

148769

BOOK 242 PAGE 670

FILED FOR AND
SKAMANIA COUNTY SH
BY CLARK COUNTY TITLE

Mar 15 11 40 AM '03

Amoser
J. MICHAEL GARVISON

RETURN ADDRESS

CLARK COUNTY TITLE COMPANY

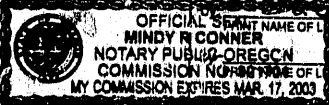
1507 S NE 7th St
1400 Washington Street #100

Vancouver, WA 98660 98015

Attn.: Maxine L. Duff

CCT 80690MD

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. (HCW 46.12.210)				<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)	
	1999	GUERDON	64 X 40	GDSTOR-3998-20449	
2 LAND					
LEGAL DESCRIPTION ON PAGE					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 01-05-064-0-0500-00					
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
1		Short Plat 3-66			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER		NUMBER OF REGISTERED OWNERS		NUMBER OF LEGAL OWNERS	
Skamania		2		1	
NAME OF REGISTERED OWNER					
REISINGER, JERRY					
NAME OF ADDITIONAL REGISTERED OWNER					
REISINGER, CINDY					
ADDRESS					
2712 Belle Center Road					
CITY					
Washougal					
STATE					
WA					
ZIP CODE					
98671					
NAME OF LEGAL OWNER					
WELLS FARGO HOME MORTGAGE, INC.					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS					
800 LaSalle Avenue #1000					
CITY					
Minneapolis					
STATE					
MN					
ZIP CODE					
55402					
GRANTEE					
NAME					
The State of Washington, Department of Licensing					
I DO SOLEMNLY ATTEST UNDER PENALTY OF PERJURY THAT I AM 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					
NOTARY SEAL OR STAMP					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington County of Clark					
Signed or attested before me on 12/6/02					
Signature of Notary Public					
Maxine L. Duff					
NOTARY OR AGENT					
PRINTED NAME OF NOTARY					
Maxine L. Duff					
COUNTY/OFFICE NO. OR					
Dealer No. OR					
Notary Expiration Date					
6-9-03					
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 its purpose and the attachment will be inspected upon completion.					
NAME (TYPED OR PRINTED)					
BLDG PERMIT OFFICE/PHONE #					
BLDG PERMIT #					
DATE					
Signature / Position					
Building Division					
5-9-03					

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>Wells Fargo Home Mortgage Inc</u> <u>Sue Ward closer</u>					
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 before me on <u>12-13-02</u>	
		County of <u>Clackamas</u>		Signature <u>Mindy R Conner</u>	
		Signature <u>Sue Ward</u>		NOTARY WORK AGENT	
		OFFICIAL SEAL NAME OF LEGAL OWNER MINDY R CONNER NOTARY PUBLIC OREGON COMMISSION EXPIRES MAR 17, 2003		PRINTED NAME OF NOTARY Mindy R Conner	
DEALERSHIP POSITION/AGENT/NOTARY		AND:		Dealer No. OR	
				Notary Expiration Date	
7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
Lot 1 of GADBAW SHORT PLATS, recorded in Book "3" of SHORT PLATS, Page 66, records of Skamania County, 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			
<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/VEH OPERATOR NUMBER <u>30-01-08</u>		
SIGNATURE <u>Angela Moser</u>			DATE <u>5-9-03</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, attach a certified copy of the recorded form.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>APPLICANTS: Once recorded, you must go to a Vehicle Licensing office to file the Manufactured Home Application, paying all required fees. Vehicle licensing subagents charge a service fee.</p> </div> <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) 664-8885.