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BOOK 240 PAGE 665

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

APR 16 1 48 PM '03

J. MICHAEL SULLIVAN

RETURN ADDRESS

 MANUFACTURED HOME APPLICATION		PLEASE CHECK ONE <input checked="" type="checkbox"/> TITLE ELIMINATION <input type="checkbox"/> TRANSFER IN LOCATION <input type="checkbox"/> 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 Q34445	YEAR 1972	MAKE LAMPL	VEHICLE IDENTIFICATION NUMBER (VIN) 40 X 24 S22973
2 LAND			
LEGAL DESCRIPTION ON PAGE <u>2</u>			
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED			
REAL PROPERTY TAX PARCEL NUMBER 03-08-173-0-100			
LOT 2	BLOCK	PLAT NAME Blake Short Plat	SECTION/TOWNSHIP/RANGE
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)			
COUNTY NUMBER 30		NUMBER OF REGISTERED OWNERS 2	ADDITIONAL NAMES ON PAGE 1
NAME OF REGISTERED OWNER Chancey R. Davis Sr. NAME OF ADDITIONAL REGISTERED OWNER Avis L. Davis ADDRESS PO Box 454 CITY Carson STATE WA ZIP CODE 98610 NAME OF LEGAL OWNER Riverview Community Bank NAME OF ADDITIONAL LEGAL OWNER ADDRESS PO Box 1068 CITY Camas STATE WA ZIP CODE 98607 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>Chancey R. Davis Sr.</i> Signature of Additional Registered Owner and Title, IF APPLICABLE: <i>Avis L. Davis</i>			
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE State of Washington County of <u>Skamania</u> Signed or attested before me on <u>4/1/2003</u> by <u>Chancey R. Davis Sr.</u> Signature <u>Julie A. Andersen</u> PRINT NAME OF REGISTERED OWNER NOTARY OR AGENT by <u>Avis L. Davis</u> Signature <u>Julie A. Andersen</u> PRINT NAME OF REGISTERED OWNER Title <u>Notary</u> AND: County/Office No. OR <u>7-17-2006</u> DEALERSHIP POSITION/AGENT/NOTARY 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 # SIGNATURE / POSITION DATE <i>Marken Morat</i> 509-422-9484 <i>Marken Morat</i> Building Inspector 4-4-03			

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>James R. Copeland, Jr.</u>					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
Notary Public State of Washington JAMES R COPELAND, JR. MY COMMISSION EXPIRES September 13, 2003		State of Washington County of <u>Skamania</u>		Signed or attested before me on <u>4-7-03</u>	
		PRINT NAME OF LEGAL OWNER		Signature <u>James R. Copeland, Jr.</u>	
		PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY	
		DEALERSHIP POSITION (AGENT/NOTARY)		AND: County/Office No. OR <u>9-18-03</u> Notary Expiration Date	
7 LAND DESCRIPTION					
A tract of land in the Southwest Quarter of Section 17, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, Described as follows: Lot 2 of the Blake Short Plat, recorded in Book 3 of Short Plats, Page 54, 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) <u>Angela Moser</u>			COUNTY OFFICE/FS OPERATOR NUMBER <u>30-01-08</u>		
SIGNATURE <u>Angela Moser</u>			DATE <u>4-16-03</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>NOTES: 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) 661-1111.