ACCURATE:	AM/ARE THE REGISTERED OWNER(S) OF THIS	}
Signature of Registered Owner	, ,	M/1004 11	
Signature of Additional Registered Owner		FOR REGISTERED OWNER(S) SIGNATURE	===
	Monbloston	. Signador attacted	
Notary Public	County of JAnna	before me on A - 70 -03	
A STATE OF THE PARTY OF THE PAR		Signature NOWAYOR AGENT FRINTED NAME OF NOTATION OF THE STATE OF THE	۲
State of Washington JAMES R COPELAND,	DAME OF REGISTERED OWNER	Signature NOTATY OR AGENT	
JAMES H COPELAND,		James R copeland	14
MY COMMISION EXPIRES September 13,2003		PRINTED NAME OF NOTARY County/Office No. OR ()	
	ERSHIP POSITION/AGENT/NOTAP:	AND: Dealer No. GR Notary Expiration Date	-03
4 TITLE COMPANY CERTIFICATION	EHSHIP POSTIONAGENTINOTAPIT	Notally Expiration Date	
I certify that the legal description of the lan	d and ownership is true and correc	per the real property records.	
NAME (TYPED OR PHINTED)		COMPANY / PHONE NUMBER	
SIGNATURE / POSITION	pagaini an ann iir air lanna de ann ann ann an ann an	DATE	
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5 BUILDING PERMIT OFFICE CERTIF	CATION home has been affixed to the real p	ronadu as describad	
a building permit	as been issued for this purpose an	i the attachment will be inspected upon completion.	,
Naylon Morat	BLDG PEAMIT OFFICE/PHONE 509-427-948	4 195-02	
SIGNATURE / POSITION	Rui Dieve Trans	DATE A-SD-DR	
	The same of the sa		

BOOK 239 PAGE 150 THUYS

FEB 12 2003

SENT FOR ELIMINATION TITLE / REMOVA	L FROM REAL PRO
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Washington Signed or attent	ed 2-14-A
Buck	"' (2)
Signature ML	uch thin
/ T T T T T T T T T T T T T T T T T T T	VGENT /
AL OWNER PRINTED NAME OF HOT.	- Henry
AND: County/C	Office No. OR
INVAGENT/NOTARY	piration Date 3-3
Quarter of Section 22, Town	ship 3 North
Meridian, in the County of S	kamania, Sta
Plat, recorded in Book 3 of	Short Plate
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	DATE OF SALE
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mber on the reservation (attach notarized statemen	it of delivery).
PHOVAL: (Not for use by Subagents)	
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Printer production of the Printer of	
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Control of the contro	DATE
	3/20/03
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The Department of Licensing hac a policy of providing equal acce:s to ltn services. If you need special accommodation, please cal (360) 902-3600 or ₹50 (360) 664-8885.

	nature of Legal Own	erand Title: IF APPLICABL	E:	
	· · · · · · · · ·			
	AL OR STAMP	er and Title, IF APPLICABL	The second of th	
MOINHI SE		**************************************	NCERTIFICATION	FOR LEGAL OWNER(S) SIGNATURE
	1 15	State of Washington County of		Signed or attested
' '	· . · ·	11		
	/·" b	V'		Signature
		PRINT NAME OF LEGAL OWN	ER ,	NOTARY OR AGENT
	to	PRINT NAME OF LEGAL OWN	E13	PRINTED NAME UP NOTARY
	i.,			County/Office No. OR
		THO DEALERSHIP FORITION/AGE	YRATONTH	ANDI Dan Ir No. OR Notery Expl atton Date
LANDDES	CRIPTION 'A legal	description of the land	en be obtained from	nt the local County Asst saor's Office
tract	ot lanc in t	he Northeast Ou	arter of Sec	tion 22. Township 3 North
Range 10	East of the	Willamette Mer	adian, in th	e County of Skamenia, Sta
E Washi	ngton. Desca	ibed as follows		c soundy of premental sta
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LAN NAME (TY	PED OR PRINTED)	0 //	TWO	GEALER NUMBER DATE OF SALE
(D)UA	Well My	POINT NATE DE LEA	6	100-10932 10-14-0
ICHASE PRICE	TAX JURN	POINTAX PATE DE LEA	AUTHORIZED SIGNAT	19E 2 110-11
		7 %	1 1 1 1 1 1/10 1/10	e Wollett
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The Department of Licensing hits a policy of providing uquel access to its services. If you need special accommodation, please cal (360) 802-1800 or TUD (350) 864-8685.