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149917

FILED FOR RECORD AT REQUEST OF
SKAMANIA COUNTY TITLE

Aug 21 9 31 AM '03
AMOSER
J. MICHAEL DAVISON

RETURN ADDRESS

STATE OF WASHINGTON Department of **Licensing**

MANUFACTURED HOME APPLICATION

PLEASE CHECK ONE
- [x] TITLE ELIMINATION
- [ ] TRANSFER IN LOCATION
- [x] 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	YEAR	MAKE	LENGTH/WIDTH(FEET)	VEHICLE IDENTIFICATION NUMBER (VIN)
+23575	1985	CAVCD	70 X 14	MJ4016A

2 LAND LEGAL DESCRIPTION ON PAGE 2

MANUFACTURED HOME WILL BE [x] AFFIXED [ ] REMOVED

REAL PROPERTY TAX PARCEL NUMBER: 04-75-36-0-0-0901-00

LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE
			S36, T4N, R7½E

3 GRANTOR(S) REGISTERED/LEGAL OWNER(S) ADDITIONAL NAMES ON PAGE

COUNTY NUMBER	NUMBER OF REGISTERED OWNERS	NUMBER OF LEGAL OWNERS
30	2	1

NAME OF REGISTERED OWNER: Jeffrey D. Van Camp

NAME OF ADDITIONAL REGISTERED OWNER: Debra K. Van Camp

ADDRESS	CITY	STATE	ZIP CODE
PO Box 216	Carson	WA	98610

NAME OF LEGAL OWNER: Wells Fargo Home Mortgage Inc.

NAME OF ADDITIONAL LEGAL OWNER:

ADDRESS	CITY	STATE	ZIP CODE
7320 SW Hunziker, Suite 208	Portland	OR	97223

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: Jeffrey D Van Camp

Signature of Additional Registered Owner and Title, IF APPLICABLE: Debra K Van Camp

NOTARY PUBLIC'S STAMP: JULIE A. ANDERSEN NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES JULY 17, 2006

NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE

State of Washington County of Skamania — Signed or attested before me on 7/16/03

by Jeffrey D. Van Camp (PRINT NAME OF REGISTERED OWNER) Signature Julie A Andersen (NOTARY OR AGENT)

by Debra K Van Camp (PRINT NAME OF REGISTERED OWNER) Julie A. Andersen (PRINTED NAME OF NOTARY)

Title Notary (DEALERSHIP POSITION/AGENT/NOTARY) AND: County/Office No. OR Dealer No. OR Notary Expiration Date 7/16/03

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:
- [ ] the manufactured home has been affixed to the real property as described.
- [x] 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	4-99

SIGNATURE / POSITION: Marlon Morat Building Inspector — DATE: 8-18-03

TD-420-721 MANUF HOME APPL (R/B/99)OR Page 1 of 2

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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

OFFICIAL SEAL
CYNTHIA RAWLINSON
NOTARY PUBLIC-OREGON
COMMISSION NO. 357745
MY COMMISSION EXPIRES MAY 14, 2005

NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE

State of ~~Washington~~ OREGON
County of WASHINGTON

Signed or attested before me on 7/31/03

by Arlene Tia
PRINT NAME OF LEGAL OWNER

Signature Cynthia Rawlinson
NOTARY OR AGENT

by _____
PRINT NAME OF LEGAL OWNER

CYNTHIA RAWLINSON
PRINTED NAME OF NOTARY

Title _____
DEALERSHIP POSITION/AGENT/NOTARY

AND: County/Office No. OR Dealer No. OR 5/14/04
Notary Expiration Date

7 LAND DESCRIPTION (A legal description of the land can be obtained from the local County Assessor's Office

A tract of land in Government Lot 1 in Section 36, Township 4 North, Range 7½ East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 2 of the Cedar Creek Short Plat, recorded in Book 3 of Short Plats, Page 295, 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

☐ 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)	COUNTY OFFICE/VFS OPERATOR NUMBER
Angela Moser	30-01-08

SIGNATURE	DATE
Angela Moser	8-21-03

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.

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