

149049

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RETURN ADDRESS

Robert / Kerma Quoss
PO Box 587
Carson Wash 98610

Bob Quoss

Jun 12 10 22 AM '03
CH110322

J. H. H. H.

Notary Seal
Notary Public
Notary Seal
Notary Seal
Notary Seal

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. (RCW 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)	
125188	1997	Gold F	66 X 27	GNDP23N18140	
2 LAND					
LEGAL DESCRIPTION ON PAGE 2					
MANUFACTURED HOME WILL BE <input checked="" type="checkbox"/> AFFIXED <input type="checkbox"/> REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 3-8-28-2-301					
LOT	BLOCK	PLAT NAME		SECTION/TOWNSHIP/RANGE	
1		Dahl Short Plat			
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
ADDITIONAL NAMES ON PAGE					
COUNTY NUMBER	30	NUMBER OF REGISTERED OWNERS	2	NUMBER OF LEGAL OWNERS	2
NAME OF REGISTERED OWNER					
Robert D Quoss					
NAME OF ADDITIONAL REGISTERED OWNER					
Kerma G Quoss					
ADDRESS CITY STATE ZIP CODE					
PO Box 587 131 Smith Becker Rd Carson WA 98610					
NAME OF LEGAL OWNER					
Robert D Quoss					
NAME OF ADDITIONAL LEGAL OWNER					
Kerma G Quoss					
ADDRESS CITY STATE ZIP CODE					
PO Box 587 131 Smith Becker Rd Carson WA 98610					
GRANTEE					
NAME					
State of WA Dept 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 Robert D Quoss					
Signature of Additional Registered Owner and Title, IF APPLICABLE Kerma G Quoss					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE			
State of Washington County of Skamania		Signed or attested before me on June 9, 2003			
by Robert D Quoss PRINT NAME OF REGISTERED OWNER		Signature Donna Rush NOTARY OR AGENT			
by Kerma G Quoss PRINT NAME OF REGISTERED OWNER		DONNA RUSH PRINTED NAME OF NOTARY			
Title		County/Office No. OR Dealer No. OR 815-03 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 #	
Marlon Morat		509-427-9484		401-97	
SIGNATURE / POSITION		DATE			
Marlon Morat, Building Inspector		6-11-03			

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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 _____					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
		State of Washington County of _____		Signed or attested before me on _____	
		by _____ PRINT NAME OF LEGAL OWNER		Signature _____ NOTARY OR AGENT	
		by _____ PRINT NAME OF LEGAL OWNER		PRINTED NAME OF NOTARY _____ County/Office No. OR Dealer No. OR AND: Notary Expiration Date _____	
		Title _____ DEALERSHIP POSITION/AGENT/NOTARY			
7. LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office)					
A parcel of land situated in the N.W. quarter of the N.W. quarter of Sec 28 Township 3 North Range 8 East of Willamette mediane skamania County WA. Describe as follows lot 2 of the Alice A Dall short plat as recorded in the Book 2 of short plats on page 81 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) Angela Moser			COUNTY OFFICE/VFS OPERATOR NUMBER 30-01-08		
SIGNATURE Angela Moser			DATE 6-12-03		
10. TITLE FEES					
FILING FEE	APPLICATION	MOBILE HOME FEE	ELIMINATION FEE	USE TAX	SUBAGENT FEES
					TOTAL FEES & TAX
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.					
APPLICANTS: 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.					
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.					

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.