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BOOK 248 PAGE 703

FILLED BY
STATE OF WASHINGTON
BY SHAMANIA CO. TITLE

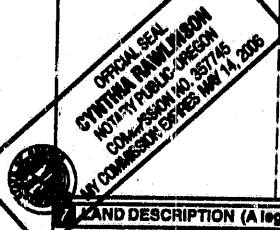
RETURN ADDRESS

Aug 21 9 31 AM '03

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J. MICHAEL ANDERSON

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 48.12.210)					
1 MANUFACTURED HOME					
TPO / PLATE NUMBER +23575	YEAR 1985	MAKE CAVGD	LENGTH/WIDTH(FEET) 70 X 14	VEHICLE IDENTIFICATION NUMBER (VIN) MJ4016A	
2 LAND					
LEGAL DESCRIPTION ON PAGE 2					
MANUFACTURED HOME WILL BE ☒ AFFIXED ☐ REMOVED					
REAL PROPERTY TAX PARCEL NUMBER 04-75-36-0-0-0901-00					
LOT	BLOCK	PLAT NAME	SECTION/TOWNSHIP/RANGE S36, T4N, R7E		
3 GRANTOR(S) REGISTERED/LEGAL OWNER(S)					
COUNTY NUMBER 30		NUMBER OF REGISTERED OWNERS 2		NUMBER OF LEGAL OWNERS 1	
NAME OF REGISTERED OWNER Jeffrey D. Van Camp					
NAME OF ADDITIONAL REGISTERED OWNER Debra K. Van Camp					
ADDRESS PO Box 216 CITY Carson STATE WA ZIP CODE 98610					
NAME OF LEGAL OWNER Wells Fargo Home Mortgage Inc.					
NAME OF ADDITIONAL LEGAL OWNER					
ADDRESS 7320 SW Hunziker, Suite 208 CITY Portland STATE OR ZIP CODE 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					
Signature of Additional Registered Owner and Title, IF APPLICABLE					
NOTARIZATION/CERTIFICATION FOR REGISTERED OWNER(S) SIGNATURE					
State of Washington County of Shamania		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		PRINTED NAME OF NOTARY Julie A. Andersen			
Title 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; ☒ a building permit has been issued for this purpose and the attachment will be inspected upon completion.					
NAME (TYPED OR PRINTED) Markon Morat		BLDG PERMIT OFFICE/PHONE # 509-427-9484		BLDG PERMIT # 4-99	
SIGNATURE / POSITION Markon Morat, Building Inspector				DATE 8-18-03	

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 _____					
Signature of Additional Legal Owner and Title, IF APPLICABLE _____					
NOTARY SEAL OR STAMP		NOTARIZATION/CERTIFICATION FOR LEGAL OWNER(S) SIGNATURE			
		State of <u>Washington</u> <u>OREGON</u>		Signed or attested before me on <u>7/21/03</u>	
		County of <u>WASHINGTON</u>			
		by <u>Milene Tio</u>		Signature <u>Cynthia Rawlinson</u>	
		PRINT NAME OF LEGAL OWNER		NOTARY OR AGENT	
		by _____		PRINTED NAME OF NOTARY	
PRINT NAME OF LEGAL OWNER		COUNTY/OFFICE NO. OR		AND: <u>5/14/01</u>	
Title _____		DEALER/SHIP POSITION/AGENT/NOTARY		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 7 1/2 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 eligibility).					
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		
<u>Angela Moser</u>			<u>30-01-08</u>		
SIGNATURE <u>Angela Moser</u>			DATE <u>8-21-03</u>		
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.