RETURN ADDRESS

CLARK COUNTY TITLE COMPANY

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J. MICHAEL GARVIS	ON
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1400 Nach ington Street #100	J. MICHAEL GARVISOI
Vancouver, WA 98660 98005	
Attn.: Maxine I - Duft ha	Surary of
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STATE OF PASHINGTON MANUFACTURE APPLICAT Anyone who knowingly makes a false statement of a material fa	ION TITLE ELIMINATION TRANSFER IN LOCATION TREMOVAL FROM REAL PROPERT
or a relony, and upon conviction may be punished by a fine, imp	risonment, or both. (HCW 46.12.210)
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1.000	LEGAL DESCRIPTION ON PAGE
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LOT BLOCK PLAT NAME Short Plat 3-6	SECTION/TOWNSHIP/HANGE
3 GRANTON(S) REGISTERED/LEGAL OWNER(S)	ADDITIONAL NAMES ON PAGE
COUNTY NUMBER OF REGISTERED O	WNERS NUMBER OF LEGAL OWNERS
Skamania 2	1
REISINGER, JERRY	
NAME OF ADDITIONAL REGISTERED OWNER REISINGER, CINDY	
ADDRESS CITY	STATE ZIF CODE
2712 Belle Center Road Washo	
WELLS FARGO HOME MORTGAGE INC.	
NAME OF ADDITIONAL LEGAL OWNER	
ADDRESS	
000 T 0 11 A	apolis MN 55402
GRANTEE	35402
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THE STATE OF THE S	/ / 1
Signature of Registered Owner and Title, IF APPLICABLE.	ferry Comman
Signulure of Additional Registered Owner and Title, IF APPLICABLE	Cirily Businger
NOTARY BEAL OR STAMP NOTARIZATION/CERTIFIC	ATION FOR REGISTERED OWNER(S) SIGNATURE
MAXINE L. DUFF County of Clar	k Signed or attested 19/6/03
NOTARY PUBLIC	2000
STATE OF WASHINGTCHAINT NAME OF REGISTERED OWNER	Signatury William) William NOTARY OR AGENT
COMMISSION EXPIRES Lindy Reisinger	Maxine L. Duff
	PRINTED NAME OF NOTARY
Title Notary DEALERSHIP POSITION/AGENT/NOTARY	AND: County/Office No. OR 6-9-03 Notary Expiration Date
TITLE COMPANY CERTIFICATION	Titally Copilation Date
ertify that the legal description of the land and ownership is true and o ME (TYPED OR PRINTED)	correct per the real property records.
	The second secon
SNATURE, POSITION	DATE
nalize this application with a Licensing Agent within 10 calendar	days of the date Title Company Benyary and the class
BUILDING PEHMIT OFFICE CERTIFICATION	
certify that: Athe manufactured home has been affixed to the	real property as described. se and the attachment will be inspected upon completion.
BLOG PERMIT OFFICE/	PHONE # BLOG PERMIT #
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Marlow Illosof Building	Division 5-9-03

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For full Instructions on completing this form for Title Elimination, Removal fro or Transfer in Location, see form TD-420-730, Manufactured Home Application	m Real Property

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