RETURN ADDRESS

BOOK 242 PAGE /18

DAMARIA CO. VINCE

May 6 2 41 PH '03 J. MICHAEL GALVISON

> DATE 4-25-03

TO THE REAL PROPERTY OF THE PARTY OF THE PAR

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Malled **MANUFACTURED HOME** SE CHECK ONE EXTITLE ELIMINATION **APPLICATION** TRANSFER IN LOCATION 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::2.210) PREMOVAL FROM REAL PROPERTY MANUFACTURED HOME TPO / PLATE NUMBER MAKE LENGTHWIDTH(FEET) VEHICLE IDENTIFICATION NUMBER (VIN) 2001979 1979 CRWNP VAFL1X904642710 LAND LEGAL DESCRIPTION ON PAGE REAL PROPERTY TAX PARCEL NUMBER 3 MANUFACTURED HOME WILL BE AFFIXED AREMOVED PLAT NAME SECTION/TOWNSHIP/RANGE Basey 3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE COUNTY NUMBER NUMBER OF LEGAL OWNERS 30 NAME OF REGISTERED OWNER Norman L. Vaughn STATE ZIP CODE 701 Mt Pleasant Road Washougal 98671 NAME OF LEGAL OWNER Wells Fargo Home Mortgage, Inc. STATE ZIP CODE 12550 SE 93rd, Ave. 97015 GRANTE DEPARTMENT OF LICENSING TOO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I/WE AWARE THE REGISTERED OWNER(S) OF THIS VEHICLE AND THIS INFORMATION IS ACCURATE: Signature of Registered Owner and Title, IF APPLICABLE Signature of Additional Registered Owner and Title, IF APPLICABLE NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE State of Washington County of Signed or attested before me on 4/-NORMAN PRINT NAME OF REGISTERED OWNER 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 SIGNATURIE / POSITION Finalize this application with a Licensing Agent within 10 calendar days of the date Title Company Rej. resentative signs. 5 BUILDING PERMIT OFFICE CERTIFICATION 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. BLOG PERMIT OFFICE/FHONE BLDG PERMIT # 509-427-9480

6 SIGNATURE OF LEGAL O	WNER			
	IER INDICATES CONSENT FO	R ELIMINATION OF T	ITLE REMOVAL FR	OM REAL PROPERTY
	wner and Title, IF APPLICABLE	Manun	Comerto	
Signature of Additional Legal O	wner and Title, IF APPLICABLE			
NOTARY SEAL OR STAMP	NOTARIZATION/ OF EGON State of Weekington County of Clar	CERTIFICATION FOR	Signed or attested before me an	IGNATURE
DEFICIAL SEAL OLLY WARREN Y PUBLIC - OREGON	by MINT NAME OF LEGAL OWNER	erenke sig	nature Notary OF ME	place.
AISSION NO. 358104 HON EXPIRES FEB. 27, 2007	by FRINT NAME OF LEGAL OWNER	PAI	NTED NAME OF NOTARY County/Office	No. OR
	Tit'e	VARY	AND: Deale	r No. OR tion Date 2-27-07
LAND DESCRIPTION (A I	gal description of the land car	be obtained from the		
Range 5 East of th Washington, descri		lan, in the Co	unty of Skama	inia, State of
in Book 3 of Short	Short Plat, accord Plats, Page 274, 1	ling to the re kamania Count	corded Short y Records.	Plat recorded
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DEALER'S REPORT OF SA		FUOLE IS OF TABLE		
ANY REQUIRED SALES TA	RMATION IS CORRECT, THE V X HAS BEEN COLLECTED.	enicle is clean of	ENCUMBRANCES S	XCEPT AS SHOWN.
EALER NAME (TYPED OR PRINTED)			ER NUMBER D	ATE OF SALE
	URISDICTION/TAX RATE DEALER'S			
COUNTY AUDITOR/A GENT	ale to a Certified Tribal member of LICENSING OFFICE APPROV	the reservation (attach	notarized statement	of delivery).
ertify that the above application a	appears to have been completed of	orrectly, and the applica	nt has sufficient docum	entetion to proceed with
le recording of this form.				Acres 6
CHAPED OR PRINTED) AND G MOS	ser	SUCUTY	OFFICENTS OPERATOR	
TITLE FÉES	Nosa		PA	5-16:03
ING FEE APPLICATION	N MODILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
			فيطعنه بتستيين يتبل	TOTAL FEES & TAX
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Licens Retain	the application has been ap ling Office, take your applica proof of the recording fees riginal application form, obta	ition form to the Cou paid. If the Recordin	inty Recording Offi og Office retains	ce.
APPLICANTS:	Onco recorded, you must Manufactured Home Appl licensing subagents charg	ication, paying all re	icensing office to quired fees. Vehicl	ile the
For full instructions or Transfer in Local	on completing this form for tion, see form TD-420-730,	Title Elimination, Fle Manufactured Home	moval from Real P Application Instru	roperty ctions.

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please cal (360) 902-3600 or TDD (390) 664-8885,